


SUN Movement Multi-Partner Trust Fund



2nd PROGRAMME¹ QUARTERLY PROGRESS UPDATE – YEAR 2015 Reporting period: April to June 2015

Submitted as of 30 June 2015

Participating UN Organization:	 World Food Programme wfp.org				
Implementing Partner(s):	Save the Children International				
Programme Number:	# 00089100 SUN – Window 02/LKA/017 ‘Civil Society’				
Programme Title:	Formation of Civil Society Forum to augment the implementation of Multi Sectorial Action Plan for Nutrition at ground level in Sri Lanka				
Total Approved Programme Budget:	US\$ 235,400				
Location:	Sri Lanka				
MC Approval Date:					
Programme Duration:	24 Months	Starting Date:	01/01/2014	Completion Date:	31/12/2015
Funds Committed:	US\$ 220,000 project US\$ 15,400 ISC			Percentage of Approved:	100%
Funds Disbursed:	US\$ 118,240			Percentage of Approved:	54%
Expected Programme Duration:	02 years	Forecast Final Date:	30 June 2016	Delay (Months):	6 Months BR with ET to be submitted

Outcome	Achievement/ Result	Percentage of Planned
1. Independent and sustainable multi-sectorial forum of civil society organizations structured and empowered to	1. SUN People’s Forum (SUN PF) Council Meetings: Monthly executive council meetings were held as scheduled on 20 th of April and 28 th of May, 2015 (<i>Annex 1-Minutes of the Executive</i>	Achieved (100%)

<p>advocate nutrition as a high priority in Sri Lanka.</p>	<p><i>Council Meeting).</i></p> <p>2. Advocacy Plan - First 1,000 Days of Nutrition:</p> <p>A technical sub-committee meeting was held on 15th of May to finalize the First 1000 Days Nutrition Advocacy Plan drafted during the previous quarter. In this meeting, all inputs and feedbacks received from the Ministry of Health were reviewed and amalgamated. Final advocacy plan was presented at the council meeting held on 28th of May 2015.</p> <p><i>(Annex 2 – Advocacy Plan for First 1000 days of Nutrition).</i></p> <p>3. Advocacy Plan – Communication for Better Nutrition</p> <p>Advocacy Action Plan for Communication was finalized during the reporting period. SUN PF and the leader of Sub-committee had a meeting to review the final document and specify actions as well as respective Civil Society Organization's share of responsibilities. This was presented to the members during the council meeting held on 28th of May, 2015.</p> <p><i>(Annex 3 - Advocacy Plan – Communication for Better Nutrition).</i></p> <p>4. Advocacy Plan – Food Security</p> <p>The technical sub-committee of the SUN PF on food security came up with the first draft of the Advocacy Plan for Food Security</p> <p><i>(Annex 4 - Advocacy Plan – Food Security).</i></p> <p>5. SUN PF Phase II</p> <p>A working group meeting was organized to develop a proposal for SUN PF Phase II. Key</p>	<p>Achieved (100%)</p> <p>Achieved (80%)</p> <p>Achieved (60%)</p> <p>Achieved (50%)</p>
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	<p>members of the council were invited to this meeting-where the goals, objectives, outcomes and the activities for phase II were identified. Following this meeting, SUN PF along with the support of Save the Children- the first draft of the proposal was developed and submitted to WFP.</p>	
<p>2. Strong civil society alliance supported and monitored the Sri Lanka multi-sectorial action plan in accelerating “nutrition specific” and “nutrition sensitive” interventions with the appropriate budgetary allocations by the government and other stakeholders by 2015.</p>	<p>1. High Visibility Event: SUN PF held its visibility event; “SUN PF Day” on the 27th and 28th of June 2015. This was a joint effort with “Good Food Festival” which showcased Nutrition Promotions, Local Enterprise Promotions etc. <i>(Annex 5 – Pictures of the SUN PF Day).</i></p> <p>2. Monitor violations of the Breast milk substitute Code and the unethical advertising that effect Child and maternal nutrition:</p> <p>SUN PF Secretariat developed a survey questionnaire which was piloted in Nuwara Eliya district in April 2015. Following the review and the incorporation of inputs gathered during the testing phase along with the feedback from council members. The questionnaire was finalised at the last council meeting. This format will be translated to both Sinhala & Tamil languages. Training programmes for Community Based Organization (CBO)s data collection will take place in July 2015. Local CBOs will carry out the survey with the technical guidance of SUN PF.</p> <p>3. Review of National Nutrition Policy:</p> <p>Tentative meeting for reviewing the national nutrition policy was held on 11th of May, 2015. During this meeting, the policy review committee were appointed, from which further six sub groups were formed to review the six objectives in the policy document.</p>	<p>Achieved (100%)</p> <p>On track (80%)</p> <p>50%</p>

	<p>SUN PF is developing a draft matrix integrating the commentaries from all sub group meetings.</p> <p><i>(Annex 6 - ToR of the National Nutrition Policy Review Committee, Meeting Minutes).</i></p>	
<p>3. Civil Society Alliance shared global and regional lessons learned, best practices and research outcomes among partners while capitalization of resources maintained good governance and aid effectiveness.</p>	<p>1.Teleconference with Global SUN Movement:</p> <p>SUN PF participated in a country call on strengthening the culture of effective partnering in the SUN Movement. At the meeting the participants were able to reflect and exchange information on effective engagement of CSA activities at country level.</p> <p>UN Network Meeting</p> <p>In June 2015, The Chief Executive Officer of the SUN PF participated in the UN Regional Nutrition Meeting for Asia and the Pacific in Bangkok. The objectives of the meeting were to build a common understanding among UN country team members in regards to UN nutrition priorities, and to also provide a better guidance to UN country teams in terms of effective development and delivery of joint programming, with a view of maximizing impact on regional and national nutrition priorities.</p> <p>2.Nutrition Awareness workshop for media people</p> <p>SUN PF organized a workshop for media personnels-Role of Media in Promoting Nutrition, on the 24th of June, 2015.</p>	On track

Qualitative achievements against outcomes and results:
<p>Result of Outcome 1</p> <ul style="list-style-type: none"> - More than 80% of members participated in the monthly council meeting during the second quarter. In addition to steering SUN PF activities, the council members capitalized on the opportunity by sharing programme knowledge and lessons.

- SUN PF council members extended their support to develop the new project proposal for SUN PF phase II. The council members have recognized SUN PF as a good platform to link government, private sector, UN, INGOs, NGOs and CBOs with regards to the nutrition interventions in Sri Lanka.
- The advocacy action plan will be used for advocating and promoting nutrition interventions by the government, UN, INGOs, and NGOs. Also, the plan will be used to identify activities for SUN PF phase II.
- Monthly programme planning meetings with Save the Children has helped to assess the delivery of expected results within the timeline and budget. These meetings assisted in aligning operational guidelines and procedures according to the agreements.
- The Government has identified SUN PF as the apex body of civil society organizations working in nutrition in Sri Lanka. This was reflected by an invitation for SUN PF to represent in National Nutrition Steering Committee meetings.

Results of Outcome 2

- Participation in the Good Food Festival allowed SUN PF wide level of visibility and attention from the public.
- This was a joint effort with the Government, UN, INGOs, NGOs, CSOs, the Private Sector and SMEs.
- SUN PF hosted various activities to increase awareness about the importance of nutrition and conducted programs for the media, parents and children on the importance and relevance of nutrition in order to facilitate a healthy and enjoyable life.
- SUN PF is currently processing the review of the National Nutrition Policy and will develop a report on the status of the implementation policy as well as it's recommendations. Six sub groups were formed to analyze the six policy objectives. The policy will be evaluated based on the followings;
 - Topics of the current Nutrition policy covers
 - How they are being implemented
 - What is the implementation coverage
 - Who are the stakeholders
 - What Coordination Mechanism are in place
 - How Monitoring and Evaluation are being implemented
 - Identify gaps in the design, contents and implementation

Results of Outcome 3

- Taking part in the SUN Movement Country Network Meeting was an opportunity for civil society alliances to bring their invaluable experience, learn from others; in particular, existing issues of effective and successful multi-stakeholder engagement etc.

