



UN Sri Lanka SDG Multi-Partner Trust Fund MPTF OFFICE GENERIC FINALPROGRAMME NARRATIVE REPORT REPORTING PERIOD: 16 JUNE – 14 DECEMBER 2022

Programme Title & Project Number	Country, Locality(s), Priority Area(s) / Strategic Results	
Programme Title: Responding to the economic crisis and its impact on children	Sri Lanka Priority area/ strategic results Nutrition	
• Programme Number: <i>SM220456</i>		
MPTF Office Project Reference Number: 00132270	Nuttition	
Participating Organization(s)	Implementing Partners	
UNICEF	Ministry of Health	
Programme/Project Cost (US\$)	Programme Duration	
Total approved budget as per project document: US\$ 598,313.40 MPTF /JP Contribution: • by Agency (if applicable)	Overall Duration: 6 months	
Agency Contribution • by Agency (if applicable)	Start Date (dd.mm.yyyy) 16.06.2022	
Government Contribution (if applicable)	Original End Date (dd.mm.yyyy) 14.12.2022	
Other Contributions (donors) (if applicable)	Current End date (dd.mm.yyyy) 14.12.2022	
TOTAL: US\$ 598,313.40	Have agency(ies) operationally closed the Programme in its(their) system? Yes No x	
	Expected Financial Closure date: 14.12.2023	
Programme Assessment/Review/Mid-Term Eval.	Report Submitted By	
Assessment/Review - if applicable <i>please attach</i> □ Yes □ No Date: <i>dd.mm.yyyy</i> Mid-Term Evaluation Report – <i>if applicable please attach</i> □ Yes □ No Date: <i>dd.mm.yyyy</i>	 Name: Christian Skoog Title: Representative Participating Organization (Lead): UNICEF Email address: cskoog@unicef.org 	

FINAL PROGRAMME REPORT FORMAT

EXECUTIVE SUMMARY

The crisis, together with consecutive poor crop yields, have heightened food insecurity and reduced food consumption in quantity and quality, putting young children at greater risk and worsening already-poor child malnutrition levels. The purpose of the grant is to prevent a worsening malnutrition situation among children under five years of age.

In close collaboration with the Family Health Bureau, Ministry of Health, UNICEF procured and supplied 241,557 packs of multiple micronutrient supplements that were urgently required to ensure adequate nutrition and care for young children. Approximated 120,000 children benefitted through this intervention. UNICEF also procured and supplied 3,300 cartons of Ready-to-Use Therapeutic Food (BP-100) for the treatment of 3,300 children with Severe Acute Malnutrition.

One of the major barriers for access to care has been the provision of centralized care through pediatricians located in higher-level hospitals as per the current Sri Lanka protocol and inability of vulnerable families to reach the hospital for treatment due to transport related costs and related challenges. Through UNICEF's advocacy, outreach clinics are now being organized at peripheral hospitals and UNICEF has also provided transport support to vulnerable families so they can access treatment.

I. Purpose

In Sri Lanka, too many children have been deprived of their right to Nutrition for too long, ranking it the seventh most malnourished country in the world and the second most malnourished country in South Asia for wasting among children under age five¹. This leads to higher likelihood of morbidity, poor child development outcomes and mortality. The crisis, together with consecutive poor crop yields, have heightened food insecurity and reduced food consumption in quantity and quality, putting young children at greater risk and worsening already-poor child malnutrition levels. Nationally, 17.3 per cent of children under five are stunted, with one third (32 per cent) of these children from the estate sector. Poor nutrition implies one in four children are not thriving, two in five children aged 6-23 months are not fed the minimum acceptable diet and one in six babies are born with low birth weight, jeopardizing optimum growth². There is a lack of essential nutrient supplements and budget allocations for the vouchers for pregnant and lactating women and children under two years of age, as a specific vulnerable group, was constrained even before the crisis. Critically, low maternal body mass index linked to low birth weight in babies contributes to intergenerational undernutrition.

