

Evaluation of the contribution of WHO towards nutrition outcomes in Sri Lanka (2014-2018)

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Abbreviations

AYFHS	Adolescent Youth Friendly Health Services
BFHI	Baby Friendly Hospital Initiative
BMS	Breast Milk Substitute
CCPSL	College of Community Physicians of Sri Lanka
CDC	Centre for Disease Control
CHDR	Child Health Development Record
CSO	Civil Society Organization
DHS	Demographic and Health Survey
DS	District Secretariat
ENAP	Every Newborn Action Plan
FOP	Front-of-Pack
FHB	Family Health Bureau
GDM	Gestational Diabetes Mellitus
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HLC	Healthy Lifestyle Clinic
HSR	Health System Research
IBFAN	International Baby Foods Action Network
ICN	International Conference on Nutrition
ICDC	Industrial and Commercial Development Corporation
IMCI	Integrated Management of Childhood Illness
IYCF	Infant and Young Child
LBW	Low birth Weight
MCH	Maternal and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health and Indigenous Medical Services
MOHNIM	Ministry of Health Nutrition and indigenous Medicine
MRI	Medical Research Institute
NCD	Noncommunicable Diseases
POCQI	Point of Care Quality Improvement
PHC	Primary Health Care
QOC	Quality of Care
RMNCH	Reproductive, Maternal, Newborn and Child
SAIFRN	South Asia Infant Feeding Research Network
SD	Standard Deviation
SDG	Sustainable Development Goals
SEAR	South-East Asia Region
SEARO	South-East Asia Regional Office
SSB	Sugar Sweetened Beverages
STD	Sexually Transmitted Diseases
TFA	Trans Fatty Acids
TOT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund.
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHD	World Health Day
WHO	World Health Organization
WHO PEN	WHO Package of Essential Noncommunicable Disease Interventions

Executive Summary

Good nutrition is essential for achieving and maintaining optimum health, improving the quality of life, and enhanced the socio-economic development of a country. The problem of malnutrition exists in all stages of the life course, with undernutrition, overnutrition, and micronutrient deficiencies, causing a ‘triple burden’ in Sri Lanka. The Government of Sri Lanka is committed to ensure optimal nutrition for all Sri Lankans, and the WHO has contributed towards this goal over the past few decades. The overall purpose of this evaluation is to systematically analyze and evaluate the WHO contribution to the prevention and management of nutritional issues in relation to policies, projects, strategies, programmes and implementation support during the 2014-2018 period in Sri Lanka. Specifically, the evaluation mapped the scope and diversity of WHO support reflecting the six core functions of WHO: (i) Providing leadership; (ii) Shaping the research agenda; (iii) Setting norms and standards ; (iv) Articulating ethical and evidence-based policy; (v) Providing technical support and capacity building; and (vi) Monitoring health situation and assessing health trends.

The evaluation process was carried out in 2 phases based on an evaluation framework agreed upon by the Technical Advisory Group. Phase I comprised a desk-review of documents, and Phase II, a stakeholder survey and in-depth interviews of key persons involved in nutrition programmes. The document review included WHO biennium work plans, and publications of the WHO, Ministry of Health, and other sources relevant to nutrition and dietary risk of NCDs during the 2014-2018 period.

Evaluation of WHO biennium projects (n=65) according to the 6 core functions found that many of them focused on more than one core function. Provision of technical support and capacity building was the most frequently addressed core function (94%), with contribution to leadership/partnership was focused on, by 89% of the projects. The least addressed core functions by the biennium projects were the setting of the research agenda (22%) and articulating policy (22%). Of all biennium projects, almost 19% focused on all stages of the lifecycle, 22% focused on newborns, 32% on infant and young child, 15% on pre-school children, and 22% on postnatal/lactating mothers with overlaps across these stages. The projects targeted on nutrition in the elderly were few (5%) compared to other areas.

WHO publications (n=57) were diverse and included (a) Advocacy material (progress reports, factsheets, information kits, campaign material, newsletters, others); (b) scientific or technical material (technical reports, guidelines, manuals, training materials, meeting reports, serial publication, others); and (c) external publications (books, journal article, others). The guidelines (27%) and technical reports (27%) constitute the bulk of these publications. The WHO e-Library of Evidence for Nutrition Actions (eLENA) was found to be a useful resource for evidence for policy and programme development. However, the extent of its utilization is unknown.

The publications produced by the Ministry of Health relevant to the nutrition during the 2014-18 period, 43 have indicated at least some WHO involvement. The WHO support included technical or financial, and the level of support ranged from mere use of a WHO reference in developing such publications, to direct contributions through consultant support.

A sample of 26 stakeholders (response rate, 81%) who were directly involved in policies, projects, strategies, programmes, or implementation support for nutrition at the national or provincial level during the 2014-2018 period participated in the stakeholder survey. Most were employees of the Ministry of Health and Indigenous Medical Services, either at the national or provincial level, and others represented academic or professional institutions, governmental institutions outside the Ministry of Health, and non-governmental organizations. All participants have used or shared WHO information products including technical reports, guidelines, toolkits, software, etc. for research or nutrition action.

A high percentage of stakeholders rated WHO support to a greater or the greatest extent in the areas of policy formulation and development of strategies in nutrition. The majority of the stakeholders reported that WHO-supported nutrition projects were implemented successfully. Rating on the achievement of expected results was average. With respect to the WHO six core functions, a higher number of stakeholders rated WHO support as 'greater' or 'the greatest' in providing technical support and setting norms and standards. The Core functions 'shaping research agenda', 'providing leadership and engage partnership', and 'monitoring health situation and needs' were rated low.

National level stakeholders agreed that nutrition interventions supported by WHO were consistent with global priorities, country needs, and requirements of beneficiaries. Only half of national-level stakeholders stated that nutrition interventions supported by WHO were well aligned with the country policies. More than 75% confirmed that programme governance structures and management processes of the WHO Country Office were conducive to the efficient and effective administration of activities. The majority's opinion is that WHO programmes related to nutrition promote human rights, and equity in access, and gender equality. Most stakeholders stated that Sri Lankan professionals get an opportunity at least to some extent to share their experience with other countries, either at regional or global level.

Overall, stakeholders' opinion was more focused on implementation support than policy support related to nutrition. Poor coordination between programmes supported by the development partners which resulted in disjointed programmes and unnecessary overlaps is another serious concern.

In-depth interviews revealed that the agencies working on nutrition-related issues in the Ministry of Health and other government ministries have a close relationship with the WHO. In addition to the financial support through biennium projects, WHO has provided direct technical support, facilitated consultancies, and offered fellowships for training at international centers. However, it was expressed that the agenda of the WHO and the country agenda may not be fully aligned. The Government of Sri Lanka has the main responsibility of setting norms and standards on nutrition, and the WHO resource material and consultant inputs have been used in setting such local standards. Many nutrition-related policy documents have been prepared during the last two decades in the country. Updating of existing policies according to global developments were triggered by some resolutions came up in the WHO assembly. Several international agencies

including the WHO contribute to a varying degree in the policy process led by the national efforts. WHO's main involvement in the nutritional sector is technical support at the national level. It was also revealed that there is considerable contribution by the Sri Lankan experts to regional and global nutrition programmes of the WHO. The WHO has limited visibility in the research arena in nutrition.

In conclusion, the WHO has a wide scope of contribution to nutrition programmes in Sri Lanka. Overall, the projects/activities supported by the WHO are implemented successfully. The nutrition outcomes and impacts are viewed as a result of combined efforts from different partners. Therefore, it is not possible to attribute outcomes to the efforts of a single agency. It seems that further involvement and contribution by WHO are needed for the country in a more coordinated manner as the burden of malnutrition is high.

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Introduction

Good nutrition is essential for achieving and maintaining optimum health, improving quality of life, and enhanced socio-economic development of the country. At national level, nutritional status is the outcome of the interrelationships between health, environment, community and economic development. The nutritional status of individuals are in a continuum as they pass through different stages of the lifecycle. Poor maternal nutrition leads to under nutrition in-utero, followed by low birth weight and its' consequences of increased neonatal and infant morbidity and mortality, as well as increased risk of chronic diseases in later life.

According to Sri Lanka Demographic and Health Surveys (DHS) the prevalence of stunting in children aged less than 5 years has remained unchanged from 2006 to 2016, stunting being 17.3% with its severe form around 4%. Wasting (15.1%) and severe wasting (3.0%) appear to have marginally increased from 2006 to 2016 though not statistically significant. The prevalence of low birth weight has declined marginally between the 2 survey periods, from 16.6% in 2006 to 15.7% in 2016. (Department of Census and Statistics, 2008; 2017). In 2016, the prevalence of severe acute malnutrition (WHZ <-3) and moderate acute malnutrition (WHZ from <-2 to -3) in children under the age of 5 years were 3.0% and 12.1% respectively. The 2016 DHS reported that one in five children below the age of 5 years to be underweight (20.5%) (Department of Census and Statistics, 2017). Prevalence of anaemia in children aged 6-59 months was 15.1% according to the National Nutrition and Micronutrient Survey 2012. Among pregnant women, prevalence of anaemia was 31.8% in 2015 (Jayatissa et al., 2012; 2017).

Sri Lanka diabetes and cardiovascular study has reported high prevalence of diabetes (10.3%), pre-diabetes (11.5%), hypertension (23.7%), dyslipidaemia (77.4%) and metabolic syndrome (24.3%) in adults (Katulanda et al., 2008; 2012; 2014; 2018). According to 2015 STEPS Survey, 25% of men and 34% of women aged 18-69 years were either overweight or obese (Ministry of Health 2015), and evidence shows that there is a rapid increase in obesity in Sri Lanka (Jayawardena et al., 2015).

Undernutrition among infants, children and adolescents and 'overnutrition' especially among adults indicate that nutritional problems at both ends of the spectrum exist in Sri Lanka causing a double burden of malnutrition. With different forms of micronutrient deficiencies, it has reached to a triple burden. Ministry of Health, being one of the key organizations responsible

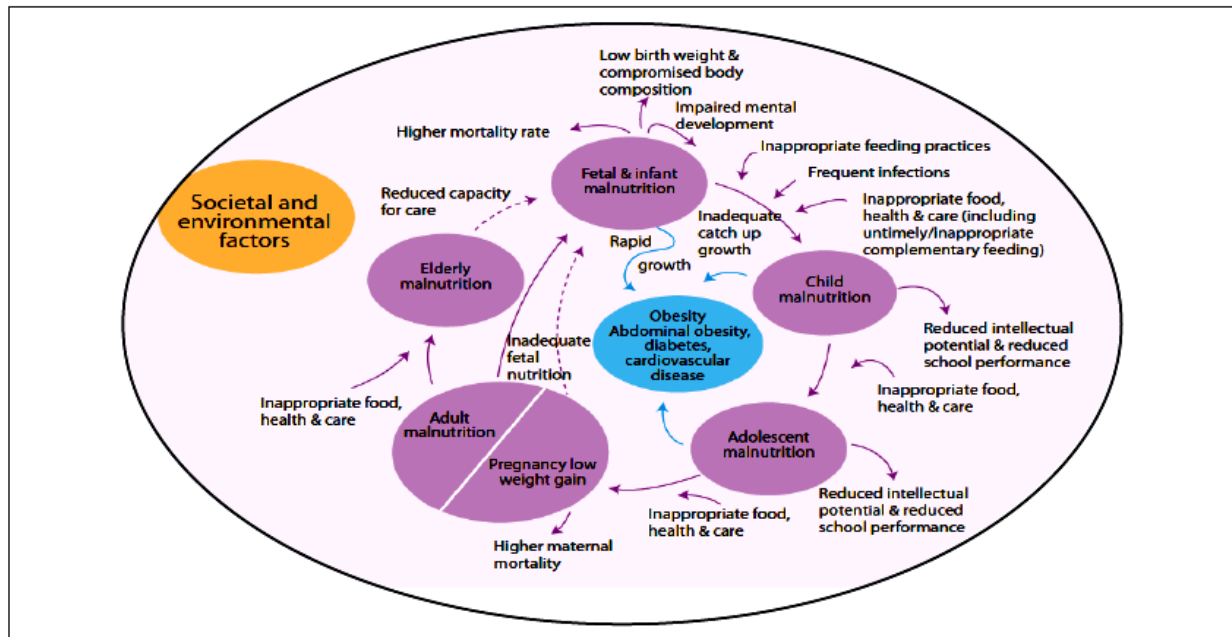
for provision of services aimed at improving the nutritional status of the population, has a countrywide network of both preventive and curative institutions aimed at alleviating the problem. Support has been provided by several international organizations including FAO, UNICEF, WFP, WHO, and World Bank. Limited contributions are being made by the private sector and the Non-Governmental Organizations.

The World Health Organization (WHO) has been committed to the goal of universal access to health care for many years beginning with a resolution at the 30th World Health Assembly (WHO, 1977) when countries committed themselves to the attainment by the year 2000 of a level of health that would permit all peoples of the world to lead socially and economically productive lives. The primary health care strategy, formulated a year later at the 1978 International Conference on Primary Health Care, recognized that primary health care is based on practical, scientifically sound and socially accepted methods and technology made universally accessible to individuals and families in the community. In keeping with this strategy WHO has contributed to the aim of improving the nutritional status among Sri Lankans over the past few decades.

Evaluation of the impact of such inputs is a periodic requirement in all such programmes. WHO defines evaluation as “an assessment, as systematic and impartial as possible, of an activity, project, programme, strategy, policy, topic, theme, sector, operational area or institutional performance” (adapted from the United Nations Evaluation Group). With 13th GPW, WHO has identified evaluation of institutional contribution (WHO contribution) for different areas of work as a priority. Evaluations focus on expected and achieved accomplishments, examining the result chain, processes, contextual factors and causality, to understand and learn from achievements or the lack thereof. This is an integral part of each stage of strategic planning and programmatic cycle.

