



# Nutrition and Food Supplementation in Sri Lanka

Lidan Du, PhD

Rutgers University

Society for Nutrition Education

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# Outline

- **Child Malnutrition**
- **Food Supplementation Program**

# The Country



**Pop'n: 20 million**

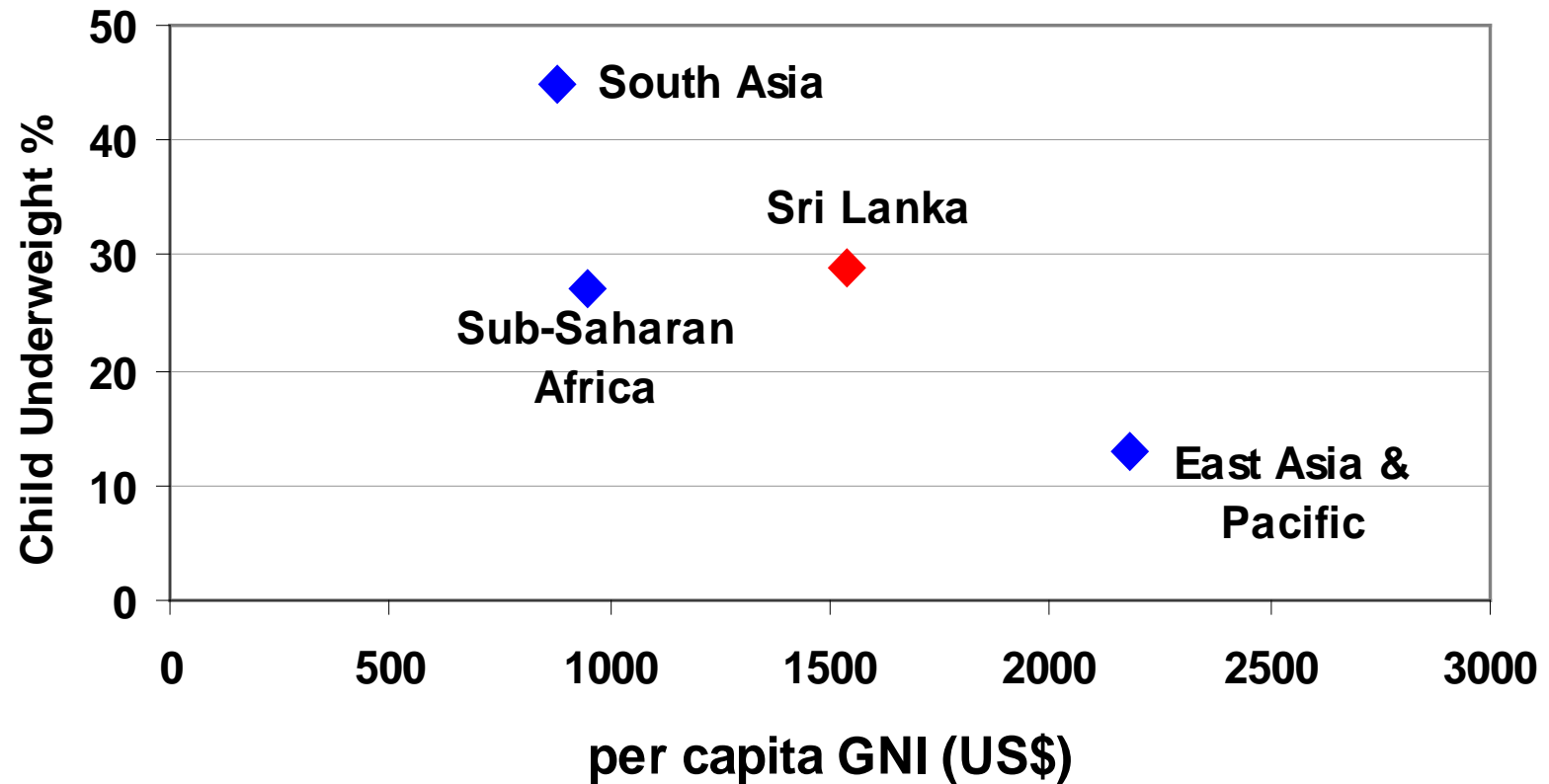
**Size: 65,600 km<sup>2</sup>**

**Income: \$1,540 (2007)**

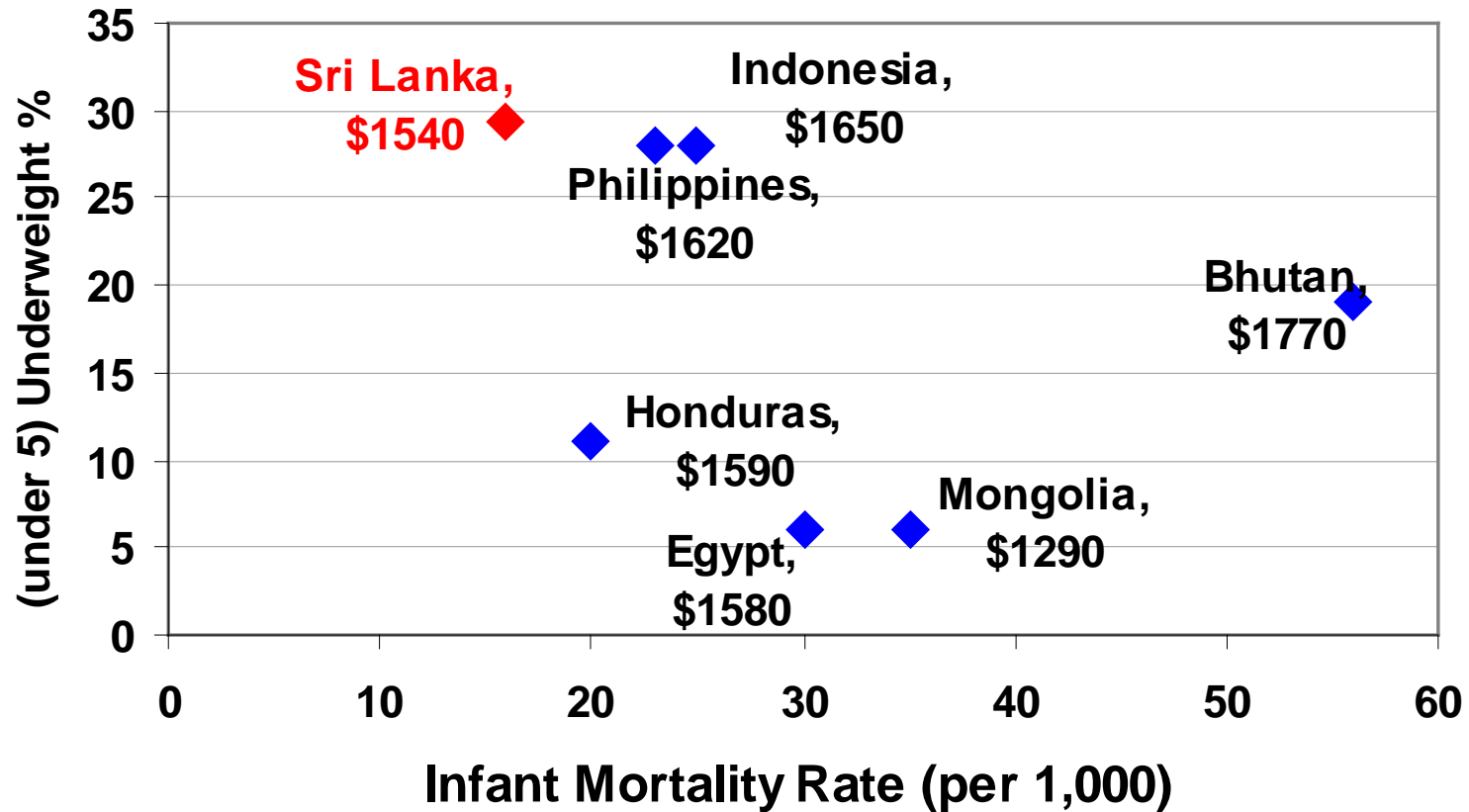
# Sri Lanka is the Region's Best

Country	IMR (1000 live birth)	MMR (100k live birth)	Facility delivery (%)	Measles vaccine (%)	Life Exp. (yr)	Female literacy (%)	Safe water (%)	Sanita- tion (%)	Child under- weight (%)	Low birth weight (%)
<b>Sri Lanka</b>	<b>13</b>	<b>92</b>	<b>98</b>	<b>97</b>	<b>73</b>	<b>90</b>	<b>78</b>	<b>91</b>	<b>29</b>	<b>22</b>
<b>South Asia</b>	<b>66</b>	<b>567</b>	<b>41</b>	<b>72</b>	<b>63</b>	<b>44</b>	<b>84</b>	<b>35</b>	<b>48</b>	<b>29</b>