Changes to the Programme

By the end of 2015, the original budgetary allocation aimed to complete the followings; First, to organize Parliamentary and Ministerial dialogues on prioritising nutrition in their development agenda. Secondly, to lobby for enhanced budgetary investment in nutrition with the government.

However, due to the current political context in Sri Lanka, (*the present Government was dissolved and the new election expected in August*). As a consequence, it was not possible to conduct the above mentioned action plan and any further actions will be halted till the election comes to an end and a new government is appointed. Therefore, activities to this project have been postponed and are intended to commence the first quarter of 2016.

Annex 1

Minutes

10th Council Meeting

Date: 20th April 2015

Time: 10:00am – 12:00pm

Venue: Conference Hall, Save the Children

Attendees:

Ms. Dilka Peiris(Chair) – World Vision

Ms. R.P.M. Sandamali – Child Fund

Dr. D.S.N. Jayasundara(Co-chair) – Save the Children

Mr. Methsiri De Silva – Save the Children

Dr. Dula De Silva – SUN Secretariat

Mr. Prishantha Welathanthry – SUN Secretariat

Ms. L. Madhuwanthi – SUN Secretariat

Excused :

Ms. Achala Samaradiwakara – Sewalanka Foundation

Mr. Asanga Ranasinghe – Plan Sri Lanka

Mr. Saman Kalupahana – World Food Programme

Mr. Dave Maurice – Nucleus Foundation

Ms. Visakha Tilakeratne – Nutrition Alliance

Mr. Chamindha Rajakaruna – Sarvodaya

Mr. Roshan Dala Bandara – Childfund

Ms. Kanchana Weerakoon – ECO-V

Absent :

Mr. NguyenDuc Hoang – World Food Programme

Mr. Roshan Shajehan – Palm Foundation

Mr. Sathis de Mel – Arthacharya

1. Welcome

Ms. Dilka Peries, Chairperson of SUN PF welcomed the council members and proceed the meeting.

2. Approval of the minutes of the previous meeting

Previous meeting minutes were approved without any changes.

3. Advocacy Plans

Reviewed the comments received from Family Health Bureau. The council members requested to organize a separate meeting to discuss those comments in detail. It was agreed to have this meeting during third week of May.

Dr. Dula de Silva requested the council members to finalize all three Advocacy Plans by next council meeting. She asked SUN Secretariat to communicate with leaders of Communication and Food Security Subcommittees and fixed meetings to complete these Advocacy Plans.

4. AOB

4.1 Monitoring Format

Mr. Prishantha Welathanthry presented the monitoring format with the inputs gathered in Nuwara Eliya. He mentioned that Dr. Ravi Warma had arranged sites and households with the help of a midwife. Mr. Velayuthapillai Sutharsann, World Vision also joined and gave inputs to improve the monitoring format. This format will be translated to Sinhala and Tamil language and will be trained CSA members in selected districts. The SUN PF will distribute the monitoring format to those districts in June and will collect by end of June.

4.2 National Nutrition Policy Review

Dr. Dula de Silva stated that the first meeting of National Nutrition Policy Review will be held on 11th of May 2015 and requested all the council members to participate the meeting. She mentioned that the invitations were sent to the committee members along with draft TOR and the agenda.

4.3 Improving the attendance

It was also discuss how to improve the participation of members in the council meetings. The council members were requested to prepare a table consisting frequencies of attendance to the meeting from the first meeting and presented in the next council meeting, it will be discussed the possible actions.

4.4 Paining busses and two compartments of train

Dr. Shyam requested to expedite this activity and asked Ms.Dilka Peries's support. Ms. Madhuwanthi was given the task to coordinate.

5. Date for the next meeting

The next council meeting will be 26th of May 2015.

6. Wrap up

Meeting was closed at 12 noon.

Minutes

11th Council Meeting

Date: 28th May 2015

Time: 03:00pm – 05:00pm

Venue: Conference Hall, Save the Children

Recorded by : Prishantha Welathanthry

Attendance:

No	Name	Organization	Present
01	Ms. Dilka Peiris(Chair)	World Vision	Yes
02	Dr. D.S.N. Jayasundara(Co-chair)	Save the Children	Yes
03	Ms. R.P.M. Sandamali	ChildFund	Yes
04	Mr. Methsiri De Silva	Save the Children	Yes
05	Mr. Dave Maurice	Nucleus Foundation	Yes
06	Ms. Visakha Thilakaratne	Nutrition Alliance	Yes
07	Mr. Chamindha Rajakaruna	Sarvodaya	Yes
08	Ms. Achala Samaradiwakara	Sewalanka Foundation	Yes
09	Mr. Asanga Ranasinghe	Plan International	Yes
10	Mr. Saman Kalupahana	World Food Programme	No
11	Mr. Roshan Dala Bandara	ChildFund	No
12	Ms. Kanchana Weerakoon	ECO-V	No
13	Mr. Sathis de Mel	Arthacharya	No
14	Dr. Dula de Silva	SUN PF	Yes
15	Mr. Prishantha Welathanthry	SUN PF	Yes
16	Ms. L. Madhuwanthi	SUN PF	Yes

7. Welcome

Ms. Dilka Peries welcomed the council members and chaired the meeting.

8. Approval of the minutes of the previous meeting

Previous meeting minutes were approved without any changes.

9. Presentation of the Advocacy Plan - 1st 1000 Days

Dr. Dula de Silva presented the final action plan of 1st 1000 to the council members. She briefed about the identified issues, underline factors, solutions and suggested actions for CSOs in following key areas;

1. Adolescent Nutrition
2. Nutrition in pregnant
3. First 180 days - Breast Feeding
4. Complementary Feeding
5. Male Participation during 1st 1000 days

10. Presentation of the Advocacy Plan - Communication for Better Nutrition

Ms. Visakha Thilakaratne presented the advocacy action plan of communication for better nutrition. She explained about the gaps, solutions, results, actions by CSOs under following key areas;

1. 1st 1000 days
2. Adolescent (age 10 - age 19)
3. Adult and Non Communicable Decease
4. Elderly (Over 65)

Ms. Visakha Thilakaratne mentioned that it should be clearly identified the objective of the communication pillar to avoid muddle with other two thematic areas and also focused on advocating and lobbying when programming the communication action plan.

11. Update of Progress – Advocacy Plan of Food Security

Dr. Dula de Silva updated the progress of the advocacy plan of food security. She mentioned that SUN PF has outsourced to a consultant to develop the action plan. Inputs from the two workshops were provided and briefed about the SUN PF and expected objectives of the advocacy plan.

12. Progress of National Nutrition Policy Review

Dr. Dula de Silva mentions that SUN PF had its first meeting of National Nutrition Policy Reviews on 11th of May. She stated that the meeting was very successful and all the invitees were participated to the meeting. It was discussed the TOR in detail and finalized. The group divided into 6 subgroups basing the 6 policy objectives. It was highlighted that there are two important things needed to plan to carry out with the support of council members; one is stakeholders' interviews and the other is focus group discussions.

13. SUN visibility events

Ms. Madhuwanthi has communicated with the companies who are doing the bus paining for companies and waiting for finalized messages to proceed. Ms. Visakha Thilakaratne suggested to focus general nutrition messages such as quality food diversity and also Nutrition theme 2015; "Adult Nutrition".

Mr. Dave Maurice briefed about the Good Food Nutrition Festival which is scheduled on 27th and 28th of June. He requested all the council members to take part in this event.