The purpose of the grant is to prevent a worsening malnutrition situation among children under five years of age. For this, UNICEF will use the valuable funding to increase the capacity of the government through the provision of essential and lifesaving nutrition supplements and growth monitoring support to prevent malnutrition.

II. Results

i) Narrative reporting on results

¹ UNICEF, "Humanitarian Action for Children: South Asia Region", 2022, p.2, <2022-HAC-South-Asia.pdf (unicef.org)>

² Demographic Health Survey (DHS), 2016

With the valuable funding from the Government of Australia, UNICEF helped increase government capacities to prevent a worsening situation of malnutrition. Specifically, UNICEF procured micronutrient powders for children to prevent them from becoming malnourished, while children under five years with severe acute malnutrition received ready-to-use therapeutic food. UNICEF delivered these interventions through Government systems and platforms, enabling critical nutrition supply gaps to be addressed and continuity of essential nutrition interventions during a time of crisis.

Output: 105,266 children below five years of age receive essential and lifesaving nutrition supplements and growth monitoring support to prevent malnutrition

In close collaboration with the Family Health Bureau, Ministry of Health, UNICEF procured and supplied multiple micronutrient supplements that were urgently required to ensure adequate nutrition and care for young children. A Multiple Micronutrient Powder (MNP) supplement contains 15 essential vitamins and minerals that are provided through a sachet that weighs 1 gram, supplied in boxes or pouches of 30 sachets. MNP supplements are designed for point-of-use fortification of complementary foods for children and vulnerable populations to prevent anaemia and vitamin and mineral deficiencies. With the valuable funding, UNICEF procured 241,557 packs of MNP (each containing 30 sachets) which benefitted approximated 120,000 children.

Further, UNICEF procured and supplied 3,300 cartons of Ready-to-Use Therapeutic Food (RUTF), BP-100, for the treatment of 3,300 children with Severe Acute Malnutrition (SAM). RUTF are energy dense, micronutrient enhanced pastes used in therapeutic feeding. Typical primary ingredients for RUTF include peanuts, oil, sugar, milk powder and vitamin and mineral supplements, providing all the nutrients required for recovery.

ii) Indicator Based Performance Assessment:

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
Outcome: Increased capacity of the govern	ment to prevent a worsening situation of		
Indicator: Availability of lifesaving	Urgently needed lifesaving and	n/a	Ministry of Health records
and essential nutrition supplies	essential nutrition supplies available		
Baseline: Not adequately available	and no reported stock-outs reported		
Planned Target: Increased	at national level		
availability through this project			
Output 1.1: 105,266 children below five y	vears of age receive essential and lifesay	ving nutrition supplements and growth mo	onitoring support to prevent
malnutrition			
Indicator 1.1.1: Number of children	120,000 children aged 6-24 months	n/a	Ministry of Health records
provided with micronutrient powders	received MNP supplements		
Baseline: 0			
Planned Target: 105,266 vulnerable			
children between the age of 6-18 months			
Indicator 1.1.2 Number of children with	3,300 children with SAM received	n/a	Ministry of Health records
SAM that received ready-to-use	RUTF		
therapeutic food (BP- 100)			
Baseline: 0			
Planned Target: 3,000 children with			
SAM			

iii) Evaluation, Best Practices and Lessons Learned

Based on previous experience, not all children who were identified with severe acute malnutrition could access services. One of the major barriers for access to care has been the provision of centralized care through pediatricians located in higher-level hospitals as per the current Sri Lanka protocol and inability of vulnerable families to reach the hospital for treatment due to transport related costs and related challenges. UNICEF advocated with the Ministry of Health to decentralize the treatment through outreach clinics which are being organized at a more decentralized level at peripheral hospitals. At the same time, UNICEF used other resources for supporting vulnerable families with transport support so that they can reach the facility to seek treatment and comply with the necessary follow-ups. This has started to show results, with more numbers of children being reached now compared to previous years.

iv) A Specific Story (Optional)

Not available