The WHO has described 3 main types of evaluations – thematic, programmatic, and office-specific evaluations. The present report will be a programmatic evaluation, which focuses on a specific programme. This type of evaluation provides an in-depth understanding of how and why results and outcomes have been achieved over several years and examines their relevance, effectiveness, sustainability, and efficiency. Programmatic evaluations address achievements in relation to WHO’s results chain, and require a systematic analysis of the programme under review (WHO, 2013).

Figure 1. Double burden of malnutrition across the life-course



Source: Global nutrition targets 2025. Childhood overweight policy brief, WHO 2014

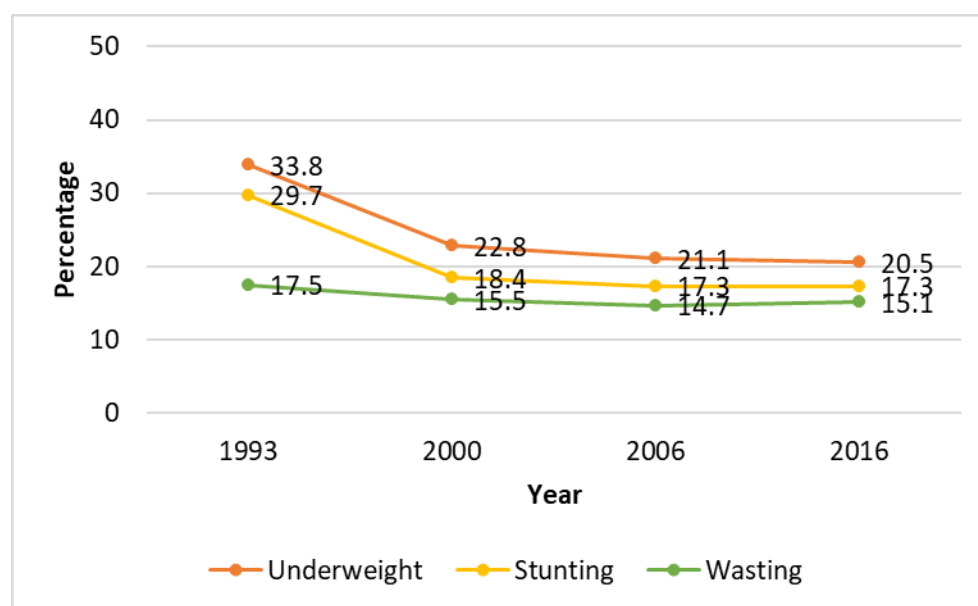
Triple burden of malnutrition in Sri Lanka

The problem malnutrition exists in all stages of life course. Most countries now is challenged by the triple burden of malnutrition, due deficiencies of macronutrients and micronutrients and, excess of macronutrients. Tables 1 and 2 illustrate the macronutrient and micronutrient status among different age groups based on latest available surveys in Sri Lanka.

Table 1 Nutritional problems during the life course in Sri Lanka

Lifecycle stage	Nutritional disorder	Prevalence (%)	Source
Newborn (birth-28 days)	Low birth weight	15.7	DHS 2016
Child <5 years	Stunting	17.3	DHS 2016
	Underweight	20.5	DHS 2016
	Wasting	15.1	DHS 2016
	Moderate acute malnutrition	12.1	DHS 2016
	Severe acute malnutrition	3.0	DHS 2016
	Overweight	2.0	DHS 2016
	Anaemia (6-59 months)	15.1	MRI 2012
School child 6-12 years	Stunting	11.5	MRI, 2017 ^a
	Wasting	39.9	MRI, 2017 ^a
	Obesity	2.9	MRI, 2017 ^a
	Anaemia	11.1	MRI, 2017 ^a
School adolescent (10-18 yrs)	Thinness (male)	44.0	MRI, 2019
	Thinness (female)	25.4	MRI, 2019
	Overweight/obese (male)	9.7	MRI, 2019
	Overweight/obese (female)	9.8	MRI, 2019
	Anaemia (male)	6.5	MRI, 2019
	Anaemia (female)	10.9	MRI, 2019
Pre-pregnant women	Underweight (BMI<18.5)	22.6	MRI, 2017 ^b
Pregnant mother	Short stature (<145cm)	4.4	MRI, 2017 ^b
	Anaemia	31.8	MRI, 2017 ^b
Lactating mother	Underweight	11.2	MRI, 2017 ^c
	Anaemia	22.2	MRI, 2009
Married women (15-49 years)	Short stature (<145cm)	7.2	DHS, 2016
	Underweight	9.1	DHS, 2016
	Overweight/obese	45.3	DHS, 2016
Adult women (18-69 year)	Underweight	14.1	STEPS 2015
	Overweight	26.0	STEPS 2015
	Obese	8.4	STEPS 2015
Adult men (18-69 year)	Underweight	16.5	STEPS 2015
	Overweight	21.0	STEPS 2015
	Obese	3.5	STEPS 2015
Elderly (60-69 yr)	Underweight	16.4	STEPS 2015
	Overweight	23.7	STEPS 2015
	Obese	6.3	STEPS 2015

Figure 2 Trends of undernutrition in children 6-59 months in Sri Lanka, 1993-2016



Sources: DHS Survey Data (1993, 2000, 2006, 2016) ; Standardized to WHO growth reference standards

- Malnutrition due to macronutrients (protein and energy deficiency or excess) is prevalent in all stages of life course
- All indicators of undernutrition in children below 5 years of age are at levels identified by the WHO as being public health problems. Wasting is at the level of 'very high' while stunting is at the level of 'medium' public health significance, with inter-district variations.
- There is double burden of malnutrition – in childhood, undernutrition is more prevalent than overnutrition, however during adulthood overweight/obesity is commoner than undernutrition
- The trends indicate that undernutrition in childhood has declined till year 2000, and stagnated thereafter without any significant change, while overweight was emerging gradually.
- Trends in adults showed a decline in underweight while having a rapid increase in overweight/ and obesity in the last 2 decades
- Anaemia is prevalent in all stages of life course including pregnant and lactating women, young children and adolescents, at the levels of public health significance

Table 2 Micronutrient deficiencies in the life course in Sri Lanka

Lifecycle stage	Micronutrient deficiency	Prevalence (%)	Source
	Iron deficiency		
Child 6-59 months	Iron deficiency	33.6	MRI, 2014
	Iron deficiency anaemia	7.4	MRI, 2014
School adolescents (10-18 yrs)	Iron deficiency	22.1 (male -11.1; female -31.8)	MRI, 2019
	Iron deficiency anaemia	3.8 (male -0.7; female -6.5)	MRI, 2019
School drop-out girls (15-18 yr) in Western P	Iron deficiency	29.4	De Lanerolle-Dias et al, 2012
Pregnant mother	Iron deficiency	21.8	MRI, 2017 ^b
	Iron deficiency anaemia	10.8	MRI, 2017 ^b
	Iodine deficiency		
School child 6-10 years	Iodine deficiency (<100µg/L)	25.5	MRI, 2010
	Severe Iodine deficiency (<20 µg/L)	1.4	MRI, 2010
	Total goiter rate (6-12 years)	1.8	MRI, 2016
Pregnant mother	Iodine deficiency (<150µg/L)	62.5	MRI, 2017 ^b
	Zinc deficiency		
Child 6-59 months	Zinc	5.1	MRI, 2014
School adolescents (10-18 years)	Zinc	29.4	MRI, 2019
School drop-out girls (15-18 yr) in Western P	Zinc	28.8	De Lanerolle-Dias et al, 2012
	Calcium deficiency		
Child 6-59 months	Calcium (<8.4mg/dL)	47.6	MRI, 2014
	Vitamin deficiencies		
Pregnant women	Vitamin A	3.4	MRI 2017 ^b
School adolescents (10-18 yrs)	Vitamin A	0.1	MRI 2019 ^b
School drop-out girls (15-18 yr) in Western P	Folic acid	28.0	De Lanerolle-Dias et al, 2012
School drop-out girls (15-18 yr) in Western P	Vitamin B12	1.8	De Lanerolle-Dias et al, 2012
School adolescents (10-18 yrs)	Vitamin D	13.2	MRI 2019

Secondary source: Abeywickrama et al 2018. Micronutrient status in Sri Lanka: A review. *Nutrients*, 2018, 10, 1583.

- There is high prevalence of iron, zinc, calcium, folate, and vitamin D deficiencies.

- Prevalence of iodine deficiency has declined gradually. The median urinary iodine levels in children aged 6-12 years were above the accepted level in all provinces according to the latest national survey in 2016 (MRI, 2016).
- Females are more vulnerable to micronutrient deficiencies than males.
- The coexistence of multiple micronutrient deficiencies and concurrent macro- and micronutrient deficiencies is common.

Chronic non-communicable disease in Sri Lanka

Sri Lanka diabetes and cardiovascular study has reported high prevalence of diabetes (10.3%), pre-diabetes (11.5%), hypertension (23.7%), dyslipidaemia (77.4%) and metabolic syndrome (24.3%) in adults (Katulanda et al., 2008; 2012; 2014; 2018). According to STEPS survey, 7.4% adults 18-69 years were found to have diabetes, based on fasting plasma glucose (STEPS, 2015). A more recent study has revealed that diabetes in men and women aged 35-64 year in Kalutara district was 14.1% and 15.2 %respectively (De Silva, 2018). Recent data on prevalence level are not available at national level. The International Diabetes Federation has estimated the prevalence of diabetes as 10.7% for the year 2017.

The national NCD programme was reviewed in a joint mission by the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases in 2015. The findings relevant to nutrition revealed that outcomes of unhealthy diet reduction policies, i.e., salt and fat reduction, have not been achieved, while regulations on marketing of breast-milk substitutes was fully achieved. The second joint mission in 2018 indicated some progress in the introduction of a sugar tax for sugar sweetened beverages and front of packaging labelling.

Global and national response to all forms of malnutrition

In April 2016, the United Nations General Assembly adopted a resolution proclaiming the UN Decade of Action on Nutrition from 2016 to 2025. The aim is to ensure all people have access to healthier and more sustainable diets to eradicate all forms of malnutrition worldwide.

The Government of Sri Lanka is committed to ensure optimal nutrition for all Sri Lankans irrespective of their geographical locations, socio-economic status, or physiological status. In order to achieve the desired objectives, it is imperative that cooperation of all relevant sectors should be sought, and this includes commitment of government agencies, development partners, non-governmental organizations and the private sector (National Nutrition Policy 2010). WHO has implemented many nutrition policies together with the Government of Sri

Lanka. Through evaluation of these policies, strategies, projects, programmes and implementation support it is possible to review the national level impact it has caused on nutrition in Sri Lanka.

There were no previous evaluations related to WHO contribution to nutrition outcomes in Sri Lanka. Therefore, this study was undertaken for the evaluation the WHO implemented work on nutrition in Sri Lanka for the 2014-2018 period.

Objectives

Overall aim

The overall purpose of the evaluation is to systematically analyze and evaluate the WHO contribution to the prevention and management of nutritional issues in relation to policies, projects, strategies, programmes and implementation support. All forms of malnutrition among children aged 0-18 years (stunting, wasting, underweight and overweight and obesity) as well as maternal nutrition, anaemia and other micronutrient deficiencies (Vitamin A, Vitamin D, Iodine etc.) and dietary risk factors (sugar, salt, fat) are included within the scope of the evaluation.

Specific objectives

1. To list, classify and map the scope and diversity of WHO support towards addressing the double burden of malnutrition and dietary risk of NCDs in Sri Lanka (2014-2018)
2. To critically review the contribution of WHO to the policies, projects, strategies, programmes and implementation support towards improving nutrition status in Sri Lanka and its relevance to the country policies and plans and outcomes (2014-2018)
3. To identify the nutrition related strategies that yielded good uptake and outcomes (2014-2018)
4. To understand the best practices, challenges and lessons learnt and to share the information/ experiences with other programmes within WHO (2014-2018)
5. To describe the contribution of Sri Lanka experience and expertise to regional and global public goods on nutrition. (2014-2018)

Scope of the evaluation

The evaluation will provide an in depth understanding of how country results and outcomes have been influenced during 2014-2018 in relation to their relevance, effectiveness, efficiency, sustainability and financing. It will also assess how each level of WHO (Headquarters, Regional Office, Country office) contributed and coordinated their actions to focus on country support for work related to nutrition

Evaluation will map and discuss how the WHO support to Sri Lanka in the area of nutrition reflects the following six core functions of WHO.

- Providing leadership on matters crucial to health and engaging in partnerships where joint action is needed
- Shape the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
- Setting norms and standards and promoting and monitoring their implementation
- Articulating ethical and evidence-based policy options
- Providing technical support catalyzing change, building sustainable institutional capacity
- Monitoring the health situation and assessing health trends

This evaluation will also assess how the nutrition programmes of the WHO country office have so far contributed to achievement of SDGs, and targets of the WHO General Programme of Work (2012,2013), Country Cooperation Strategy (CCS) and regional flagships.

Evaluation questions

The evaluation will aim to address the following research questions.

- 1.** What is the scope and diversity of WHO support towards addressing the double burden of malnutrition and dietary risk of NCDs in Sri Lanka?
- 2.** What is the contribution of WHO to the policies, projects, strategies, programmes and implementation support towards improving nutrition status in Sri Lanka and its relevance to the country policies and plans and outcomes?
- 3.** What are the nutrition related strategies that yielded good uptake and outcomes?
- 4.** What are the best practices, challenges and lessons learnt and to share the information/experiences with other programmes within WHO?
- 5.** How do the Sri Lanka experience and expertise have contributed to regional and global public goods on nutrition?