14. AOB

Council Members requested to organize a meeting to discuss about the SUN PF's way forward after end of 2015 and initiate to write a proposal for phase two SUN PF.

It was inquired about the status of the documentary of SUN PF; Dr. Dula de Silva explain that SUN PF has rewrite the scrip again as quality of initial documentary in terms of story and visuals were poor.

15. Date for the next meeting

To be confirmed.

16. Wrap up

Meeting was closed at 5:00 pm

Annex 2 - Advocacy Plan for First 1000 days of Nutrition

Adolescent Nutrition			
Issue	Underlying Factors	Solutions	Suggestions for CSOs
Anaemia Low BMI Vitamin A deficiency	Poverty	Poverty alleviation	Poverty alleviation programs
	Poor attention to nutrition Time spent in school and tuition classes Lack of exercise Caregivers have poor knowledge on the importance of adolescent nutrition Fast-food culture Low dietary diversity Low intake of heme iron Low intake of animal protein Low consumption of fruits and green leafy vegetables homeless children/street children	Improved knowledge on adolescent nutrition and healthy living including the importance of physical activities	Awareness training for CBOs on adolescent nutrition and mobilization to improve community knowledge Awareness on the importance of dietary diversity, eating habits for school children, mothers and caregivers Lobby media to promote healthy dietary habits encourage/lobby CBOs to increase recreational facilities / sports for adolescents
		Promote healthy food in school canteens	Lobby Ministry of Education and SDS to promote healthy foods in school canteens Promote school gardening
		Promote healthy food as fast-food. E.g.: guava, mangoes, roti, etc.	Mobilize parents/peer groups to improve proper nutrition during adolescent period Mobilize CBOs to establish healthy fast food outlets near schools attended by their own

			kids Empower communities to send a health lunch packet for children and assist households to initiate home gardening
		Promote healthy lifestyles from early age	Lobby for media campaigns
		School Health Program to be expanded to cover more classes to counter malnutrition and initiate early intervention (now only limited to grades 1, 4, 7)	Empower SDSs
		Fortified foods	Prepare and disseminate iron rich food list
	Special needs of adolescent group is excluded from most general policies	Include adolescent needs in policy formulation	
Overweight	Low level of exercise	Promote healthy lifestyles from early age	Increase awareness on healthy lifestyle from early age and improve access to physical activities
	Poor nutrition practices followed by parents Lack of knowledge on adolescent behaviors	High competition compels children to spend majority of their time for studies ; hence time spent for physical activities inadequate	Increase awareness on healthy lifestyle during adolescent period

	Consumption of junk food	Lack of legal framework to identify and screen health foods	Make it compulsory to include healthy food in food act Promote healthy snacks
	Media influence	Responsible media	Media training, goodwill ambassador to promote healthy lifestyle and healthy eating during adolescents
	Eminent/popular figures taking part in advertisements promoting unhealthy food	Bar children and popular figures from taking part in food promotion advertisements	

	Nutrition in Pregnant Mothers		
Issues	Underlying Factors	Solutions	Suggestion for CSOs
Lack of public knowledge on the importance of ANC package	Poor awareness	Raise awareness	Raise awareness
Inadequate utilization of services by some sectors - pockets in rural areas, mobile population groups, urban upper-class etc.	Working mothers cannot reach government services due to clinic schedules overlapping with working hours	CSOs to lobby the management to approve leave (own leave) to attend clinic	CSOs to lobby the management to approve leave (own leave) to attend clinic
Poor client-friendly services	Government clinic environment not satisfactory	Lobby the government to improve clinic environment	Lobby the government to improve clinic environment
Poor access to services	Routine health services not reaching remote pockets of the village community	Lobby for improved access to health care in remote pockets in the village community	Lobby for improved access to health care in remote pockets in the village community
Referring to private sector for laboratory and other investigations	Lack of or inadequate delivery of ANC package by government clinics	Lobby/pressurize the government to provide standard complete ANC package to all mothers	Lobby/pressurize the government to provide standard complete ANC package to all mothers

	Shortage of drugs in government clinics		
	Low quality of services		
	Social perceptions driving people to seek health care services offered by the private sector		Raise awareness
	Insurance companies promote medical schemes to the public		Raise awareness

First 180 days - Breast Feeding			
Issue	Underlying factor	Solutions	Suggestions for CSOs
100% of mothers do not initiate breast feeding within the first 1/2 hour	Lack of awareness among health care workers and mothers on the importance of colostrum	Raise awareness among health care workers and mothers on the importance of colostrum	Raise awareness among mothers on the importance of colostrum
76% of EBF rate	Inadequate supportive environment for EBF	Raise awareness among family members to provide time and space for EBF	Raise awareness among family members to provide time and space for EBF
	Introducing other material as cultural practices	Raise awareness among mothers on the importance of EBF	Raise awareness among mothers on the importance of EBF
	Some mothers give water		
	Bottle feeding		
	Formula feeding		

Complementary Feeding

Issue	Underlying Factors	Solutions	Suggestions for CSOs
<p>Not initiating semi-solid/solid food from 6 months</p>	<p>1. Lack of awareness among mothers 2. Low priority given to promote complementary feeding due to overworked preventive health staff because of activities allocated outside their specific job description 3. Inadequate preventive health staff in certain settings 4. Targeted attention to under weight / stunted / wasted children by PHC staff 5. Poor skills and technical competencies of some PHC staff 6. Lack and/or under utilization of available resources optimally (CHDR and other material - booklets and leaflets) provided by Ministry of Health) 7. Lack of support offered by private sector companies to their employees to encourage breast feeding 8. Dissemination of wrong/inappropriate messages by different actors and sources 8. Lack of co-operation and coordination among government and private sector and also between the public and curative sectors- the messages are not harmonized and uniform</p>	<p>Introduction of semi-solids / solid food at correct time in right quantity and quality</p>	<p>1. Raising awareness among mothers 2. Assist PHMM in the promotion of proper complementary feeding practices at household level utilizing volunteers, community support groups etc. 3. Lobby MoH to fill PHM cadre 4. Lobby senior management of private sector - to provide crèche facilities to bring babies to the work place; make "work from home" option available for breast feeding mothers 5. Media training</p>

Formula feeding	Media promotions	Responsible reporting / advertising	Media Training
	Formula feeding promoted by doctors/health care workers	Increase awareness among mothers	Train CBOs and mobilize
Refusal of food by young children	Lack of food diversity	Promote food diversity	Raising awareness among mothers and food demonstrations
	Lack of diversity in methods of food preparation	Increase knowledge on different types of food preparation	

Male Participation during 1 st 1000 days			
Issues	Underlying factors	Suggestions	Suggestions for CSOs
Poor participation of males. Gender stereotyping from very young age	Attitudes / lack of recognition towards role of gender	Inclusion of gender sensitization for MCH program (responsible parenting)	<p>Lobby the government to provide facilities for the father's engagement and participation in MCH activities</p> <p>Nutrition program conducted by CSOs should be inclusive for both sexes</p> <p>Raise awareness among men on the importance of attending clinic with the mother and the child</p> <p>Media training to motivate male participation in MCH activities</p> <p>Lobby the MoH guidelines to include both parents during home visit discussions</p> <p>Awareness program for senior management in the private sector on the importance of male participation in ANC and in early childhood development</p>