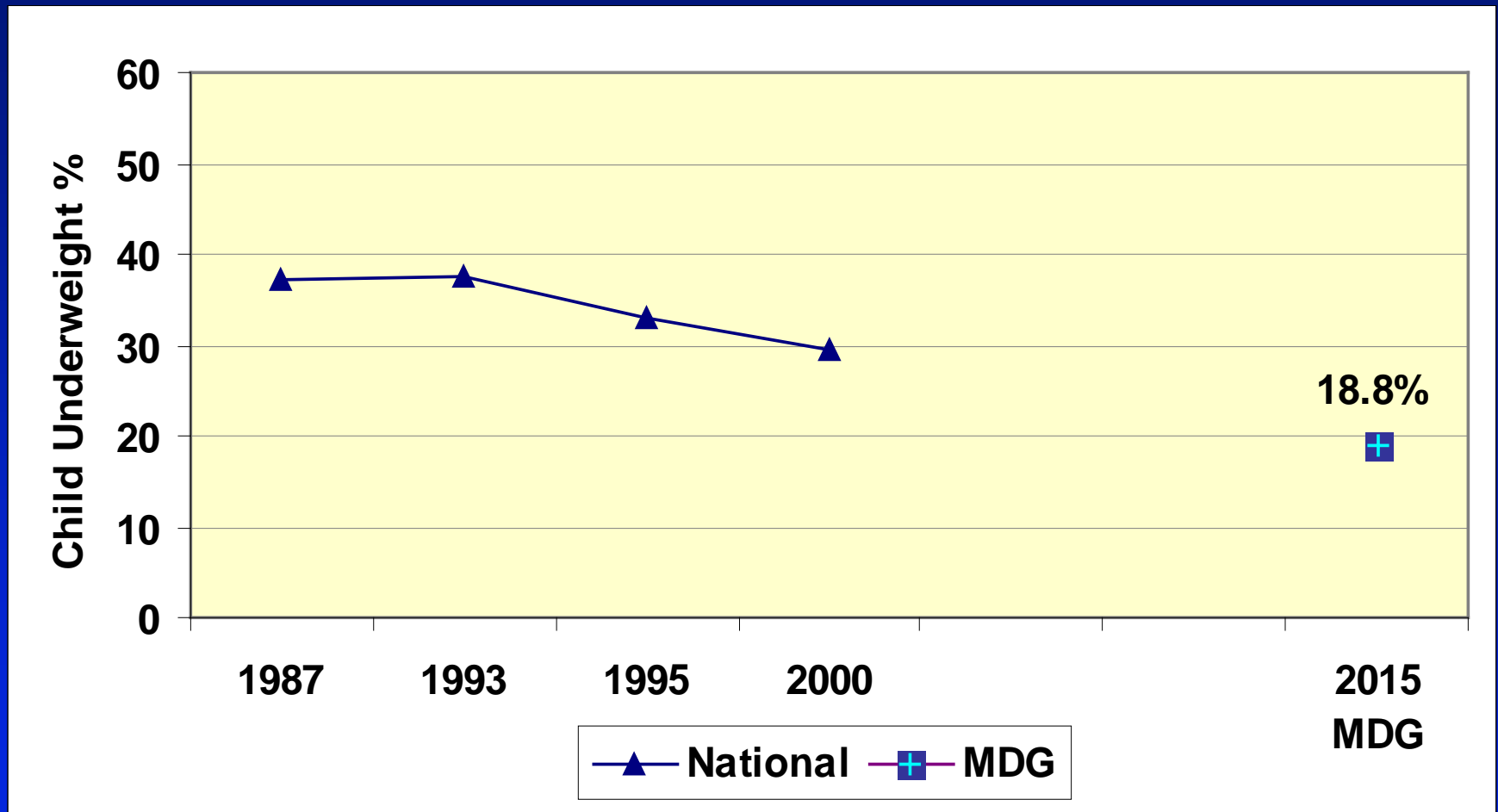
# Undernutrition Highest in South Asia



# Better Health, Poorer Nutrition

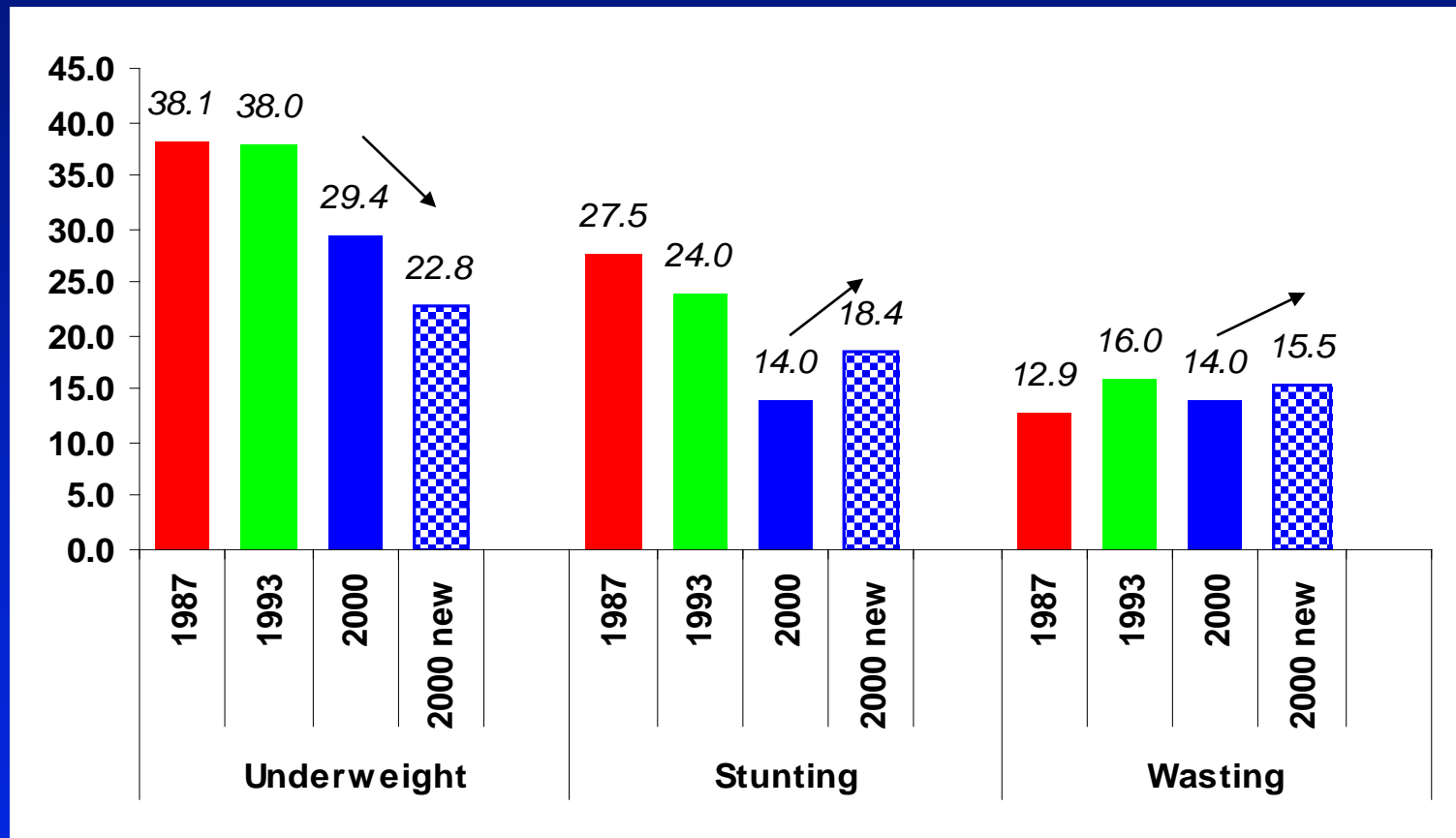