Phase I: Review of documents

Document review process

The evaluation process was carried out in 2 phases. Phase 1 included a review of documents and a comprehensive evaluation using mixed methods approach was used in the 2nd phase. The WHO Evaluation Practice Handbook (WHO 2013) was used as a guide for the evaluation approach and methodology, with necessary inputs from the Technical Advisory Group (TAG).

Figure 3 illustrates the pathways followed for the document review. Sources of documents were of 4 types:

- A. WHO biennium work plans
- B. WHO publications
- C. Publications of the Ministry of Health, Nutrition and Indigenous Medicine (MoHNIM)
- D. Publications from other sources

A. WHO biennium work plans

Activities/projects supported by WHO for 3 biennia (2014-15, 2016-17 and 2018-19) for nutrition were identified from the folders under the headings Nutrition, RMNCH and NCD from the WHO Sri Lanka country office. The WHO work plans for the same period available at the International Health unit were also obtained to verify the list of projects relevant to nutrition channeled through the MoHNIM. The relevant details including project title, background, specific objectives, expected output, timeframe, budget estimate, methodology, deliverables, and beneficiary organization were tabulated in MS Excel. Altogether there were 83 work plans relevant to nutrition, and of them 3 were excluded to due non-relevance and 15 were combined due to part of the same activity. The final set of documents (n=65) were further scrutinized by 2 experts and classified according to six core functions of the WHO, as well as the stage/s of lifecycle primarily targeted on (Annex 1).

B. WHO publications

All publications and reports related to nutrition published during 2014-18 by the WHO Sri Lanka country office were downloaded from the WHO online collections (<http://www.searo.who.int/srilanka/documents/en/>). Reports which are unpublished and pending publication were also obtained through the NPO. The list included WHO Sri Lanka country co-operate strategies, and annual reports for the same period (2014-2018). The technical reports or online resources relevant to nutrition programmes, which were shared by the WHO headquarters, WHO SEARO, or any WHO country Office among the stakeholders of nutrition in Sri Lanka were also tabulated for their relevance (<https://www.who.int/elena/en/>). The WHO e-Library of Evidence for Nutrition Actions (eLENA) was visited to examine its accessibility and diversity. The relevant publications were classified according to type of publication, and reviewed for WHO contribution (Annex 2).

C. Publications of MoHNIM

Webpages of the MoHNIM and its key organizations (Nutrition division, Family Health Bureau, Health Promotion Bureau, Medical Research Institute, Non communicable bureau, urban and estate health unit, and Environmental and Occupational Health Unit) for nutrition programmes were visited and searched for downloadable material. The evaluation team visited these key organizations and the documents not available on websites were collected from the responsible persons. The documents included existing nutrition policies, projects, strategies and implementation documents and survey/research reports supported by the WHO (Annex 3).

D. Publications from other sources

A literature search was carried out through online databases such as PubMed, Google scholar, Sri Lanka Journals Online, PGIM repository, WHO MCH database etc. MeSH and other keywords were used in different combinations. Key organizations outside the MoHNIM were also contacted for additional documents (PHDT, Agriculture, Water, Food, and the National Nutrition Secretariat). All documents relevant to nutrition were explored, scrutinized for WHO support, either technical or financial, and summarized (Annex 4).

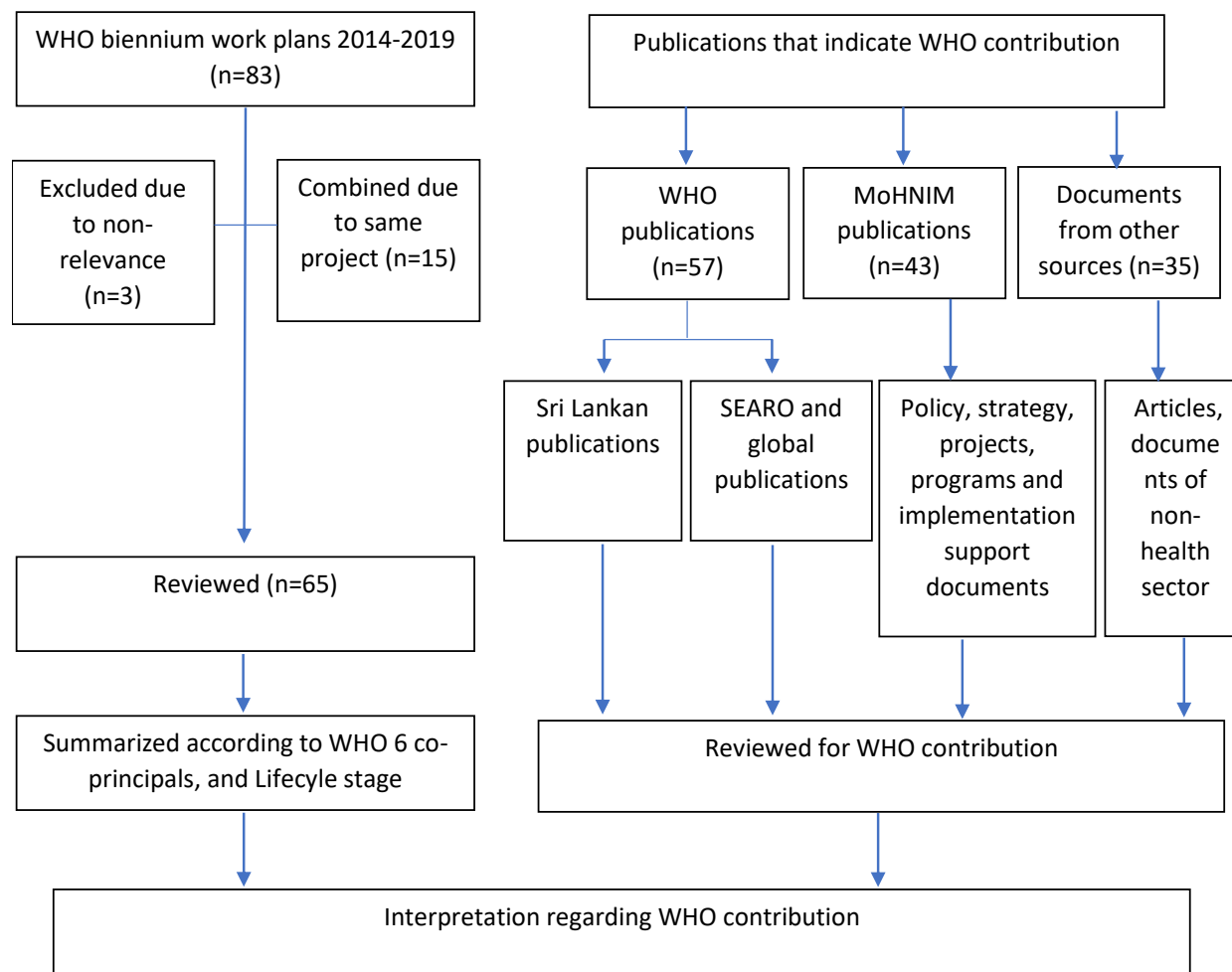
Direct communications with persons in key organizations

Selected organizations (Table 3) were contacted or visited to meet the key persons to verify the WHO support, and to extract more details of these projects. Through these key persons, the potential participants for the second phase were also identified.

Table 3 Organizations visited/contacted for the purpose of document review

Organizations outside Ministry of Health	Ministry of Health
Ministry of City Planning and Water Supply	Environmental and Occupational Health Unit
National Nutrition Secretariat	Family Health Bureau
Plantation Human Development Trust	Health Promotion Bureau
WHO - SEARO	International Health Unit
WHO Sri Lanka Country Office	Medical Research Institute
	Non-communicable Disease Unit
	Nutrition Division
	Urban and Estate Health Unit

Figure 3: Flow diagram of document review process



Results of document review

WHO biennium projects

Table 4 and Figure 4 present a summary of the organizations that were supported by the WHO during the period 2014-18, according to the Work Plans available for perusal. A total of 83 “projects” were identified from the available documents.

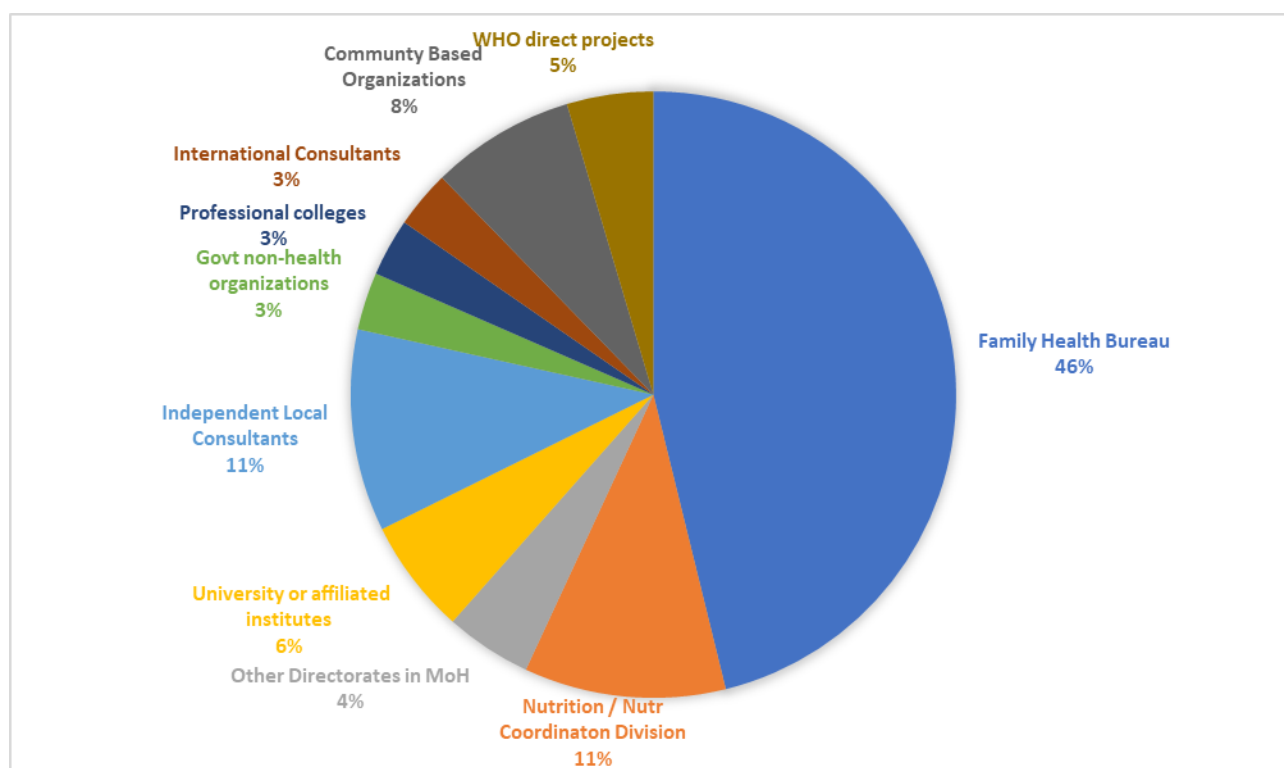
A majority of the projects, 30 out of 65 (46%) were focused on the Family Health Bureau with 8 (14%) of them supported activities to be carried out by either local or international Consultants. Nutrition Division/ Nutrition Coordination Division of the Ministry of Health were provided support for 7 projects (11%). Several organizations outside the Ministry of Health were also supported to carry out nutrition related projects, and these included Sri Lanka Army, Universities, several non-governmental organizations (NGOs) and Ministry of Buddha Sasana and Religious Affairs.