Annex 3 - Advocacy Plan – Communication for Better Nutrition

Advocacy Action Plan - Communication for Better Nutrition						
What is the type of gap	Solutions	Result	Time frame to achieve result	Assumptions	MOV	Action by SUN PF
1st 1000 Days						
Fathers knowledge on nutrition about child, pregnant and lactating nutrition (Feeding and caring)	1. Mainly messaging on dietary diversity and purchase of food. Setting - Clinic day with father, work places	Process level intervention - increase in knowledge - pre and post evaluation	1 to 2 years		Pre and post evaluation of fathers' knowledge	1. Letters to Govt and Agencies (ILO, UNICEF, Employers Federation, Trust, Samurdhi 2. Pre and Post Evaluation
Other Caregivers- Grand parents, domestic aids and relatives (Nutrition and caring)	Mass media message on their role	Process level intervention - increase in knowledge - pre and post evaluation	1 to 2 years			Media Training for key persons in Media

No concentrated nutrition training in Child Care centers- Pre Schools, day care centers, creches (Child Nutrition) - addressing gaps in knowledge and practices of parents	Advocate for Certificated course as TOTs on nutrition for carers and pre school teachers in such institutions	1. Carers plan menus effectively. 2. Parents are guided about proper nutrition for children. 3. Children in these targeted institutions improve their nutrition status from baseline.	1. Immediately 2. Immediately 3. 6 months from training	That managers of plantation maybe receptive to this idea	Observation and recording of food consumed	Write series of letters to Ministries, Depts and Wayamba University - Ministry of Social Services, Child Development, Probation
Lack of clear and short messages on the importance of iron during Pregnancy	1. Specific message on the importance of iron during pregnancy with clear reasoning in brief	1. Increased compliance in taking iron supplementation over baseline 2. Mothers consuming improved diets	1 year			Proof - Research FGD 1, HEB/FHB 2. PHMs etc ,,,,,,
Lack of familiarity on parameters of complementary feeding among the general public	1. Key messages to be given through all media simultaneously.	The importance of Complementary Feeding internalised	2 years			
Working mothers have not mastered the knowledge of coping with breast feeding and complementary feeding	1. Production of a CD and a booklet for sale	Practices among working mothers improved	2 to 3 years	Government accepting this truth	Feedback from mothers	

Advocacy - The law about Maternity leave and lactation hour / lactating management centers / day care centers at work place / (pregnant/lactation/complementary feeding)	1, Dialogue with Ministry of Labour, Employers' Federation/ILO	Some sort of recognition/standard in place eg: Child caring/caring for our future workplaces	2 years	That all stakeholders accept this		1.Lobbying for 6 months maternity leave (BF week - Aug) 2. Lobby for a creche for young infants - 4 to 6 months
Addressing cultural and area sensitive advertising in appropriate media	1.To advocate with the key units of the MOH and development agencies to resource area and community specific messaging.	Type and numbers of area specific nutrition communication produced	2 years	That stakeholders accept this	Monitoring material produced	
Resources						
Gaps in resource distribution, esp for communication - lack of good nutrition counsellors	Initiate a resource gap calculation - both financial and human resource -esp nutrition and dietetics counsellors	Donors and government can resource these gaps	3 to 5 years	That donors and government accept this approach and are not limited by their mandates	Resource document used by government and donors	

Penetration of knowledge to the grass root level	Area specific counselling and education as well as resourcing based on data gathered by government	Pockets of malnutrition improved	2 to 3 years	That government accepts this	malnutrition status surveys in pockets	
Lack of responsibility of multi stakeholders	Advocate for multisectoral action plans from lowest to highest level.	Plans implemented through a multisectoral approach in all MOH/DS Divisions	Yr 1 - 1/3, yr 2- 1/3, yr 3 - 1/3		Reports from Divisions	
Inadequate nutrition counseling and follow-ups	See above					
Adolescent (age 10 - age 19)						
Nutrition Communication to adolescents	Targeted messages presented through interesting modes at the correct fora. Specific messages on 1.eating iron and calcium rich food 2. Dietary diversity 3. the consequences of eating high salt, sugar and fat. 4. Educating owners of eateries esp school canteens	1. Reduction of anaemia and calcium deficiency among adolescents 2. Increase in dietary diversity	2 years		Nutrition status surveys among adolescents	Promote healthy food habits and sports of the adolescent age group through civil society networks

Penetration of knowledge to school level based on weighing and measuring all children	Advocate for school specific counselling and education as well as resourcing based on data gathered by government	School populations with malnutrition improved	2 to 3 years	That MOE and MOH accepts this	malnutrition status surveys in schools	Lobby the School Development Societies
School canteens do not serve healthy food despite Canteen Policy which needs modification	Advocate to train canteen owners and school development societies	Canteen owners and SDSs more knowledgeable	3 years		Canteen quality Report and certification	Review implementation of canteen policy
Adult and Non Communicable Decease						
No total strategy. As part of this there is no specific communication campaign for this stage of the life cycle. The Food Based Dietary Guidelines address this partially, but not disseminated widely.	Organize a Taskforce to prepare practical recommendations for all stakeholders	Short action plan with specific actions for specific stakeholders which includes massages and modes of communication, improvement of knowledge on food preparation and food diversity (to prevent obesity and over weight)	6 months	Resources?	Plan	Study food habits and food purchases of adults use the evidence to develop advocacy materials

With increased global warming no communication campaign for drinking sufficient quantities of safe water,...????????	1.Making available sufficient quantities of water.2.responsible authorities that are accepted by the communities conduct awareness on the importance of drinking sufficient quantities of safe water, promote safe farming practices - ensuring correct usage of chemicals, encourage organic farming, encourage farmers to practice protective measures, development of an appropriate communication tool,	Increase in drinking of sufficient quantities of water, increased availability of safe water in the affected areas, reduction of harmful farming practices, reduction in further increase of number of CKD patients	5 years			
Elderly (Over 65)						
Lack of Knowledge on what to buy, what to eat as elderly, how to exercise and the consequences	Raise Awareness - as part of this include messaging in documents relevant to elders - eg: pension papers, letters from Banks, Bills	Public awareness on nutrition for the elderly	1 year	Resources will be available	Knowledge Survey	1. Include elderly nutrition in the training programmes (media and CBO) 2. Develop visibly materials

Lack of Money	Advocate for increased income to elders and discuss cost of food with elders secretariat					FGDs to prove the assumptions. Use the evidence to lobby with the Social Services Ministry
Nutrition Communication package to carers both in the home and institutions	Advocate for training and resources	Training commences	2 years to complete first round	Resources and will	No receiving competency certificate and no of institutions covered	Develop a nutrition guide/posters for care givers
Advocate for geriatric knowledge centres in care homes, day care centres, death donation society meetings	Increased knowledge through master elder trainers	125 master trainers trained	1 year	Resources and willingness	Recognized public list of trainers	Letter to the Ministry of Social Services requesting to conduct Master Training Programmes

Health						
WV poster/ad on Smoking and Cancer	No statistical graphics and too many messages and technical collaboration with Government is unclear, untargeted	Include a comparative statistics between smokers and non-smokers and separate the messages, get the technical experts opinion	Increase the focus on each area for more impact			
CKD brochure from HEB	Confusing message on top left, contradicting number for daily water consumption (3L),					
Marker from WV	Theme is unclear, colour scheme is difficult for the eye, exact volume of water is unclear					
Sticker from HEB on Water	Couldn't identify					
Importance of Iron by Nutrition Coordination Division	Couldn't identify					
Oral hygiene brochure by HEB	Couldn't identify					

WV poster/ad on personal hygiene	Colours, layout and is difficult for the eye, technical collaboration with Government is unclear, Is the message clear to the target audience?					
Hand washing poster by UNICEF	Couldn't identify					
Waterborne disease poster by HEB	Colours, layout is unattractive for the eyes					
Thalassemia brochure by HEB	Couldn't identify					

Annex 4 - Advocacy Plan – Food Security

No.	Household Food Security – Food Availability				
	Issue		Underlying factors	Suggestions	Suggestions for CSOs
1	Production	Low agricultural productivity	Unavailability/lack of quality seeds	Produce required seeds in the village itself	Farmer organization of the village to produce required seeds and establish a seed bank for the village.
			Cultivation of crop varieties which are low yielding or inappropriate to the particular agro-ecological region	Better selection of crop varieties.	Farmer Organisation to organize an awareness programme to get necessary technical support from the Dept. of Agriculture to select high yielding varieties recommended for that particular agroclimatic zone and suitable to the soil type.
			Unavailability of water at the correct time and excess water at the unwanted periods	Proper maintenance of the irrigation structures in the village.	Farmer organization with the support of Agrarian Services Dept. to prepare a maintenance plan for the irrigation structures in the village and continuous monitoring of the progress of maintenance activities.