# Attaining Nutrition MDG



Data source: WHO Global Database for Child Growth and Malnutrition (as of July 2006, using old growth references). 1987 DHS (3 – 35 mo), all other DHS' (3 -59 mo).

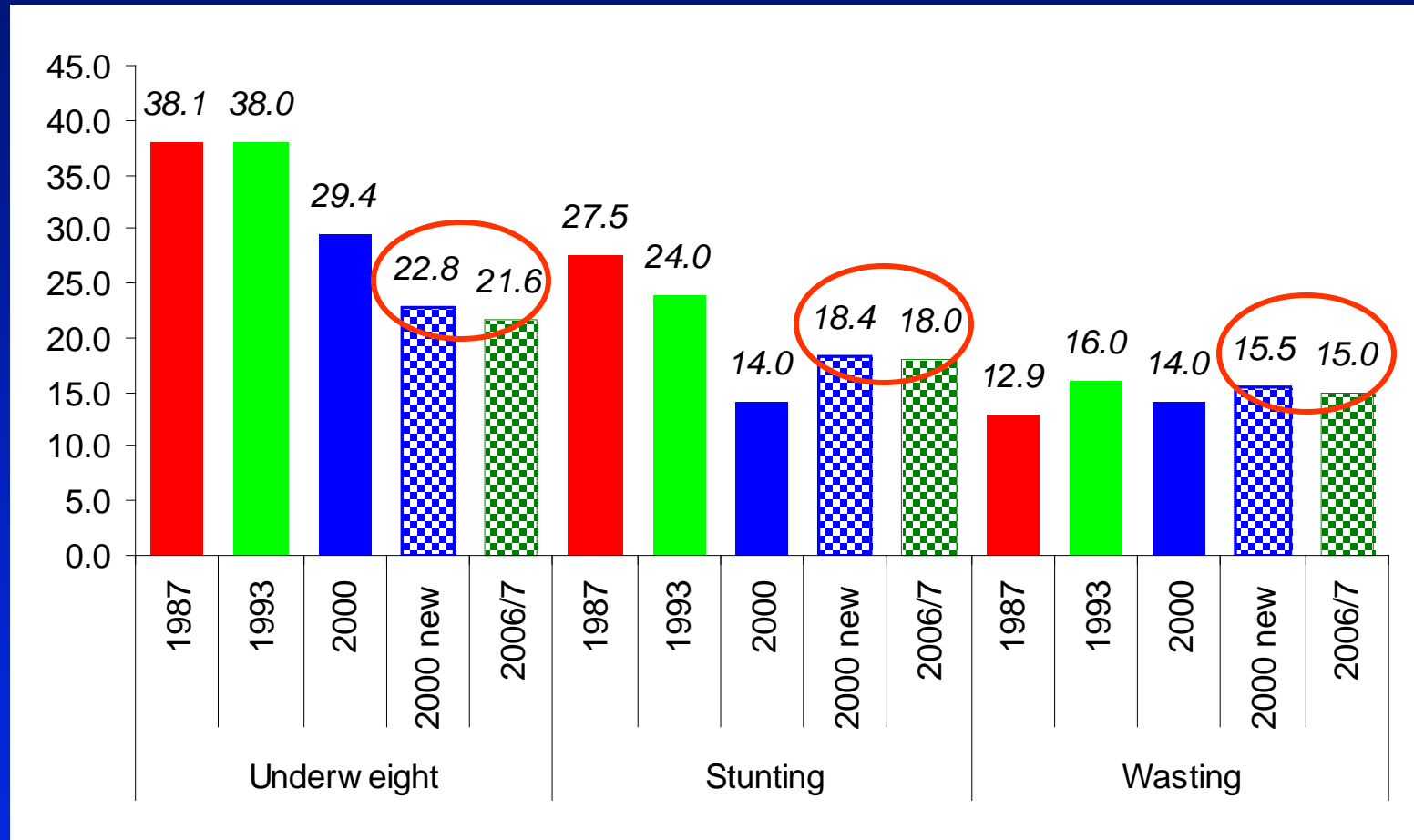
# Child Underweight % Lowered by WHO New Growth Standards