Table 4 WHO biennium projects relevant to nutrition according to organization supported during 2014-18

Organization	out of total nutrition related projects
Family Health Bureau	30
Nutrition Division	6
Nutrition Coordination Division	1
NCD Unit	1
Health Promotion Bureau	1
Youth, Elderly and Disabled Unit	1
Department of Community Medicine, Faculty of Medicine, University of Colombo	1
Faculty of Medicine and Allied Sciences, Rajarata University	1
Theekshana institute of School of Computing, University of Colombo	2
Independent Local Consultants	7
Ministry of Buddha Sasana and Religious Affairs	1
Army Hospital, Health Education Center	1
Sri Lanka Medical Association	1

College of Community Physicians of Sri Lanka	1
IBFAN, ICDC	1
International Consultant	1
Sarvodaya Women's Movement	1
St. John Ambulance Association & Brigade	1
Lions Club, Panadura	1
Alliance Lanka	1
Sahana Udaya Elders Treat Home	1
WHO directly implemented	3
	65

Figure 4 Organizations supported through WHO biennium projects relevant to nutrition during 2014-18



* The size indicates the number of projects supported

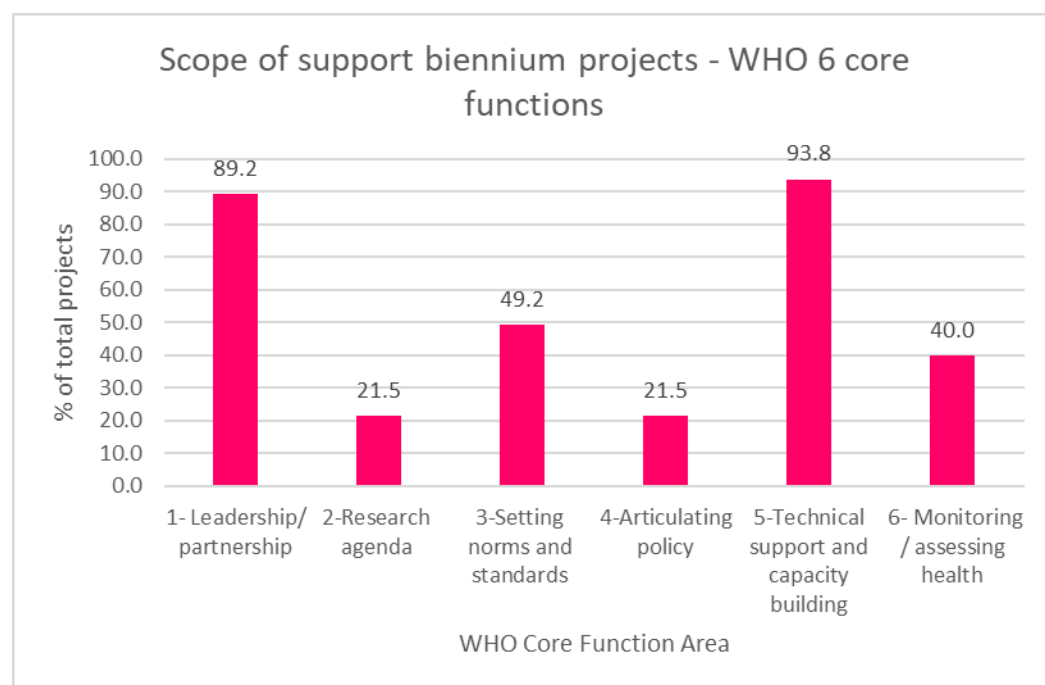
Two evaluators identified the core function/s of WHO that were focused on, in each supported activity (Table 5 and Figure 5). Many of them focused on more than one core function. Provision of technical support and capacity building was the most frequently focused core function (93.8%) with contributing to leadership/ partnership was focused on, by 89.2% of the projects. The least supported core functions were the setting of the research agenda (21.5%), and articulating policy (21.5%).

Table 5 WHO biennium projects according to 6 core functions, 2014-2019 (n=65)

Core function	No. (%) out of total nutrition related projects (n=65)
1- Leadership/ partnership	58 (89.2%)
2-Research agenda	14 (21.5%)
3-Setting norms and standards	32 (49.2%)
4-Articulating policy	14 (21.5%)
5-Technical support and capacity building	61 (93.8%)
6- Monitoring / assessing health	26 (40.0%)

* most projects addressed more than 1 core function area

Figure 5 WHO biennium projects according to 6 core functions, 2014-2019 (n=65)



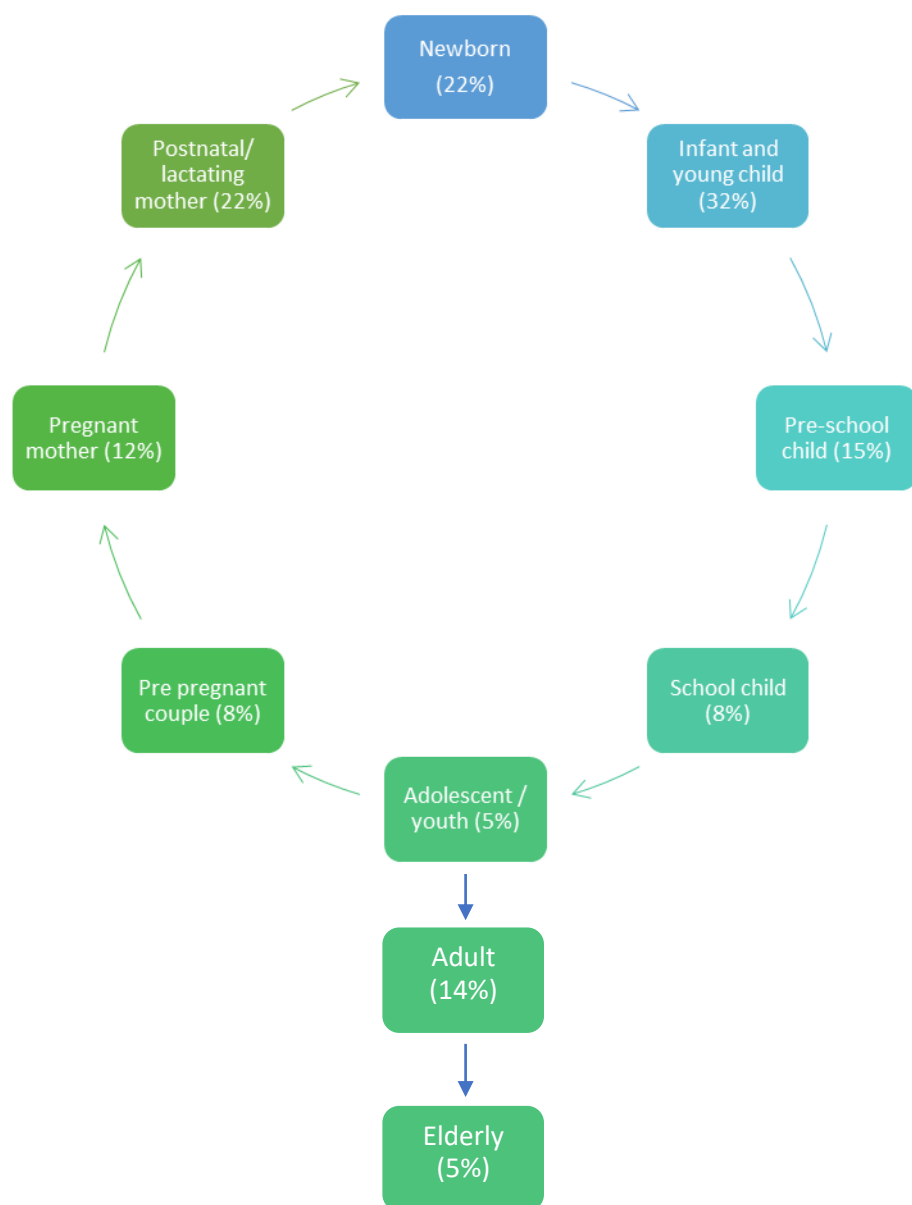
The 'projects' were categorized according to the stage of the life cycle for which the activity focused on (Table 6 and Figure 6). Of all 65 projects, 21.5% focused on newborns, 32.3%, on the group infant and young child, and 15.4% on pre-school children with some overlaps between these categories. Another 21.5 % of the projects on postnatal/lactating mothers. There were 12 (18.5%) projects that were focused on all stages of the lifecycle with some of them that were identified as 'nonspecific'.

Table 6 WHO biennium projects according to stage of lifecycle

Stage of lifecycle	No.	% out of total nutrition related projects
Newborn	14	21.5
Infant and young child	21	32.3
Pre-school child	10	15.4
School child	5	7.7
Adolescent / youth	3	4.6
Pre pregnant couple	5	7.7
Pregnant mother	8	12.3
Postnatal/ lactating mother	14	21.5
Adult	9	13.8
Elderly	3	4.6
All stages / non specific	12	18.5

* Some projects are targeted on more than 1 lifestyle stage. There may be overlaps between projects targeting on the school children and adolescents/youth.

Figure 6. WHO biennium projects according to stage of lifecycle



*19% biennium activities were addressing the issues in the entire life course

WHO Publications

There is a vast collection of WHO publications related to the topic – double burden of malnutrition and dietary risk for NCD. Table 7 and Figure 7 summarize the categories of WHO publications related to nutrition which have been distributed by WHO Sri Lanka country office during 2014-2018 period. These publications include outputs of the biennium work plans described above, and reports of the WHO (country office, SEARO or WHO global products) shared by the WHO country Office, SEARO or WHO head office among stakeholders of nutrition in Sri Lanka.

Broadly, these are: (a) Advocacy material (progress reports, factsheets, information kits, campaign material, newsletters, others); (b) scientific or technical material (technical reports, guidelines, manuals, training materials, meeting reports, serial publication, others); and (c) external publications (books, journal article, others). (Evaluation of the Impact of WHO Publications, 2016). The guidelines and technical reports constitute the majority of these publications.

WHO publications were categorized according to the stage of the life cycle that is focused on, in the document. The findings are presented in Table 8. It is shown that a majority of the documents were grouped as 'all stages/ nonspecific'. More than two thirds of the publications are relevant to the care of infants and children less than 5 years of age. Most of these publications have been utilized by the national level programmes for strategic planning, monitoring and evaluations.

Table 7. Categories of WHO publications relevant to nutrition in Sri Lanka, 2014-2018 (n=57)

Publication category	n	%
Annual Reports	4	7.0
Action/strategic plans	3	5.3
Country reports	3	5.3
Databases/repository	3	5.3
Fact sheets	2	3.5
Guidelines	16	28.1
Manuals/ training material	2	3.5
Research/survey reports	4	7.0
Technical reports	16	28.1
Toolkits	4	7.0

Figure 7 Category of WHO publications relevant to nutrition in Sri Lanka, 2014-2018 (n=57)

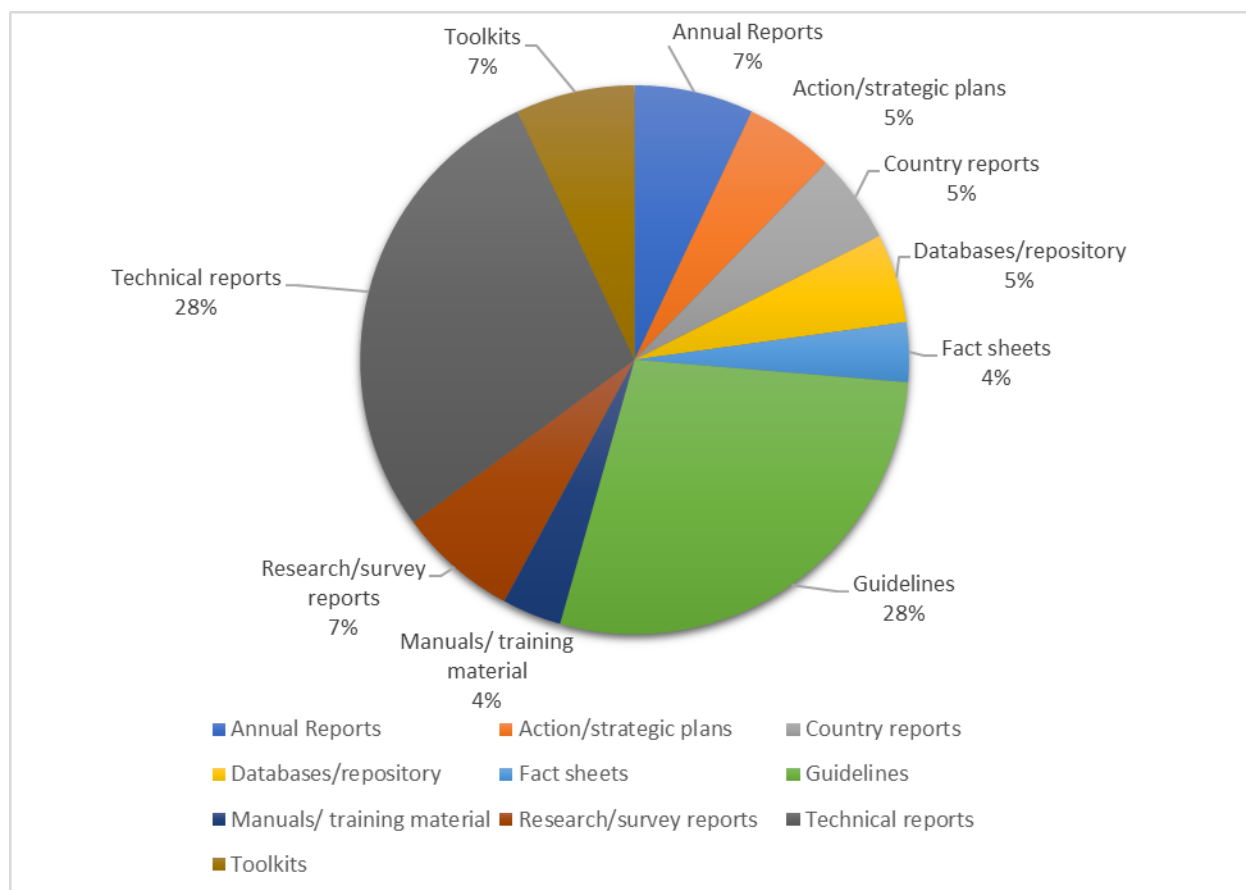


Table 8 WHO publications according to stage of lifecycle, 2014-2019 (n=57)

Stage of lifecycle	No.	% (out of total nutrition related projects)
Newborn	6	10.7
Infants and young child	14	25.0
Child below 5 years	20	35.7
Adolescent	3	5.4
Pregnant mother	5	8.9
Elderly	1	1.8
Adult	6	10.7
All stages/non specific	26	46.4

* Some publications focused on more than 1 lifestyle stage, thus some categories may be overlapping,

WHO e-Library of Evidence for Nutrition Actions (eLENA)

The eLENA (<https://www.who.int/elena/about/en/>) is an online library of evidence-informed guidelines for an expanding list of nutrition interventions. It provides latest nutrition guidelines, recommendations and related information such as available scientific evidence supporting the guidelines. eLENA aims to help countries successfully implement and scale-up nutrition interventions by informing as well as guiding policy development and programme design.

eLENA is easily accessible via internet and can be accessible through smartphone using a special app. Publications are available in different classification methods, i.e. by alphabetical order of intervention, health condition, life course, nutrients, intervention type, evidence category, and by global targets. It is a wealth of information including WHO recommendation for policy and programmes, backed by evidence, and cost effectiveness. The eLENA would be a useful resource for nutrition programmes in Sri Lanka.