				Change the cultivation period according to the current rainfall pattern and choose short term varieties	FO to get the instructions from Dept. of agriculture on most appropriate period to start the cultivation season.
			Less fertile/infertile soil	Add crop residue to the field, Composting and practice soil conservation methods.	FO to organize training programmes on soil conservation methods and composting. Establish a model farm within the village to demonstrate soil conservation and different composting methods.
			Production does not match with the demand. Excess or shortage of certain crops.	Develop a cropping plan considering agro-climatic factors, soil factors, price fluctuations and demand.	Farmer organization to take the lead to prepare the cropping plan for next two seasons under the technical guidance of Dept. of Agriculture, Dept. Agrarian services and other agencies involved in water management.
			Land fragmentation	Separate residential area for farming community.	Lobbying the government to enforce law related to fragmentation of agriculture lands.

			Environmental shocks	Build coping capacity to environmental shocks.	FOs to get necessary instructions from Dept. of Agriculture to identify drought and flood tolerant varieties and multiply seeds of those varieties.
		Damages to the production	Pest and disease attacks	Introduce Integrated pest management methods	CBOs to organize awareness programmes on the importance of integrated pest management. Introduce integrated pest management to the model farm.
			Post harvest losses	Use crates for transportation of perishables (fruits and vegetables)	National level CBOs to provide subsidy to buy crates. Conduct a study with a selected group on the change of income after using crates and present findings to the farming community
2	Processing	Waste of excess food (perishables)	Lack of knowledge on food processing techniques	Raise awareness on appropriate food processing methods such as drying, blanching, pickling, sugaring, salting and smoking for different types of foods.	CBOs to conduct trainings and demonstrations on food processing techniques and explain how it positively affect on family income and nutrition.

			Misbeliefs on processed foods	Demonstrations on food processing methods and awareness on its nutritional value and how it helps to enhance dietary diversity in offseason	
		High percentage of damaged grains and pulses	Not harvesting at the correct time	Awareness raising on indicators of grain maturity.	Awareness on indicators of grain maturity (20-25% moisutre, 80-85% grains are straw coloured) and less grain damaging processing methods.
			Use of improper machinery for seed processing	Use of low powered machinery	
3	Storage	Wastage of food due to improper storage/lack of storage facilities/unavailability of storage facilities.	Unavailability of required storage facilities	Awareness on less expensive, traditional food storage methods	CBOs to organize training and awareness programmes on proper food storage methods and low cost storage methods (Institute of Post harvest technology).
		Post harvest losses at the storage	Improper storage facilities	Awareness on easy and proper storage methods and maintenance of storages.	
			Improper/lack of knowledge on proper storage methods		
		Lack of maintenance of storages			

No.	Household Food Security – Access to Food				
	Issue		Underlying factors	Suggestions	Suggestions for CSOs
1	Affordability	Cannot afford to buy preferred food items	Less income	Increased and stable income for communities depend on weather sensitive livelihoods.	CBOs to introduce alternative income sources considering locally available resources and the market. Extend financial support to initiate
			Indebtedness		
			Income fluctuations		
			No alternative income		

			sources		alternative livelihood.
2	Purchasing power	Less purchasing power as a result of high unit price of food items.	High production cost	Minimize production cost by using organic inputs.	CBOs to promote application of organic fertilizer, environment friendly pest control methods, manual land preparation methods through awareness programmes
			Less supply compared to the demand during off-season	Increase the supply during off-season.	Lead the FO to develop a cropping plan for the area considering the demand as one of the factors and issue processed food to the market during the off-season.
			High post harvest losses	Selection of suitable contrainers to transport long distances.	Influence the government to re-enforce the law on collapsible plastic crates for the transport of perishables.
			Crop damages due to Envriomental shocks	Cultivate crop varieties that can withstand environmental shocks.	Encourage farmers to cultivate flood and drought tolerant varieties.
			Unfavourable climatic conditions for certain crops	Adopt Protected agriculture techniques to control climatic factors and pest attacks.	Intervention of National CBOs to provide subsidies on protected agriculture structures
			Government taxes	Appropriate taxation for basic food items	Lobby and voice

3	Marketing	Weaknesses in marketing channels	Unavailability of market places for crop and animal based products.	Establish a market place with proper storage facilities.	CBOs to support in organizing producers and entrepreneurs to start a market place with required storage facilities within the area.
			No proper market to sell the products produced at commercial level.	Develop market linkages between buyers and producers.	CBOs to intervene on developing market linkages between producers and buyers such as supermarkets and exporters, through forward contracts and buy back systems.
4	Equitable distribution	Inequal distribution of food items because of the differences of transport facilities	Less development of infrastructure systems in the rural areas	Improve infrastructure system in rural areas.	CBOs to Influence the govt. to construct roads and market places in the area
		Inappropriate distribution of food within the family	Pregnant mothers, milking mothers and young girls do not get sufficient food quantities.	Improve appropriate food distribution within the family	Conduct awareness programmes on nutritional requirement of human being according to their age, gender, health condition, physical conditions, pregnant or lactating.

No.	Household Food Security - Utilization				
	Issue		Underlying factors	Suggestions	Suggestions for CSOs
1	Nutritious food	Consumption of less nutritious food	Lack of nutritious food	Increase availability of nutritious food in the	Awareness programmes on nutritious food types

				area.	that are less expensive and can be found from the area and encourage the community to cultivate and consume them.
			Lack of knowledge to identify nutritious food	Awareness programmes on nutritive value of different food types.	
			Not having enough money to buy nutritious food		
2	Food diversity	Less diversity of food consumption	Not having access to certain food items (Saltwater fish, meat)	Increase the production of locally available food items that belongs to the same food group. (fresh water fish)	CBOs to support the communities with inputs to produce food items with same nutritive value.
			Depend only on what they grow in their farmland	Encourage batar system to get the food type that is not available in the home garden.	
			Lack of knowledge on the importance of food diversity	Raise awareness on importance of food diversity	Awareness programmes on the importance of food diversity, main food groups and the food items that belongs to them.
			Cultural and religious beliefs	Encourage to consume other food that that gives similar nutritive value.	
3	Food safety and	Consumption of unsafe and poor quality food	Unsafe food preparation	Awareness raising on safe food preparation	CBOs to organize and conduct awareness

	quality		Unsafe food storage	and storage methods	programmes on safe food preparation methods and proper storage methods
4	Clean water	Consumption of unsafe water	Unavailability of clean water	Raise awareness on water purification methods	CBOs to conduct awareness programmes on importance of consuming purified water and provide required financial assistance to buy water filters is required.
			Lack of knowledge on water purification methods		
5	Sanitation	Sanitation	Not having proper sanitation facilities	Provide financial support to construct toilets and raise awareness on proper waste disposal methods.	CBOS to financially support communities to build toilets and raise awareness on proper waste disposal methods
			Improper waste disposal methods		

No.	Household Food Security - Stability				
	Issue		Underlying factors	Suggestions	Suggestions for CSOs
1	Adverse weather conditions	Uncertainty in food production due to adverse weather conditions	Flood and drought situations lead to crop losses	Promote coping up mechanisms.	Encourage farmers to cultivate flood and drought resistant varieties, use water efficient irrigation systems, rain water harvesting methods and efficient drainage systems.