Source: 1987, 1993, 2000, 2006/7 Demographic and Health Surveys (DHS)

1. 2000 new and 2006/7 used the new WHO global child growth reference, other calculations used the old NCHS/WHO 1978 reference

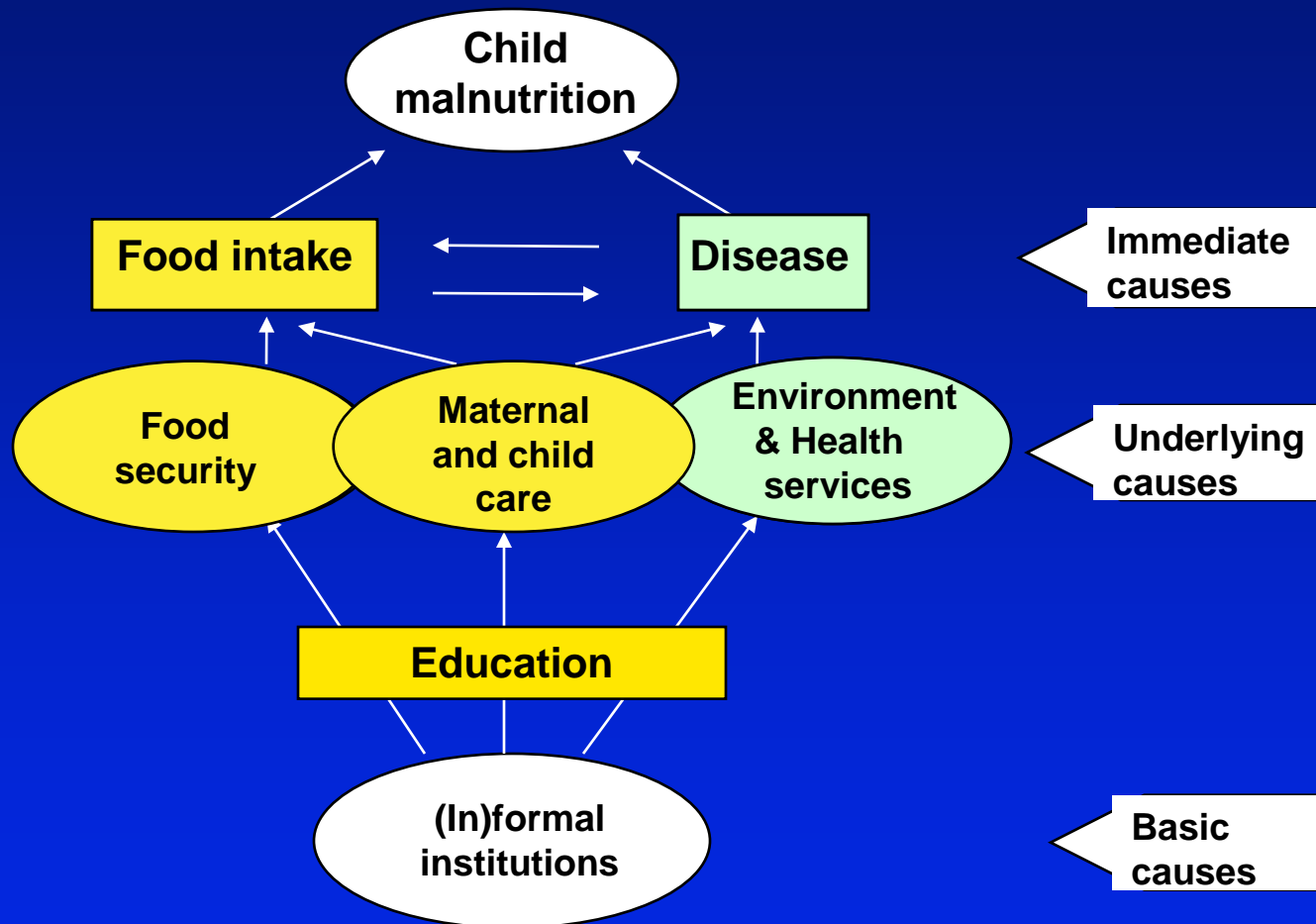
# Recent Stagnant Progress



Source: 1987, 1993, 2000, 2006/7 Demographic and Health Surveys (DHS)

1. 2000 new and 2006/7 used the new WHO global child growth reference, other calculations used the old NCHS/WHO 1978 reference

# Causes of Malnutrition



# Food Insecurity in Sri Lanka

- Net importer of grains
- Food prices ↑
- 25% population live below official poverty line
- Declining agricultural sector



# ***Triposha – the program***

- 1973, CARE, PL 480, ‘weaning food’
- Target groups
  - < 5yr children (WAZ < -3SD)
  - All pregnant and lactating women
- Ration by design
  - 50 g/day (protein 10g, and 200 kcal)
  - Content (by weight %)

