Fact sheet
Multisectoral Nutrition Assessment in Sri Lanka’s Estate Sector

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Administered by: WORLD BANK GROUP
from the British people
UKaid
European Commission
Malnutrition is an issue of public health concern in Sri Lanka’s estate sector.

**CHILDREN**
- Stunting: High
- Wasting: Very high
- Underweight: Very high
- Anemia: Severe
- Young children: Severe
- Older children: Moderate

**MOTHERS**
- Pre-pregnancy BMI: Low
- Anemia: High
- Low Birth Weight: High
- Have short stature

Estate sector has higher levels of undernutrition than other parts of Sri Lanka.

Nutritional improvements in the estate sector can raise the nutritional indicators in the country.

*according to WHO classification

Undernutrition in children under five years and among pregnant women has far-reaching consequences for them and society at large.

**Growth Problems**
- Poor Cognitive Development
- Poor Academic Performance

Undernourished mothers are more likely to deliver babies with low birth weight.

Undernourished children have slow growth and development, and slow learning capacities.

**Decreased ability to work**
- Reduced productivity

Low birth weight babies are at higher risk of non-communicable disease such as diabetes in their adult life.

Malnourished children are very susceptible to infections that trap the child in the vicious cycle of malnutrition.
Several risk factors prevail in the estate sector that lead children to be malnourished

- Low Birth Weight
- Children of Working Mothers
- Mothers with Short Stature
- Poorer

- Ensure good birth weight by proper nutrition of pregnant women and antenatal care
- Improve adolescent nutrition
- Strategies for school retention of adolescents
- Strengthen the child care centers
- Full maternity leave for mothers
- Priority attention should be given to ensuring proper nutrition during the first 1,000 days of a child’s life

Problems have been identified in food utilization and feeding practices

**CULTURAL AND BEHAVIOURAL FACTORS**

- Exclusive Breastfeeding Rate: 78%

**POOR COMPLEMENTARY FEEDING PRACTICES**

- Minimum Meal Frequency: 61.5%
- Minimum Dietary Diversity: 51.7%
- Minimum Acceptable Diet: 31.8%

- Design an estate-specific Behavior Change Communication (BCC) strategy and ensure it is an integral part of every nutrition intervention
- BCC should be specifically targeted to working mothers, CDCs and care givers such as grandmothers
- Educate on good complementary feeding practices
- Ministry of Agriculture to take the lead to re-orient their approach to food security beyond the focus on the staple diet (rice and wheat flour)
- Promotion of micronutrient rich locally available diet
Knowledge is not translated into practice

Most can identify energy & protein rich food

- Inability to afford or access nutritious foods
- Lack of knowledge about how to introduce complementary foods
- Poor knowledge on the importance of introducing complementary foods
- Traditional beliefs

Design an estate-specific BCC strategy and ensure it is an integral part of every nutrition intervention

Strengthen monitoring and evaluation practices for school based interventions, including relevant classroom curriculum and school garden programs

Gaps in quality of service provision for children were noted

Never received vitamin A supplements 54%
Received deworming treatment 6 months prior to the survey 50%

The receipt of the MMN supplement in Nuwara Eliya, Badulla and Moneragala districts was very poor: only 28% of children surveyed had ever received it; and of them, only 45% consumed the entire sachet

Never received deworming treatment 43.7%

Improve the effectiveness and efficiency of the existing programs

Strengthen leadership, coordination, and performance monitoring for stronger accountability
Significant space for improving nutrition service delivery for women both before and during pregnancy

30% of Women Pre-pregnancy

**BMI Level** below 18.5

Only half of women received advice on nutrition and family planning before pregnancy

82% received Thriposha while 10% never received it during pregnancy

A little more than 40% had their weight checked and received vitamin supplements while more than half received deworming treatment before pregnancy

- Compliance is an issue with about 80% of pregnant women always sharing the Thriposha with other household members
- 26% of women did not receive iron supplementation and 25% of women did not receive Folic acid during pregnancy.

- Optimize targeting and reach target population
- Establish good monitoring and feedback mechanisms
- Establish good coordination among programs
- Prioritization of programs
- Institutionalize capacity building of frontline nutrition workers
- Employ a set of complementary and innovative platforms to target better and reach the underserved
- Strengthen leadership, coordination and performance monitoring for stronger accountability
- Improve the effectiveness and efficiency of the existing programs
- Increase the coverage of Thriposha supplementation to children and pregnant women in the estates by identifying causes of its supply disruption
- Changing the packaging of the food supplementation into small single-serving “doses” so that families would treat it more like medicine
Poor standards of Child Development Centers

More than 15% of the crèches were found to be either ‘not clean’ or ‘extremely not clean’. There were substantial differences by estate types, with the government estates being the most unclean RPC estates (RPC Regional Plantation Companies) being the least unclean.

Review the existing guidelines for CDCs, and establish, if required, Standard Operating Procedures for optimal child feeding and child care practices.

Improved water and sanitation facilities at schools and CDCs.

Provision of safe water and sanitation facilities prevents malnutrition and diarrhoea.

- Provision of safe water
- Proper use of latrines
- Proper hand washing practice

92% of water has high level of E. coli bacteria at source