		Income fluctuations due to adverse weather conditions	Depend only on farming or other climate sensitive livelihoods.	Appropriate technology transfer to have production in all seasons	CBOS to arrange awareness and training programmes to transfer new technology which enables farmers to cultivate in all seasons
2	Seasonality of crops	Prices and availability of vegetables fluctuates seasonally	Storage	Use of appropriate technology	Training Farmer organization and other CBOs on new technology on storage and processing.
			processing		
			Lack of appropriate technology		

Annex 5 - Pictures of the SUN PF Day

SUN PF Day Photos



Terms of References

National Nutrition Policy Review Committee – SUN PF

Good nutrition is essential for development. The country has achieved almost all MDGs except nutrition targets. The National Nutrition Policy (NNP) for Sri Lanka was first developed in 1986. It was reviewed in 2010 and the existing NNP was endorsed by the Parliament in February 2010. The NNP was to be updated in 2013 and planned to be revised in 2018. However, the NNP was not updated in 2013. The SUN PF is given the task to review the implementation of the NNP and suggest the results to the government.

As revealed in the NNP the low birth weight prevalence is 16.6% (DHS 2006/2007), under 5 underweight 21.1%, under 5 wasting 14.1%, under 5 stunting 17.3%. The DHS 2006/2007 also showed significant geographical disparity. Still the National prevalence of low birthweight remains as 16%, under 5 underweight has increased to 23%, and stunting has fallen to 13%. The district disparity is still unacceptable, Nuwara Eliya stunting rate remains around 25%.

The NNP Policy Review Committee is expected to critically evaluate the policy under the following headings:

1. Topics the NNP cover
2. How they are being implemented
3. What is the implementation coverage
4. Resource allocation and mobilization
5. Who are the stakeholders
6. What Coordination Mechanism exist
7. How Monitoring and Evaluation are being implemented
8. Align with new SDGs (Nutrition Objectives)
9. Identify gaps in the design, contents and implementation
10. Recommendations to decision makers

National Nutrition Policy Review Committee – SUN PF

MEETING MINUTES

Meeting Date: 11/05/2015

Recorded By: Chamindri Katuwawala

Attendance

Name	Title	Organization	Present
Prof. Harendra de Silva	Senior Professor	Faculty of Medicine- Colombo	Yes
Dr. Vinya Ariyaratne	General Secretary	Sarvodaya	Yes
Dr. Renuka Jayatissa	Nutrition Specialist	UNICEF	Yes
Ms. R.P.M Sandamali	Technical Specialist- Nutrition	Childfund Sri Lanka	Yes
Dr. Shanthi Gunawardene	Director	Nutrition Coordinator Division, Ministry of Health	Yes
Dr. D.S.N. Jayasundera	Senior Manager, Health and Nutrition	Save the Children	Yes
Mr. Chamindha Rajakaruna	Director- Partner Coordinator	Sarvodaya	Yes
Mr. Saman Kalupahana	Programme Officer	World Food Programme	Yes
Dr. Daham De Silva	Consultant Pediatrician	Faculty of Medicine- Colombo	Yes
Ms. Dilka Peiris	Nutrition Specialist	World Vision Lanka	Yes
Ms. Rasika Mendis	Manager- Research	World Vision Lanka	Yes
Mr. Asanga Ranasinghe	Grants Manager	Plan International Sri Lanka	Yes
Mr. Dave Maurice	Director	Nucleus	Yes
Dr. Dula de Silva	SUN PF	SUN PF	Yes
Ms. J.D.L.Maduwanthi	Finance & Administration	SUN PF	Yes
Mr. Prishanha Welathanthry	Project Manager	SUN PF	Yes

Minutes

- Dr. Dula De Silva welcomed all attendants to the 1st NNP Review Committee Meeting.
- Dr. Dula commenced with a brief introduction on the national policy on nutrition: introduced in 1986, reviewed and implemented in 2010.
- Reference was made to the policy document which contains the six key pillars highlighting the approach. All attendants received a copy.
- Dr. Dula pointed out that the 2006/2007 DHS baseline data (presented in the document) have not improved (no significant improvement). In some areas, the situation has worsened; Wasting has increased from 15 to 19 percent. However, the situation on Stunting has improved.
- Dr. Dula: ‘Policy is in place and money is being invested. How are we going to approach this?’ She highlighted the 2025 sustainability development goals (SDGs).
- The key objective is to identify whether policy in place addresses these development goals and to identify if there is room for strengthening the implementation process.
- Dr. Dula called for suggestions on any new members to be added to the committee: Prof. Pujitha Wickramasinghe to be added to the committee.
- Function of the civil societies was highlighted; ‘civil societies are the benefactor of the policy’
- Dr. Dula invited Professor Harendra to chair and Dr. Vinya to co-chair the meeting.
- Everyone present briefly introduced themselves.
- Dr. Shanthi was recognized as the focal point from the Ministry of Health.
- Dr. Shanthi mentioned that the Ministry of Health has developed the nutrition policy and that it would be appropriate for the ministry to act as an external party to the review, leaving all other organization to examine the policy and present feedback.
- Professor Harendra validated the above stating the importance of an independent team to evaluating the policy.
- Professor Harendra added that Sri Lanka as a whole lacks a responsibility-accountability process. Although heavy investments are made in formulating and implementing policies, there is no proper feedback/assessment given on the policies implemented. He notified that this area needs improvement.
- Dr. Vinya emphasized the importance of focusing efforts in order to minimize waste.
- Dr. Dula highlighted the policy objects and the expected outcomes enclosed in the policy document.

- Dr. Vinya requested for an update of the current process endorsed and approved in 2010 (National Nutritional Task Force) given the significant change in the recent past coupled by the govt. change.
- Dr. Shanthi replied that the process (National Nutrition Secretariat) was not functional since the 8th January, 2015. However, they have now been informed that the President's Secretariat will restart the activities and Additional Secretary Mr. K. C. Fernando will lead)
- Dr. Vinya identified above as important information.
- Dr. Renuka noted that there has been actual progress. She added that Wasting has been the static issue in Sri Lanka for the past 20 years at 15 percent. Other issues including stunting and anemia has shown signs of improvement.
- Dr. Renuka also indicated that measures on resolving Wasting need to be completely re-modified owing to zero improvement in the last 20 years. Furthermore, actions need to be taken on correcting one-third of the Lankan population suffering from iron deficiencies (50% of Anemia is due to iron deficiency).
- Dr. Shanthi suggested keeping the Ministry of Health external to the process. In reply, Dr. Dula and Professor Harendra requested for all organizations to be a part of this process.
- Dr. Dula pointed out the deficiency of accurate data for any organization and questioned the accessibility of such data.
- Dr. Vinya highlighted that this committee needs to submit a report capturing the status of the implementation of the policy of 2010 and possible recommendations on 30th September.
- Dr. Dula agrees to coordinate and follow up with the sub-committees in-between meetings.
- Dr. Dula points out the key objective of this committee are to improve the county's nutrition profile.
- Dr. Shanthi requested to include Dr. Benenaragam, Director/MCH and Dr. Siyambalagoda, DDG/PHS, in the committee.
- Dr. Dula refers to the policy document and requests all members to monitor and evaluate actions stated against the expected outcomes. If expected outcomes are not met, how can we improve the process to meet these expectations?