WHO contribution to Sustainable Development Goals

Development agenda at global level transformed to SDGs from MDG at the end of 2015 providing new challenges to initiate action. With this transformation, health related challenges were mainly clumped together under SDG Goal 3. Thus, reviewing country specific status of the core indicators is a must in order to develop midterm and end goals. Further the monitoring framework mainly depends on baseline data and intended projections. Mapping Baseline and intended progress for SDG 3 was a key activity undertaken by the ministry of health with the support of WHO.

Publications of MoHNIM

Of the publications produced by the MoHNIM relevant to the nutrition during 2014-18 period, 43 have evidence of WHO support. The support included technical or financial, and the level of technical support varied from use of WHO references in the process of developing such publications to direct contributions through experts. It should be noted that some of the publications listed under this category are outputs of WHO biennium work plans. Tables 9 and 10 classifies these publications according to publication category, and lifecycle stage respectively.

Table 9. Summary of MoHNIM publications relevant to WHO contribution to nutrition in Sri Lanka, 2014-2018 (n=43)

Publication category	n	%
Action/strategic plans	10	23.3
Annual Reports	6	14.0
Technical reports	3	7.0
Guidelines	5	11.6
Manuals/ training material	2	4.7
Survey reports	13	30.2
Research Reports	1	2.3
Policy documents	3	7.0

Table 10. Summary of other (non-health sector) publications relevant to WHO contribution to nutrition in Sri Lanka, 2014-2018 (n=35)

Publication category	n	%
Action/strategic plans	1	2.9
Technical reports	6	17.1
Guidelines	2	5.7
Survey reports	3	8.6
Research Reports	21	60.0
Theses	2	5.7

Phase II: Evaluation using mixed methods of data collection

Methods

Two data collection methods were adopted: (1) questionnaire survey for a wide group of stakeholders; and (2) Key Informant Interviews (KII) for a purposively selected sample persons who had heavy involvement in nutrition programmes.

The evaluation was applicable to the entire Sri Lanka, with most informants being at the national level. However, there were key informants at provincial/ divisional level who would provide details on implementation support. Three provinces have been selected purposively, and comprised the Northern, Central and Southern provinces of Sri Lanka to represent the different geographic and socio-cultural distributions in the country. The selection of provinces was subject to verification by the TAG.

The potential informants for the 2nd Phase are listed below:

A) World Health Organization:

- Regional Advisor for Nutrition and Health for Development, SEARO
- National Professional Officer/s related to Nutrition, and Non-Communicable Disease at country office, Sri Lanka

B) National Nutrition Secretariat – National Nutrition Coordinator

C) Ministry of Health Officials at National level

- Deputy Director Generals - Public Health Services
- Deputy Director General Non-Communicable Disease
- Family Health Bureau: Director Maternal & Child Health, Programme Officers for maternal care, intrapartum and newborn care, child nutrition, school health and adolescent health, research and evaluation
- Nutrition Division – Director and a Consultant Community Physician
- Director- International Unit
- Director - Health Promotion Bureau
- Director - Urban and Estate Health Unit
- Director – Environmental and Occupational Health
- Medical Research Institute: Consultant Medical Nutritionist

D) Ministry of Health Officials at Provincial level

The following officials were identified from the selected provinces (eg. Northern, Central, and Southern):

- Provincial or Regional Director of Health Services
- Consultant Community Physicians
- Medical Officer- Maternal and Child Health
- Medical Officer - Planning
- Medical Officers of Health

E) Other implementing partners

- Representatives from other Ministries (eg. Agriculture, Education, Food, Water)
- Director Health - Plantation Human Development Trust
- Representatives from Non-governmental organizations

F) Academic, research and professional bodies

- Members from Professional colleges – College of Pediatricians, College of Community Physicians, Perinatal Society etc.
- University academics
- Independent experts

Participants included as key informants

Persons selected for IDI were those directly involved nutrition services in a substantial capacity during 2014-2018 period, and the persons in-charge of an organization/unit responsible for nutrition services during 2014-18 period. The stakeholders who were employed at the respective units at least a year during this period were included. The officials who did not hold the relevant positions within the period of evaluation, 2014-2018 were excluded.

Stakeholders who have been directly involved in policies, projects, strategies, programmes and implementation support for nutrition at the World Health Organization, National Nutrition Secretariat, Ministry of Health, Nutrition and Indigenous Medical Services, and academic, research and professional organizations were eligible for this component of the study. A limited number of participants were included from other implementing partners which are directly relevant to nutrition programmes in Sri Lanka such as ministries other than the Health, Plantation Human Development Trust, and non-governmental organizations.

Evaluation framework

An Evaluation Framework was developed conforming to the criteria laid down by some previous evaluations which were based on WHO Evaluation Practice Handbook (WHO 2013). Using the evaluation questions, a draft framework is presented in this proposal as a guide (Table 11). The draft framework was improved with the feedback from the TAG.

Data collection tools

Data collection tools (semi-structured questionnaire and Key Informant Interview guide) were developed according to the finalized evaluation framework. The tools were pretested among similar participants, and further revised before data collection. Necessary modifications were done according to the role of the informant and relevance of his/her contribution to the identified activity.

Both open ended and close-ended items were included in the semi-structured questionnaire. Five 5-point Likert Scales were used to obtain responses that require rating of attributes by participants (Refer Annex 5).

The questionnaire was transformed into an online data collection tool using Google Forms. An email message containing a brief introduction to the study, with a web link for the questionnaire was created. Questionnaire was configured to both mobile and computer version. The mobile/ tablet PC version has the touchscreen data entry feature.

IDI guide with key questions and prompts was prepared to guide the in-depth interviews (Refer Annex 6).

Data collection, storage and disposal

The data collection was done by prior notice and taking appointments from the officials, at their respective offices, in order to minimize disturbance to their routine activities.

Questionnaire survey was conducted by sending the self-administered questionnaire via email to the potential participants. A printed version of the same was available if a participant prefers paper-based questionnaire.

KII were facilitated by investigators who were trained qualitative data collection with expertise in qualitative research, using the KII guide.

Quality of data

The Evaluation Team closely monitored the activities related to data collection to ensure optimum quality of data. Internet-based questionnaire has appropriate validity checks and skip options to minimize errors. Confidentiality of data was assured.

The qualitative interviews (KII) were voice-recorded with the consent of participants. All voice-records were transcribed, and interviews held in a language other than English were translated to English. Records were not shared with any person other than the team of investigators. The time period to be spent for an interview was approximately 30-45 minutes.

Ethics and administrative clearance

Ethics approval was obtained from the Ethics Review Committee of the Faculty of Medicine, University of Colombo. The Director General of Health Services has granted administrative clearance to conduct the study. Confidentiality of both quantitative and qualitative data were assured. No personal identification data were collected.

Table 11. Evaluation Framework for Phase II according to evaluation questions

Evaluation criteria and issues and questions	Evaluation measures / Indicators	Data sources	Data collection and analysis techniques
1. What is the scope and diversity of WHO support towards addressing the double burden of malnutrition and dietary risk of NCDs in Sri Lanka?			
List all activities supported by WHO towards addressing the double burden of malnutrition and dietary risk of NCDs during the period 2014-2018.	<ul style="list-style-type: none"> - Number of activities supported according to the content area and year 	<ul style="list-style-type: none"> - WHO Biennial work plans and administrative reports - WHO programme staff at Country Office - Work plans (annual, biennial, 5-year) of the Ministry of Health - Key stakeholders of the Ministry of Health / other focal points 	<ul style="list-style-type: none"> - Content analysis - In-depth Interviews
<p>To what extent the WHO support to Sri Lanka in the area of nutrition (double burden of malnutrition and dietary risk of NCDs) reflects the following six core functions?</p> <ul style="list-style-type: none"> - Providing leadership and engaging in partnerships - Shaping the research agenda - Setting norms and standards - Articulating ethical and evidence-based policy - Providing technical support - Monitoring health situation and needs - 	<p>Extent to which WHO support is reflected in:</p> <ul style="list-style-type: none"> - Providing leadership and engaging in partnerships - Shaping the research agenda - Setting norms and standards - Articulating ethical and evidence-based policy - Providing technical support - Monitoring health situation and needs 	<ul style="list-style-type: none"> - Same as above 	<ul style="list-style-type: none"> - Same as above
2. What is the contribution of WHO to the policies, projects, strategies, programmes and implementation support towards improving nutrition status in Sri Lanka and its relevance to the country policies and plans and outcomes?			
To what extent the WHO has provided support to the policies, projects, strategies, programmes and implementation support	<ul style="list-style-type: none"> - Extent to which support was provided by WHO 	<ul style="list-style-type: none"> - Key stakeholders of the Ministry of Health / other focal points 	<ul style="list-style-type: none"> - Face-to-face interviews - Semi Structured Interviews

Evaluation criteria and issues and questions	Evaluation measures / Indicators	Data sources	Data collection and analysis techniques
To what extent the objectives of interventions supported by WHO are consistent with the requirements of beneficiaries, country needs, global priorities. Do they correspond to country policies, plans and outcomes?	<ul style="list-style-type: none"> - Extent to which appropriate partners were involved in the programme design, using participatory approaches that were inclusive of primary stakeholders' needs - Extent to which the selected initiatives were coherent with national and sub-national priorities 	<ul style="list-style-type: none"> - Programme documents - Academic literature - Nutrition and health policy documents - WHO programme staff at country office, SEARO - National level stakeholders (Health Ministry) - Prominent experts 	<ul style="list-style-type: none"> - Content analysis - Literature review - In-Depth Interviews
Are the approaches and strategies still relevant in the context of the changes in the global, regional and country nutrition landscape?	<ul style="list-style-type: none"> - Extent to which the approaches and strategies (logic and objectives) are still valid to improve malnutrition and NCD risk Sri Lanka - Extent to which the selected initiatives were consistent with WHO's mission, especially the Nutrition for Health and Development 	<ul style="list-style-type: none"> - Programme documents - Academic literature - Nutrition and health policy documents - WHO programme staff at country office, SEARO - National level stakeholders (Health ministry) - Prominent experts - 	<ul style="list-style-type: none"> - Content analysis - Literature review - In-Depth Interviews

3. What are the nutrition related strategies that yielded good uptake and outcomes?			
Have outputs been achieved on time and on budget?	<ul style="list-style-type: none"> - Coverage indicators of programmes / services 	<ul style="list-style-type: none"> - Programme documents/ Biennium plans of WHO - Programme documents/ Annual reports of the relevant units of the MoH 	<ul style="list-style-type: none"> - Content analysis - Semi Structured Interviews
<p>To what extent the expected results (outcomes) of WHO supported interventions being achieved?</p> <p>Have the interventions produced the expected effects?</p>	<ul style="list-style-type: none"> - Trends in NCD risk factors / determinants - Trends in feeding practices and illness - Trends in nutrition indicators – eg. Stunting, Wasting and Anaemia - 	<ul style="list-style-type: none"> - RHMIS, Annual Reports - Survey results – DHS, STEPS, MRI surveys 	<ul style="list-style-type: none"> - Review of literature - Trend analysis and interpretations using secondary data
Are the results and impacts, including institutional changes, durable over time?	<ul style="list-style-type: none"> - Extent to which results durable over time 	<ul style="list-style-type: none"> - Administrative reports - Academic publications - Key stakeholders at implementation level 	<ul style="list-style-type: none"> - Administrative reports - In-Depth Interviews
4. What are the best practices, challenges and lessons learnt and to share the information/experiences with other programmes within WHO?			
Are programme governance structures and management process conducive to efficient and effective administration of activities?	<ul style="list-style-type: none"> - Programmes with efficient and effective governance structures and management process 	<ul style="list-style-type: none"> - Administrative reports - Academic publications - Key stakeholders at implementation level 	<ul style="list-style-type: none"> - Content analysis - Literature review - In-Depth Interviews
Does the programme promote equity in access, human rights, gender equality? Has it used equity principles throughout the programme?	<ul style="list-style-type: none"> - Extent to which equity in access, human rights, gender equality are assured 	<ul style="list-style-type: none"> - Administrative reports - Academic publications - Key stakeholders at implementation level 	<ul style="list-style-type: none"> - Content analysis - Literature review - In-Depth Interviews

To what extent were the different interventions or components of an intervention complementary or contradictory?	- Extent to which the different interventions or components of an intervention complementary or contradictory	- Administrative reports - Academic publications - Key stakeholders at implementation level	- Content analysis - Literature review - In-Depth Interviews
5. How the Sri Lanka experience and expertise have contributed to regional and global public goods on nutrition?			
Do the programmes promote regional and global sharing of experiences on a regular basis?	- Programmes that promote regional and global sharing of experiences	- Administrative reports - Academic publications - Key stakeholders at national and regional level	- Content analysis - Literature review - In-Depth Interviews
To what extent the Sri Lankan experts contribute to regional and global programmes	- Extent to which the Sri Lankan experts contribute to regional and global programmes	- Same as above	- Same as above

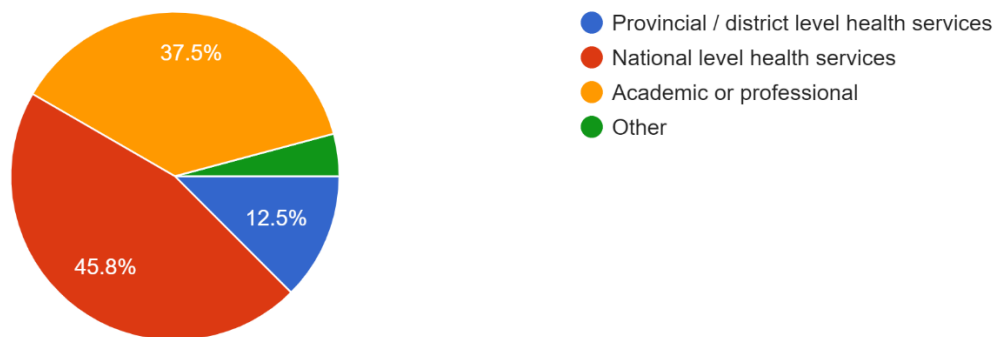
Findings from the stakeholder survey and qualitative inquiry

A. Stakeholder survey

Characteristics of participants

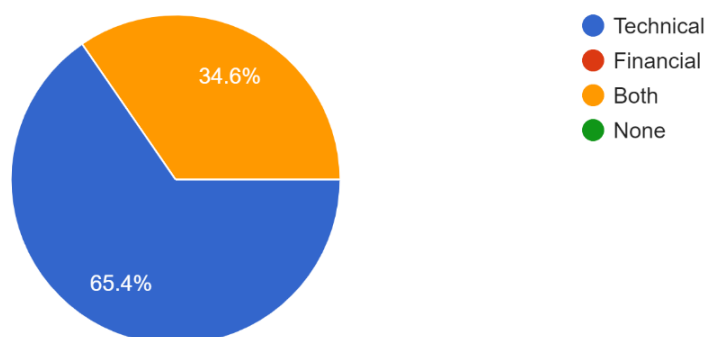
A self-administered questionnaire was delivered to 40 key stakeholders, and of them, 8 individuals replied that they were not involved in any nutrition services including academic and research work in a substantial capacity during 2014-2018 period. Out of the remaining 32, 26 persons (81.3%) responded the questionnaire.