Maize	Soy	Milk powder	Vitamin	Mineral
66	30	3	.1	.9

# ***Tripasha – the objectives***

## **Women:**

- **Weight gain**
- **Low birth weight**
- **Maternal mortality**
- **Anemia**

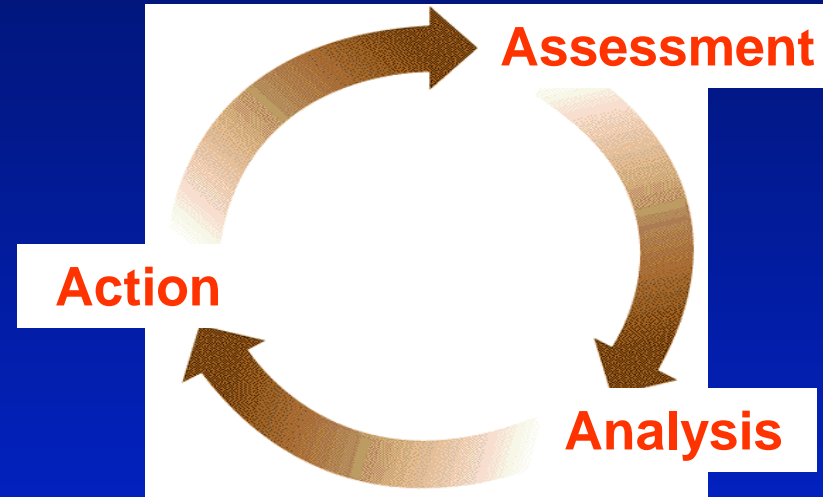
## **Children:**

- **↓3<sup>rd</sup> degree undernutrition by 90% and 2<sup>nd</sup> degree undernutrition by 50%**
- **Underweight among < 5 yr**

# *Tripsha – the issues*

## Implementation:

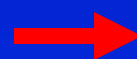
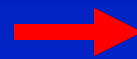
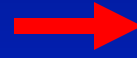
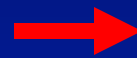
- Limited and irregular supply
- Loss of targeting
- Training and skills of Public Health Midwives (PHMs)
- Weak monitoring and evaluation



# ***Tripsha – the issues***

## **Implementation:**

- Limited and irregular supply
- Loss of targeting
- Training and skills of Public Health Midwives (PHMs)
- Weak monitoring and evaluation