1. Formation of the Policy Review Committee

- Dr. Vinya suggested dividing the members into six sub-groups, each focusing on one of the six policy objectives outlined in the policy document.
- Six sub-committees were appointed:

Policy Objective	Sub-committee members	Coordinator
1. Ensuring optimal nutrition throughout the life cycle	Dr. Daham de Silva Dr. Shyam Jayasundera, Ms. Manjula Sandamali Mr. Saman Kalupahana, Dr. Shanthi Gunawardane, Dr. Renuka Jayatissa, Prof. Harendra de Silva FHB	Ms. Sandamali / Dr. Daham
2. Enhancing capacity to deliver effective and appropriate interventions	Dr. Renuka Jayatissa, Ms. Dilka Peries, Dr. Shanthi Guanawardane, Dr. Siyambalagoda, FHB, Prof. Harendra de Silva	Ms. Dilka
3. Ensuring effective management of adequate nutrition to vulnerable population	Ms. Rasika Mendis Dr. Renuka Jayatissa Dr. Daham de Silva Dr. Damien Dr. Shyam Jayasundara	Dr. Shyam / Dr.Daham
4. Ensuring food and nutrition security for all citizens	Mr. Dave Maurice Mr. Saman Kalupahana Ms. Manjula Sandamali Ms. Dilka	Mr. Dave
5. Strengthening advocacy, partnerships and networking	Dr. Vinya Ariyaratne Mr. Chamindha Rajakaruna Mr. Asanga Ranasinghe Ms. Rasika Mendis	Mr. Asanga
6. Strengthening research, monitoring and evaluation	Ms. Dave Maurice Dr. Renuka Jayatissa Ms. Dilka Peries Ms. Rasika Mendis Prof. Harendra de Silva FHB	Mr. Rasika

2. Confirmation of TOR

- Dr. Vinya notifies the absence of updated targets and indicators in the policy document. Dr. Renuka agrees to share the updated SDG figures applicable to nutrition.
- Dr. Vinya requested for suggestions on the TOR.

- Ms. Dilka suggested that the TOR need to align with the new SDGs. This was acknowledged by Dr. Vinya and Dr. Dula as an important suggestion, to be incorporated in the revised TOR.
- Professor Harendra suggested adding a 8th heading to the TOR; Recommendations.
- This was seconded by Dr. Renuka specifying that these recommendations can be utilized by any organization including the govt.
- Dr. Dula informed that the TOR was developed using the WHO's TOR followed when reviewing existing policy in 2009/2010.
- Mr. Saman suggested the inclusion of resource allocation and resource mobilization in the TOR. This was acknowledged and included in the TOR as heading 4: Resource Allocation, Mobilization and Utilization.
- Mr. Dave suggested the importance of analyzing the contribution of civil societies' separately under each objective. Dr. Vinya agreed.

(The finalized TOR is attached)

3. Way Forward

- The committee needs to present the final report by 30th September 2015. The committee co-chair, Dr. Vinya determined all aspects to be completed two weeks prior to this deadline.
- Furthermore, he called for the first draft within a month from now.
- Sub-committees were requested to conduct 3-4 meetings prior to the next main meeting at any convenient location. Dr. Vinya also recommended seeking assistance from other resource persons.
- All sub-groups will be coordinated and supported by Dr. Dula and Mr. Prishantha.
- 1st draft of all sub-groups is due on the 9th of June, 2015.
- Dr. Dula agreed to email the revised TOR along with the list of sub-group members to all participants
- Dr. Dula thanked everyone and ended the meeting.

Meeting End

Meeting Schedule End: 12.00 PM

Meeting Actual End: 11.40 AM

Post Meeting Action Items

Action	Assigned To	Deadline
Send out the revised TORs to all members	Dr. Dula De Silva	14.05.2015
Communicate the updated SDGs to all members	Dr. Renuka Jayatissa	14.05.2015

Decisions Made

- To submit the final report on the 30th September, 2015.
- To finalize all aspects of the final report, 2 weeks prior to the deadline.
- First draft, due on 9th June, 2015.

Announcements made

- Mr. Dave made an announcement about a public event with reference to the nutrition month: SUN PF Day, 27th and 28th June, 2015.

Next Meeting

Next Meeting: 16th June, 2015 at 9.30 AM., UNICEF Colombo

National Nutrition Policy Review Committee – SUN PF

Sub-committee for policy objective 1:

Ensuring optimal nutrition throughout the life cycle

(Meeting 2)

MEETING MINUTES

Meeting Date: 04/06/2015

Meeting Location: Lady Ridgeway Hospital for Children

Recorded By: Chamindri Katuwawala

Attendance

Name	Title	Organization	Present
Prof. Harendra de Silva	Senior Professor	Faculty of Medicine-Colombo	Yes
Ms. R.P.M Sandamali	Technical Specialist- Nutrition	Child Fund Sri Lanka	Yes
Dr. Renuka Jayatissa	Nutrition Specialist	UNICEF	No
Dr. Dula de Silva	SUN PF	SUN PF	Yes
Mr. Prishanha Welathanthry	Project Manager	SUN PF	Yes
Dr. Daham de Silva	Consultant Pediatrician	Faculty of Medicine-Colombo	Yes
Dr. D.S.N. Jayasundera	Senior Manager, Health and Nutrition	Save the Children	No
Dr. Shanthi Gunawardene	Director	Nutrition Coordinator Division, Ministry of Health	Yes
Mr. Saman Kalupahana	Programme Officer	World Food Programme	No
Ms. J.D.L.Maduwanthi	Finance & Administration	SUN PF	No
Dr. Senarath Mahamithawa	Deputy Director	Ministry of Health	Yes
<i>PROF. PUJITHA WICKRAMASINGHE</i>	Senior Lecturer in Paediatrics,	Dept of Paediatrics, University of Colombo	No

Discussion points

1.1 Low birth weight reduced

- It was pointed out that feeding practices during illness is not covered in the policy document. This is an elevated shortcoming especially given the widespread practice of wrong feeding practices (e.g. not feeding during fever etc.)
- Dr. Dula however communicated that this area is identified under the maternal health policy and that the govt. has taken action to include this in the IYCF (Infant & Young Child Feeding Practices).
- She noted that the IYCF has being published and distributed to midwives and training has been given to them on this regard (10 day training programmes).
- Prof. Harendra duly suggested that the IYCF must be further activated across the island because, the IYCF is not currently recognised among the medical community; *curative sector is not aware about this.* **GAP**

- Dr. Daham added that this unawareness among medical professionals would result in unfamiliarity of the IYCF among medical students.
- Prof. Harendra emphasised that respective knowledge needs to spill over on the general community and not just be limited to the medical community; *it is important because the mother is 1st person who cares for the patient at home*. He further questioned the coverage with regards to the GPs and Ayurveda practitioners.
- Following this, he pointed that mass media is the best way to disseminate the information adequately to all persons.
- *Coordination, Monitoring and Evaluation:*
- Dr. Mahamithawa communicated that IYCF is currently **reviewing** the policy document (not a monitoring and evaluation).
- Prof. Harendra stressed upon the importance of conducting the evaluation process by an external party (an independent evaluator). Periodical evaluation by an external body and regular internal monitoring was identified as critical actions.
- Dr. Mahamithawa highlighted that ‘checking’ is limited to children receiving complementary feeding. The process ignores other important areas including minimum diet requirement, dietary diversification etc.
- Prof. Harendra added that inclusions should limit to very basic information in order to avoid the risk of people not understanding. For example, if hundred mothers are questioned about complimentary feeding practices, all of them would answer *yes*. However, this may not necessarily be the case.
- Dr. Dula highlighted the importance of including a **Risk Analysis** and **Assumptions** for each objective.
- Dr. Mahamithawa suggested that the next step of the policy should be to specify on each areas which is currently generalised to a large extent.
- Dr. Daham suggested screening a half hour teledrama/show on good health conduct following a child falling ill. In addition, Prof. Harendra suggested that the govt. should allocate a certain slot of media time for educational messages (which ought to include health messages), during peak hours and free of charge. This should be embedded into legislation (a statutory command) which could therefore apply to all; govt. as well as private media.
- While emphasising that correcting the issue of LBW would take a generation, Prof. Harendra enlightened that too much emphasis on correcting LBW may result in an obese child (weight for height- it is possible to change this however if height doesn’t change proportional to weight change,

the likelihood of child being obese is high). Therefore, the situation of LBW can be improved but not entirely corrected- this may be the reason why stunting hasn't show much improvement over the years.