Figure 8 Distribution of participants according to the category of service



Most stakeholders were employed in the Ministry of Health, either at national (45.8%) or provincial (12.5%) level. Almost 38% represented academic or professional institutions, while a few was from services including other governmental institutions, and non-governmental organizations etc. (Figure 8).

Figure 9 Distribution of participants according to type of involvement in nutrition services



All (100%) were involved in technical support relevant to nutrition services. Almost 35% were involved in financial activities in addition to technical support (Figure 9).

Scope and diversity of WHO support

Respondents were either directly or indirectly involved in the WHO biennium projects, and were aware of these 2 yearly work plans. Some directorates/units were more involved in biennium projects. For example, support through biennium projects towards nutrition related programmes at the Family Health Bureau was much higher than support to other units of the Ministry of Health. The Nutrition Division and the Nutrition Coordination Division (presently integrated to the former) of the Ministry of Health, have also received considerable financial and technical support through the WHO biennium projects.

In addition to the financial support through biennium projects, WHO has provided direct technical support, facilitated consultancies, and offered fellowships for training at international centers.

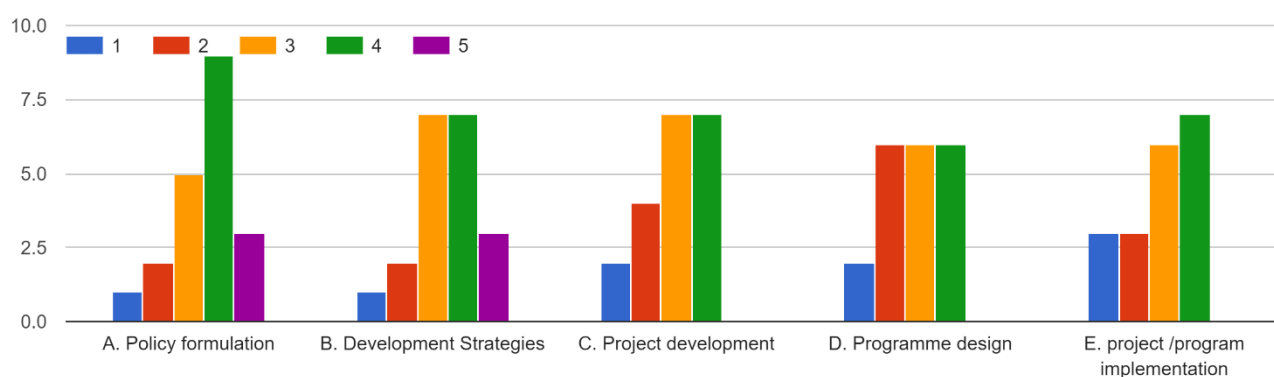
All participants have used or shared WHO information products including technical reports, guidelines, toolkits, software etc. for research or nutrition action. Commonly used WHO information products are listed in the Text Box 1.

Text Box 1 WHO information products that are used frequently by the participants (Publications, guidelines and toolkits, software)

▪ IYCF manuals of WHO
▪ Technical guidelines on IYCF
▪ Global strategy on IYCF
▪ WHO tracking tool on MIYCN targets 2025
▪ WHA resolutions of MIYCN and nutrition
▪ Breastfeeding, Infant and young child feeding, anthropometry
▪ Infant and young child feeding practices in Sri Lanka: A desk review – 2006-2017, WHO, 2018
▪ WHO growth charts and guidelines on childhood obesity for clinical and research work
▪ WHO Anthro and Anthro plus software
▪ Technical note - supplementary foods for management of moderate acute malnutrition in infants and children
▪ Management of severe acute malnutrition, Updates in the management of severe acute malnutrition in infants and children
▪ Malnutrition e-learning course, eLENA (e-Library evidence for Nutrition Actions), WHO website
▪ International code on breast milk substitutes
▪ Netcode periodic and ongoing assessment tools
▪ Essential nutrition action - mainstreaming nutrition through the life course
▪ Best Practices in Maternal, Child Health, Family Planning and Nutrition programmes in Sri Lanka
▪ Landscape analysis on Sri Lankan foods/ingredients likely to contain trans fats

▪ Tool-kits and guidelines provided by WHO - Anthropometry, MCH, Perinatal care etc.
▪ Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries, World Health Organization 2011
▪ Recommended Dietary Allowances
▪ Nutrient profile model for South East Asia Region
▪ WHO publications and guidelines used in awareness programmes conducted for prevention of NCD
▪ Guidelines on food fortification with micronutrients, fortification of rice with vitamins and minerals in public health, Diagnosis of anaemia in pregnancy, micronutrient issues etc.
▪ Keep fit for life : meeting the nutritional needs of older persons, WHO, 2002
▪ WHO, Nutrition for older persons, http://www.who.int/nutrition/topics/ageing/en/
▪ All publications related to nutrition and non-communicable disease
▪ One Health tool
▪ WHO publications relevant to food safety guidelines, Codex Alimentarius
▪ WHO docket in universal health coverage
▪ SLMA workshop for parliamentarians

Figure 10 Scope of WHO support for policy, strategy, project development, programme design and implementation



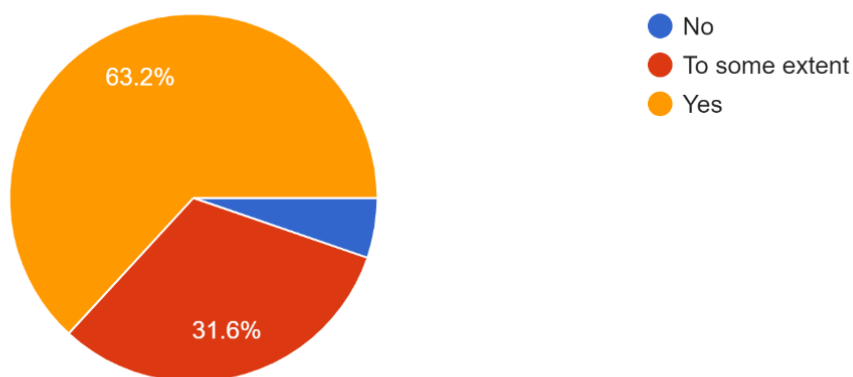
*Legend labels - 1-none | 2-lesser extent | 3-some extent | 4-greater extent | 5-the greatest extent

Figure 10 illustrates the number of participants who rated WHO support under 5 areas: policy formulation, development of strategies, project development, programme design, and project/programme implementation. As shown in the figure more participants rated WHO support as high (greater or to the greatest extent) in the areas of policy formulation and development of strategies (Figure 10).

2 | Contribution of WHO towards nutrition outcomes in Sri Lanka

Nutrition related strategies that yielded good uptake and outcomes

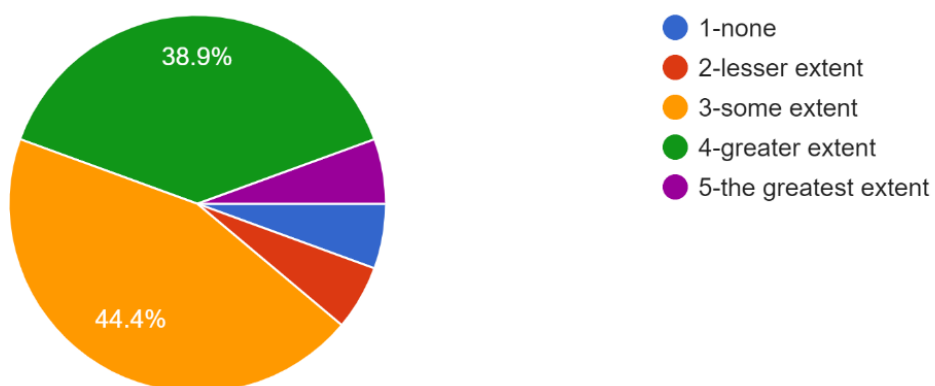
Figure 11 Stakeholder opinion about successful implementation of the WHO supported nutrition



projects/ activities

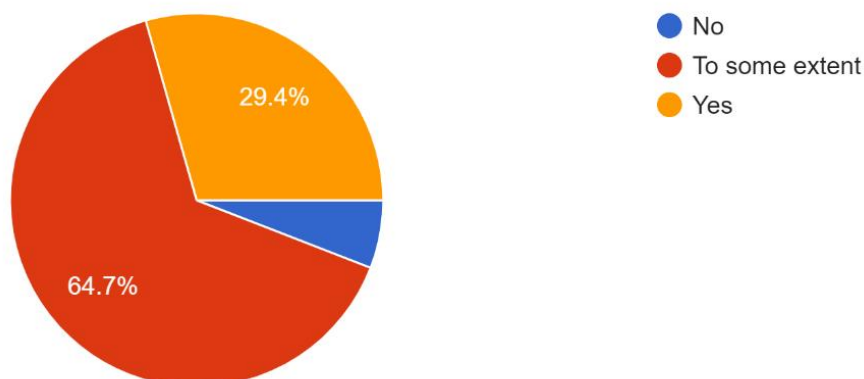
Majority of the stakeholders (63%) reported that WHO-supported nutrition projects were implemented successfully. Approximately one third (32%) said that the projects were implemented to some extent, while 5% reported non-implementation (Figure 11).

Figure 12 Stakeholder opinion about successful achievement of the expected results of the WHO supported nutrition projects/ activities



Achievement of expected results was at the greatest or greater extent according to 44.5% of participants. A similar percentage (44.4%) reported achievement to some extent, while only 11.2% reported none or lesser achievements (Figure 12).

Figure 13 Stakeholder opinion about sustainability of results of the WHO supported nutrition projects/ activities

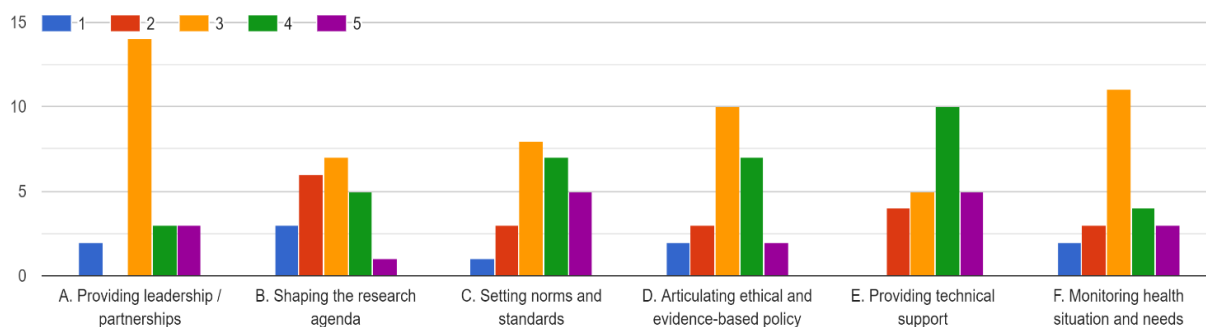


As illustrated in Figure 13, the majority (65%) stated that the results were durable to some extent. Only 30% of stakeholders stated that the results and impacts of the WHO supported projects /activities including institutional changes, were durable over time.

Reflection of the six core functions of the WHO

The findings of stakeholder survey revealed the extent to which WHO support addressed the six core functions, (i) Providing leadership (ii) Shaping the research agenda (iii) Setting norms and standards; (iv) Articulating ethical and evidence-based policy options (v); Providing technical support, (vi) Monitoring the health situation and assessing health trends.