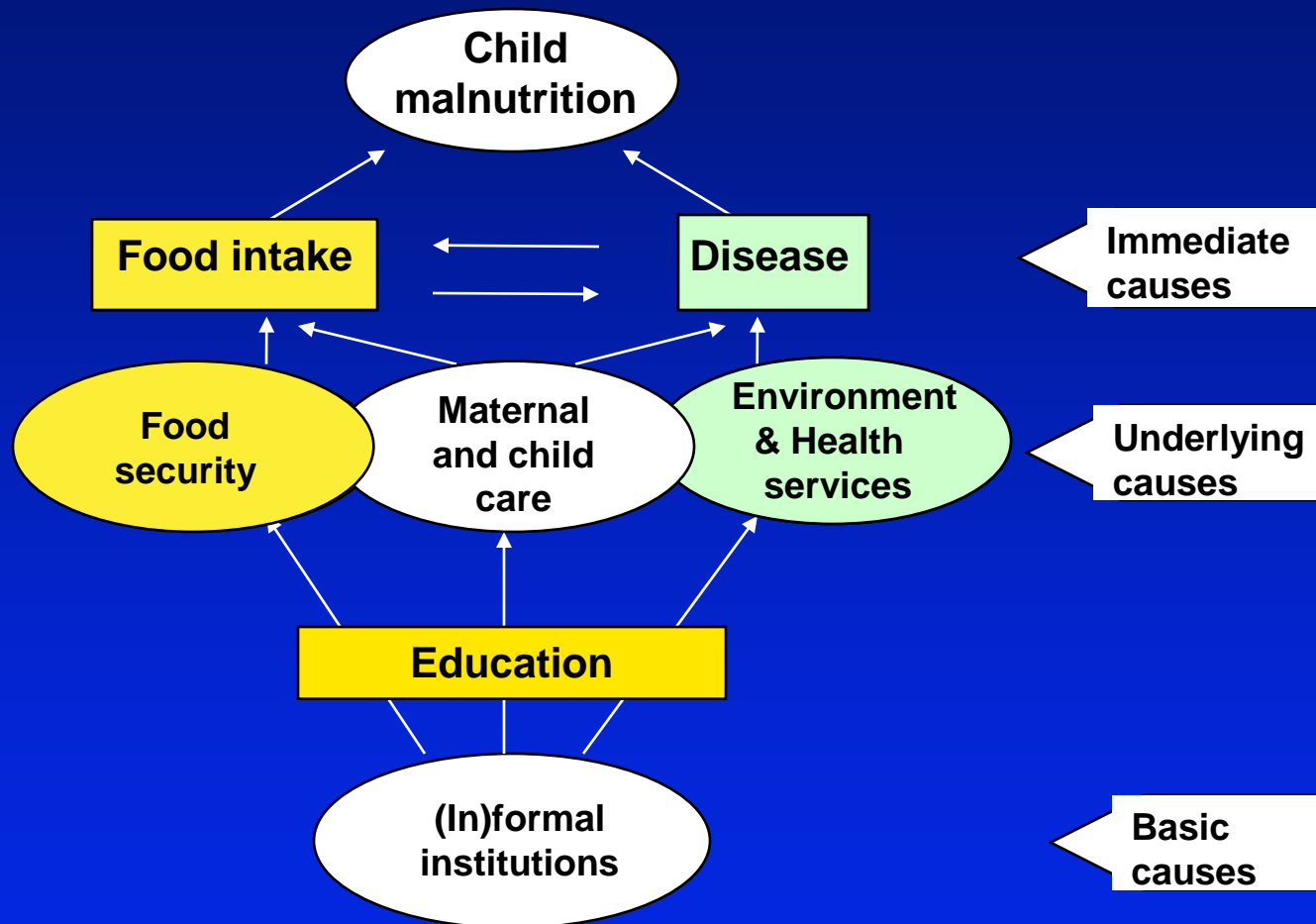
## **Consequences:**

- Insufficient intake
- Supplementation not linked with growth monitoring & promotion
- Minimum community participation
- Dependency & false perception

# Foods



# Causes of Malnutrition



# Potential Missing Link?