- Prof. Harendra pointed out that intense ultra sound availability could facilitate the prevention of malnutrition. By determining LBW at an early stage, health and nutrition issues faced by the mother can be addressed. This can be viewed as a much focussed intervention which can potentially make a greater difference.
- Dr. Dula emphasised the importance of providing special training to midwives who care for mothers. Further she suggested that mothers with low BMI and below a certain height (usually considered as high risk mothers) can be taken on board to receive special care. Carrying out a pilot programme with regards to this was agreed as a good suggestion.
- Prof. Harendra questioned the capacity of the health ministry to reserve midwives specially trained to exclusively carry out this task. This way, a particular group of people could be held responsible to this pressing issue.
- In response, Dr. Mahamithawa pointed out that there is a dearth of 1750 midwives which the health ministry is finding difficult to meet. He elaborated saying the A/L science students are not keen on applying for a midwife's vacancy. Therefore, the standard has been lowered to recruit A/L arts students as well.
- 1.2.2.5: Dr. Daham stated that LRH comprises a rehabilitation centre. Any child who is admitted will be screened for acute malnutrition. Thereafter, children who are suffering from acute malnutrition are referred to the rehabilitation centre who are then given RUTF and other nutrition supplements.
- The issue of lack of Thripasha was discussed.
- 1.2.3.1: Prof. Harendra stated that although the growth model is now in practice, growth monitoring ought to be strengthened. He emphasised the need to develop a nationwide system where monitoring can be done at a glance.
- 1.2.3.2: Healthcare workers' knowledge and skills should be improved in order for them to interpret their own data thereby evaluate results. **Recommendation**
- 1.2.3.3: nutrition interventions should be improved including home based care and supplementation.
- A new topic should be added: 1.2.3.4 – empowerment of community to voice the needs required (e.g. the requirement of Thripasha etc.)

- School health: appointing change agents at schools – for instance the head girl/boy. Revising school canteen policy: instead of just restricting the selling of unhealthy goods, healthy and tasty foods need to be made available for students.
- Communicating other good practices – washing and drying hands, use of toilet paper etc.



National Nutrition Policy Review Committee – SUN PF

Sub-committee for policy objective 4:

Ensuring Food and Nutrition Security for All Citizens

MEETING MINUTES

Meeting Date: 04/06/2015

Meeting Location: Save the Children Colombo

Recorded By: Chamindri Katuwawala

Attendance

Name	Title	Organization	Present
Dr. Dula de Silva	SUN PF	SUN PF	Yes
Ms. Dilka Peiris	Nutrition Specialist	World Vision Lanka	Yes
Mr. Dave Maurice	Director	Nucleus	Yes
Mr. Prishanha Welathanthry	Project Manager	SUN PF	Yes
Ms. R.P.M Sandamali	Technical Specialist- Nutrition	Child fund Sri Lanka	No

Discussion points

- 4.1: Dr. Dula commented about the significant number of institutions and ministries present in Sri Lanka and stressed the importance of strengthening their existing coordination mechanisms in order to achieve this. For example, if the Irrigation Ministry does not step forward to supply water to the farmers, the efforts of the Agriculture Ministry would be futile.
- She recommended that Food Security ought to be the key field under national security especially because history indicates lack of food to be the entry point for most riots and violence. She further added that this ministry (national security) needs to be led by a key official, either by the Prime Minister or Finance Minister (or any other high ranked official).
- Members agreed that the number of authorized personnel in power need to reduce, thereby centralizing all key activities. This way, it is clear as to who is made accountable.
- *Support the implementation of other related policies...*
- Dr. Dula question; ‘by who and how do you support?’ she requested for clarity on the word ‘Support’
- Mr. Dave emphasized the importance of targeting implementation of other related policies to the most vulnerable pockets. If it’s not targeted implementation, it is not cost effective.
- Dr. Dula stated the process should first identify the key stakeholders. Secondly, identify and strengthen existing policies – if policies are not in place, construct effective nutrition policies mainly addressing food security. **RECOMMENDATION**
- She suggested that all related ministries ought to recognize food security and nutrition in their policy documents in order to gain budgetary support.
- Absence of a timeline was noted by Dr. Dula; *when is this going to take place?* **GAP**

- Further, all members identified the importance of mapping the vulnerable groups (with support of the village officials) for food security to facilitate target interventions. For this, criterion is required to determine vulnerability.
 - Dr. Dula also stated the importance of developing a food security index to be utilized routinely when screening households (currently, there is **no known** index). **GAP, RECOMMENDATION**
 - Members agreed that activity 4.1.1.1 (enhancing training...) should be listed under 4.2
 - Mr. Dave stated that ‘ensuring access’ involves analyzing whether there is adequate levels of production (and supply).
 - **GAPS** – Assumptions are not being listed. In addition, a Timeline is absent.
 - Dr. Dula: *‘you can’t have a target unless it’s a smart target’*
 - 4.1.2.3 need to be listed under the first section.
 - Ms. Dilka suggested that food fortification should be considered as a separate activity areas. Therefore, 4.2 should include ‘improving the micronutrient food intake through food fortification’.
 - In addition, Dr. Dula communicated that Dietary Diversification is an important aspect which should receive greater attention and analysis. This need to be included under 4.3 in the policy document.
 - Replace 4.3 with 4.1.1.1 and instead of 4.1.1.1, insert 4.1.2.3 in order for to make things more workable.
 - It was recommended that a new policy objective to be added; Ensure Nutrition and Food Security during Emergencies and Disasters. Inclusion is the only way to allocate an emergency fund at the budgetary level.
- RECOMMENDATION**
- Members also agreed to add a new area; 4.4 – Food Security and Climate Change (resilience to climate change).
 - Dr. Dula identified the minimum level of support and encouragement extended to local producers as a major shortcoming (Kilinochchi example) **GAP**. She emphasized the importance of considering the livelihood of the poor person.
 - Mr. Dave added that it is crucial to improve the competitiveness of producers – empowering producer groups to develop a competitive edge (organic produce, home produce, food preservation ideas – pretty much to differentiate their produce from the rest of the market supplies).
 - Dr. Dula questioned the availability of a separate Food Safety policy in addition to the pillar included in the Food and Drug Policy.

- Wording should to be changed; Importation of nutritious food.... to Maintaining/Monitoring food safety in food production and food importation. Accordingly, the outcome indicator needs to be changed (possible SLS Standard?)
- Anemia outcome need to come under 4.3- food fortification.
- Bringing food (with no standard) in to the country (in personal suitcases) need to be frowned upon. (While bringing in few items of food for personal consumption is acceptable, carrying a suitcase/large amounts of non-standardized food should to be disallowed).
- Strengthen customs; the monitoring process. **RECOMMENDATION.**
- Members acknowledged the achievement made in strengthening iodine deficiency (issue).... Total goiter rate has also experienced low numbers.
- Dr. Dula called for an evaluation of the whole spectrum of thyroid diseases; the cause for thyroid cancer, why the increase in incidence etc.? Moreover, she questioned the likelihood of catching other diseases as a side effect of reduced iodine deficiency related disorders.
- Ms. Dilka suggested another addition – 4.2.1.2: Assessment and Evaluation of iron deficiency disorders.
- Finally, all members agreed that ‘strengthening partnership’ should be listed as a separate activity or a different objective all together. **RECOMMENDATION**
- Dr. Dula also discussed the importance of addressing the gender gap/inequality by advising mothers on family feeding practices.