Figure 14 Number of stakeholders according to their rating regarding support in the WHO six core function areas

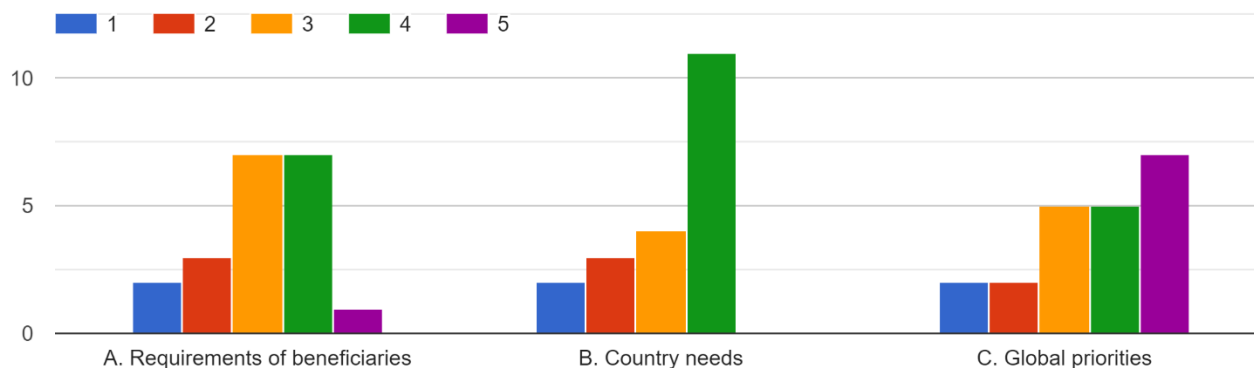


Legend labels - 1-none / 2-lesser extent / 3-some extent / 4-greater extent / 5-the greatest extent

Figure 14 shows the how stakeholders rated the WHO support in the area of nutrition with respect to the WHO six core functions. A higher number of stakeholders rated WHO support as to a ‘greater’ or the ‘greatest’ in providing technical support (n=15), and setting norms and standards (n=12). Lower number of stakeholders rated core functions ‘shaping research agenda’, ‘providing leadership and engage partnership’ and ‘monitoring health situation and needs’ as to a ‘greater’ or the ‘greatest’ extent.

Relevance of nutrition interventions supported by WHO

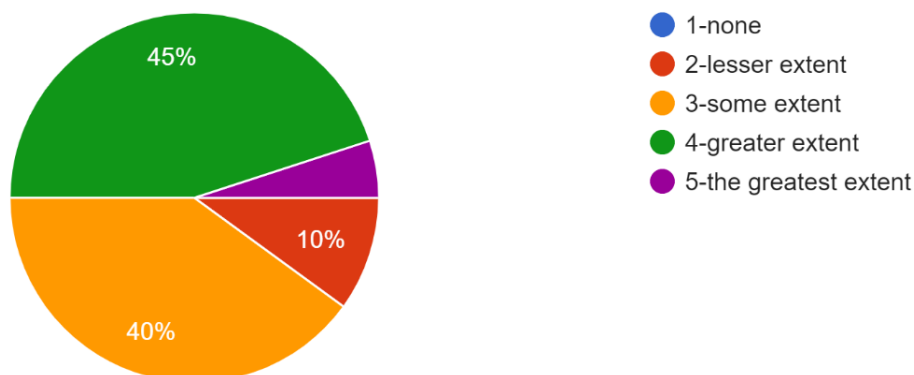
Figure 15 Consistency of nutrition interventions supported by WHO with beneficiary requirements, country needs and global priorities



**Legend labels - 1-none / 2-lesser extent / 3-some extent / 4-greater extent / 5-the greatest extent*

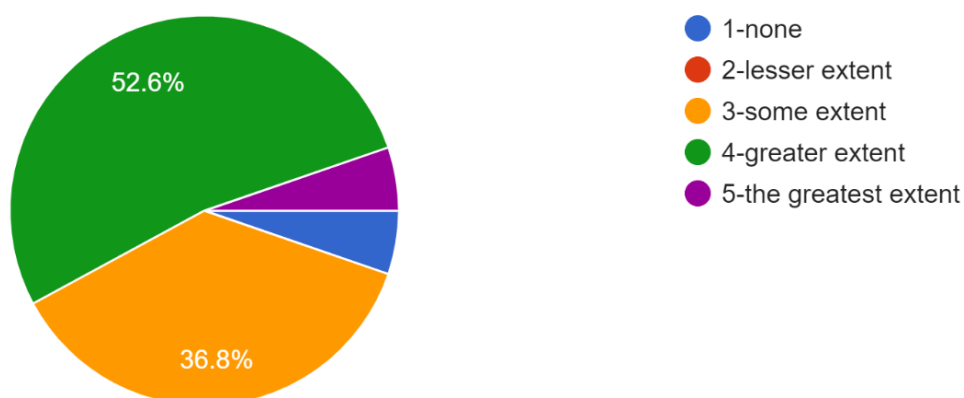
The national level stakeholder agreed that nutrition interventions supported by WHO were consistent to a greater or the greatest extent with global priorities (n=12), country needs (n=11) and requirement of beneficiaries (n=8) (Figure 15).

Figure 16. Consistency of nutrition interventions supported by WHO with country policies.



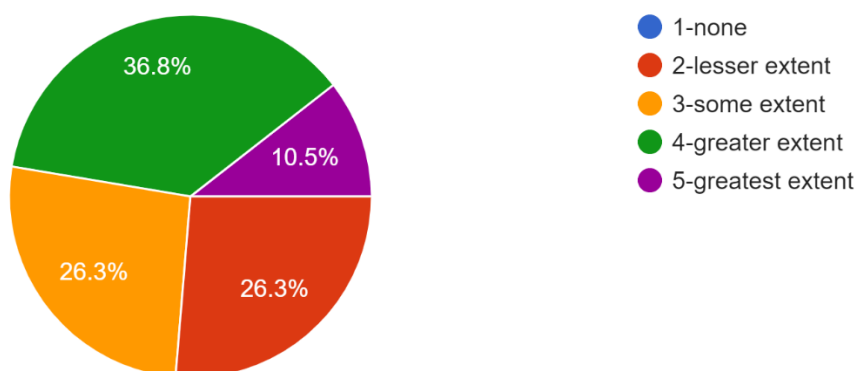
Almost 50% of national level stakeholders stated that nutrition interventions supported by WHO was consistent with country policies to a greater or the greatest extent (Figure 16).

Figure 17. Coherence of nutrition interventions supported by WHO with national priorities



58% of stakeholders stated that nutrition interventions supported by WHO were coherent with national priorities to a greater or the greatest extent (Figure 17).

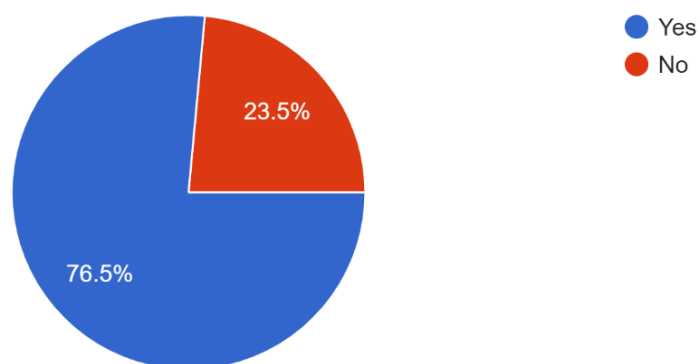
Figure 18 Appropriate partner involvement for programme design of nutrition interventions supported by WHO



Almost 47% of national level stakeholders stated that appropriate partner involvement was to a greater or the greatest extent for programme design of nutrition interventions supported by WHO (Figure 18).

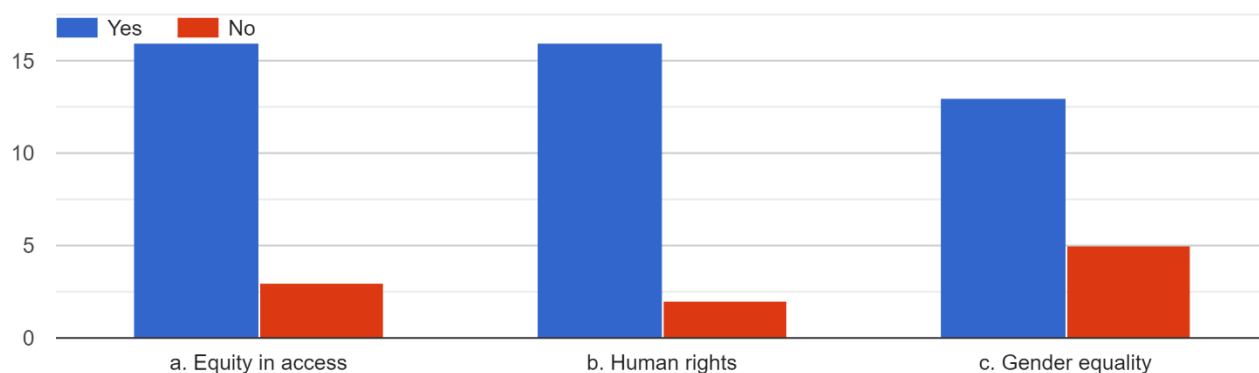
Best practices, challenges and lessons learnt

Figure 19 Programme governance and management process of WHO country office conducive to efficient and effective administration of activities



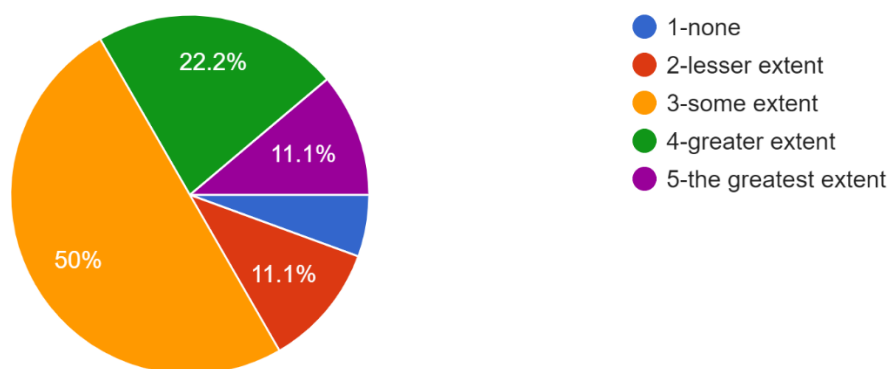
More than 75% confirmed that programme governance structures and management process of the WHO Country Office were conducive to efficient and effective administration of activities (Figure 19).

Figure 20 Promoting equity in access, human rights and gender equality



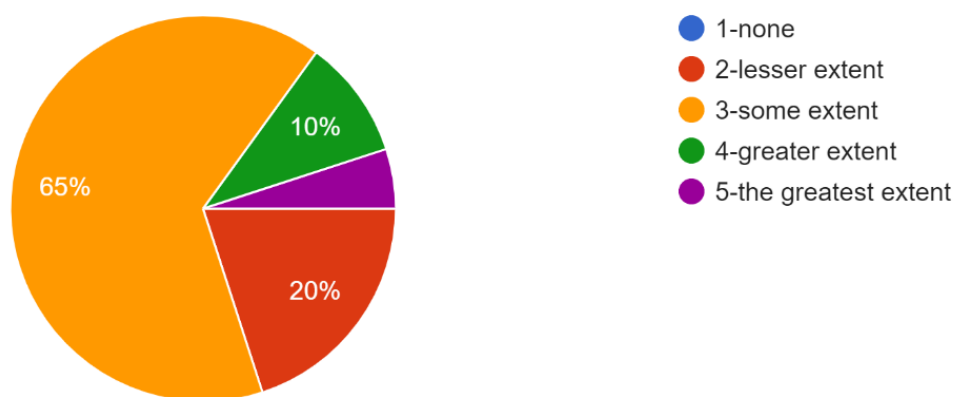
The majority of national level stakeholders agreed that WHO programme related to nutrition promote human rights, and equity in access, and gender equality (Figure 20).

Figure 21. complementary nature of different interventions related to nutrition supported by the WHO



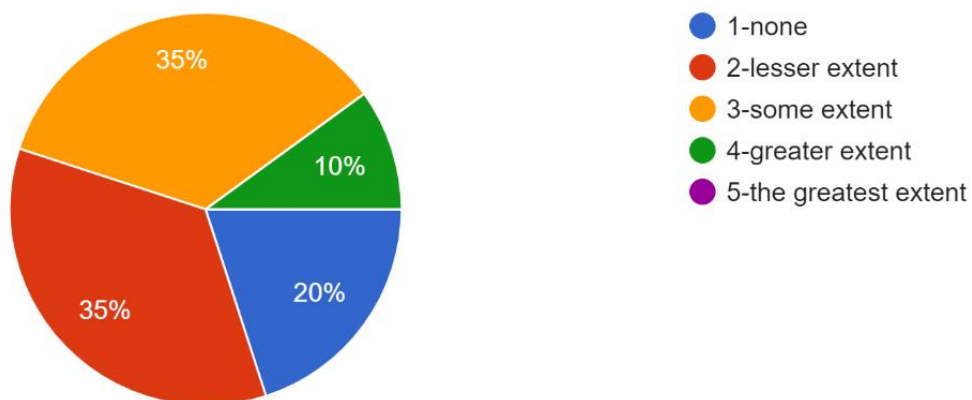
Only one third of national level stakeholders stated that the different interventions or components of an intervention related to nutrition supported by the WHO, were complementary to a greater or the greatest extent, i.e., combining in such a way as to enhance the qualities of each other (Figure 21).

Figure 22 Opportunities for Sri Lankan professionals to share Sri Lankan experience with other countries through WHO support



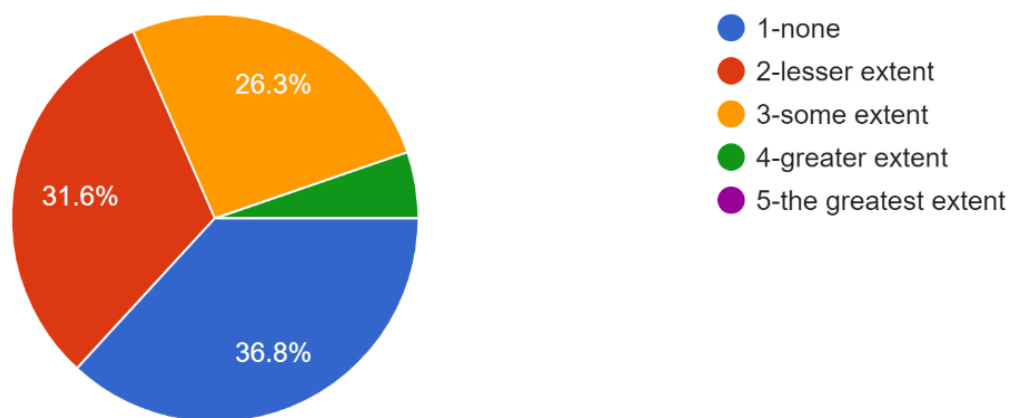
Eighty-percent of the stakeholders stated that Sri Lankan professionals get opportunity at least to some extent to share their experience with other countries, either at regional or global level (Figure 22).

Figure 23 Stakeholders contribution to regional nutrition programmes



Almost 45 percent of stakeholder who participated in this survey have contributed at least by some extent to regional (SEARO) nutrition programmes (Figure 23).

Figure 24 Stakeholders contribution to global nutrition programmes



Nearly one-third (31.6%) of stakeholder who participated in this survey have contributed at least by some extent to global nutrition programmes (Figure 24).

Opinion of stakeholders regarding WHO support for nutrition

Text box 2 summarizes opinion of stakeholders about the WHO support for nutrition services in Sri Lanka. Overall, their opinion is more focused on implementation support than policy support related to nutrition. From those responses, it seems that further involvement and contribution by WHO is needed for the country as the burden on malnutrition is rising. Some stakeholders were concerned about the high priority given for the prevention and control of NCD. Poor coordination between programmes supported by the development partners which resulted in disjointed programmes and unnecessary overlaps, is another concern.

Text box 2 Opinion of stakeholders regarding WHO support for nutrition

Appreciations
<ul style="list-style-type: none"> • <i>Highly appreciate the support</i> • <i>Helps to leverage interventions by others</i>
Needs
<ul style="list-style-type: none"> • <i>Need to improve WHO support both in national level and grass-root level programmes.</i> • <i>Need to implement many projects to enhance nutrition status in nutritionally vulnerable communities and capacity building programmes for implementing agencies.</i> • <i>Need more support for national and sub-national priorities related to nutrition</i> • <i>Continuous support even at the Provincial level is necessary</i> • <i>Food habits and its psychological aspects need to be considered</i> • <i>Need greater involvement and support as the burden will rise over the next decade</i>
Critical comments
<ul style="list-style-type: none"> • <i>There is very little coordination between programmes supported by the World Bank, ADB, WHO, UNICEF and WFP. Mostly disjointed and some unnecessary overlaps.</i> • <i>RDHS Division Nuwaraeliya is the area having highest rates of malnutrition, however the WHO gave hardly any support to address this problem</i> • <i>Low contribution to solve under-nutrition and mainly considers the over nutrition and NCD related issues; Contribution towards enhancing food security, sustainable food systems and multi-sectoral partnership for under-nutrition improvement is limited</i> • <i>WHO has supported mainly on NCDs and not much with other spectrum of the problem</i> • <i>WHO is too entrenched in the health system in Sri Lanka and therefore is also affected by the same bureaucracy and inefficiencies that are prevalent in not only the health but also the government machinery in any developing country.</i>

Suggestions to improve WHO contribution to nutrition services in Sri Lanka

Text box 3 summarizes the suggestions made by the stakeholders. It was suggested that the WHO should establish more diverse and coordinated relationship between different stakeholders. Paying more attention to nutritionally vulnerable or 'at risk' populations is another suggestion. Further, more opportunities should be made available for capacity building and funding for nutrition action research.

Text box 3 Suggestions by stakeholders to improve WHO contribution to nutrition services in Sri Lanka

<ul style="list-style-type: none">• <i>Wish WHO continue its support to Sri Lanka to improve the nutrition status in the country.</i>
<ul style="list-style-type: none">• <i>Give due considerations to the requirements of the national programme</i>
<ul style="list-style-type: none">• <i>Establish a more diverse and coordinated relationship</i>
<ul style="list-style-type: none">• <i>WHO should work more with civil society organizations in Sri Lanka with a view to reach the last mile</i>
<ul style="list-style-type: none">• <i>Increase the components for manpower development</i>
<ul style="list-style-type: none">• <i>Capacity building on current nutrition related interventions and other new developments related to nutrition.</i>
<ul style="list-style-type: none">• <i>Provide more technical support</i>
<ul style="list-style-type: none">• <i>Make available all resource material, tool kits to relevant stakeholders</i>
<ul style="list-style-type: none">• <i>Improve culturally acceptable and healthy food make available</i>
<ul style="list-style-type: none">• <i>Support for economical development of the society to afford locally grown nutritional foods</i>
<ul style="list-style-type: none">• <i>Assist to do more research and surveys related to nutrition.</i>
<ul style="list-style-type: none">• <i>Facilitate academics involvement in policy making and provide funding for research</i>
<ul style="list-style-type: none">• <i>Support for national and sub-national level to carry out innovative nutrition action.</i>
<ul style="list-style-type: none">• <i>Look at gender equity and nutrition at a different socio-economic levels</i>
<ul style="list-style-type: none">• <i>Focus on needy areas and conduct special projects</i>
<ul style="list-style-type: none">• <i>Improve plantation sector hospitals and facilities for estate health staff to motivate them to support community.</i>
<ul style="list-style-type: none">• <i>Support nutrition intervention projects for improve nutrition in plantation communities</i>
<ul style="list-style-type: none">• <i>Get a dedicated officer, have a good budget and become part of the plan</i>
<ul style="list-style-type: none">• <i>Have one whole programme for nutrition which vertically is included with the other national programmes and not as standalone not to be in bits and pieces.</i>
<ul style="list-style-type: none">• <i>If a network could be created between all the organizations working towards this same goal, the updates and the newest guidelines could be shared, and everyone would be delivering the same messages</i>

- *Avoid duplication of programmes or running parallel systems.*

B. Qualitative Inquiry

National Level

Providing leadership and engaging in partnerships

All agencies working on nutrition-related issues in the Ministry of Health and other Ministries have a close relationship with the WHO and other international agencies. Specifically, the Family Health Bureau, Nutrition Division, NCD Unit, and MRI work closely with the WHO. It should be also noted, many National Professional Officers in the WHO Country Office are former staff of such government agencies. They keep a close relationship with the government agencies.

However, it was expressed that the agenda of the WHO and the country agenda may not be fully aligned. The WHO agenda is directed from the WHO Head Quarters and the regional office, which take into consideration the global view. Some of those may not be directly aligned with the country agenda based on local requirements, the local health system, and financial prioritization. In such situations, country requests/ needs may not be fully accommodated within the WHO agenda. This leads to the non-alignment of the WHO support and country programmatic operation, with none or partial realization of core objectives in nutrition programmes/ initiative. However, when the agenda of the WHO coincides with the country requirements successful conclusion is expected. Most stakeholders are of the view that, if the WHO involvement/ partnership is restricted to policy and technical level and not at the implementation level, it would be more convenient for the national agencies to decide the best ways of implementation. It was of the view that when the local agency has the full freedom to implement initiatives, the success rate is higher. Most felt national agencies are better placed to take the decisions of implementation than the international agencies.

Shaping the research agenda

Research on nutrition and nutrition-related areas originates from the individual researchers or research groups as well as the Ministry of Health. Also, the funding for such research is coming from different organizations within and outside the country. In addition, the guidelines and priority areas of funding are mostly decided by the funding organizations. Hence, individual researchers/ groups work on those guidelines and priority areas when preparing proposals. It should be also noted that most research studies on nutrition have been conducted by postgraduate trainees for their postgraduate requirements and are relatively small-scale studies. There are few national-level studies conducted on nutrition-related topics that needed major technical inputs and funding. Depending on the scope of such studies, the researchers or the institution may request funding from international organizations including the WHO. It is found that funding from WHO for researcher-initiated proposals is minimal. Even when a local agency initiates a research project based on a current requirement, proposals may not be entertained by the WHO.

However, from time to time, WHO itself proposes studies that come under the key thrust areas within its mandate, mainly to support operational decisions on their initiatives. Most of those are contract studies are awarded under APWs. And most of those APWs are through a local agency under the Ministry of Health. On such research initiatives, the contract researcher/ institute has limited flexibility to modify the method and research process. Even the local agency handling the APW may not have the required freedom to optimize the outcomes. With this scope, the WHO as an organization has limited visibility in the research arena in nutrition. The dominant players shaping the research agenda are the individual researchers who seek funding from other local and international funding agencies.

Setting norms and standards

Main responsibility of setting norms and standards on nutrition rests with different agencies in the government, mainly the health sector. Maternal and child health is the responsibility of the Family Health Bureau, non-communicable diseases with NCD Bureau, specific nutrition-related research with the unit at Medical Research Institute, and overall coordination with the Nutrition Division. Besides, regulatory affairs and related matters under a separate directorate in the Health Ministry.

The initiation of development of most standards in nutrition is linked with the emerging trends at the global level. At the global level, WHO develops recommendations, guidelines and standards. For example, standards for NCD prevention and control, adolescent health, and updating the breastfeeding code were initiated by the WHO, and the country adopted them. For the other maternal and child health matters, the country-based initiatives were more prominent as Sri Lanka's engagement in such areas is generally up-to-date. Most of those norms and guidelines are local efforts based on continued programmes on nutrition for decades. It was found that WHO manuals, documents related to resolutions, technical committee reports, and mission reports of WHO officials and consultants are used as reference material in discussions to set local standards. Toolkits developed by the WHO are used to gather information on subject areas, and also to prepare the documents. However, it was expressed that the direct adoption of standards is not helpful due to the differences in the health system and socio-cultural diversity. Still, direct adoption continues to happen in certain areas with less success at ground level.

Articulating ethical and evidence-based policy

Many nutrition-related policy documents have been prepared during the last two decades in the country. Those documents range from sectoral wide policies to policies for functioning sub-sectors. During the last three biennia, mostly the updating of the policy directives were carried out than the development of new policies. The policy development process mainly initiated from the country level. Updating of existing policies according to global developments were triggered by several resolutions coming from the World Health Assembly.

Updating of the breastfeeding code is geared by a WHO resolution. WHO manuals and other documents are frequently referred by the national programmes in the country for the guidance. The templates,

recommendations, and proposed activities in WHO manuals and other publications are included in the detailed plans of the Ministry of Health. Indicators proposed by the WHO publications are directly incorporated in the evaluation framework. It was revealed that except for clear-cut areas such as breastfeeding code, the policy process on nutrition-related subjects are guided by multiple stakeholders. Many UN-based and other INGOs are involved in nutrition activities in the country. Therefore, it is not possible to directly link a single agency contribution to a policy document or the process. Many international agencies contribute to a varying degree in the policy process led by the national efforts.

Providing technical support

WHO's main involvement in the nutritional sector is provision of technical support. The technical support is extended in several ways. Bringing-down international consultants to support specific areas of nutrition, review programmes and to provide technical advice to existing issues is one way of support. However, this is not a common practice. Mostly, the country office would provide documents pertaining to a technical issue raised by the Ministry of Health. Those technical reports from the SEARO or the WHO headquarters will share experiences from other countries. In addition, the WHO may approach expertise within the country to work as consultants for specific issues. The appointment of a national consultant to work on maternal and newborn care strategy is a recent example.

It was expressed that technical support from outside the country is needed for the issues where local expertise is not sufficient. However, selecting the experts most of the time rests with the supporting international agency. The same applies to the WHO international experts too. National level programme managers perceive that such selection should be guided by the requirements provided by the country. Thus, a constructive dialogue will lead to the selection of the best consultant to the assignment. They felt the objective will not be achieved fully when the appropriate person is not selected.

Monitoring health situation and needs

Generally, monitoring of health situation and needs assessments are performed as initiatives from the Ministry of Health itself. Different agencies working on nutrition-related areas plan and implement programme monitoring. However, technical guidance for such activities are supported by the monitoring framework proposed by the WHO documents. Toolkits from those documents may be modified and adapted to the country requirements. For example, the WHO Tracking Tool for global targets to improve maternal, infant and young child nutrition was used for setting nutrition targets for Sri Lanka by the year 2025, and tracking the progress.

Sharing Sri Lankan expertise

It was revealed through the interviews that the Sri Lankan expertise have been shared with the countries within the South-East Asia Region, as well outside the region. There are several Sri Lankan

experts who have been engaged in nutrition and/or related areas at WHO SEARO as well as other regional or country offices. The post of Regional Advisor, Nutrition and Health for Development at the WHO SEARO is held by a nutrition expert from Sri Lanka.

During the evaluation period, Sri Lankan nutrition experts at the Ministry of Health have contributed to several regional and global nutrition activities: The development of a nutrient profile model for the South Asia region, and development of home-based health records at the global level are some examples.

Provincial and District level

Visibility of WHO at periphery

The WHO does not directly work with provincial or district levels. The WHO liaise with the relevant national-level agencies, even if the beneficiaries are at the sub-national level. Technical support, funding for training of health staff would benefit the operations at ground level. Still, all those are handled by the national agencies. Therefore, WHO contribution is not visible at sub-national levels, unless those in the Provinces attend a meeting or training at the national level. Further, funding for sub-national level programmes are directed through separate budget lines from the line ministries or finance commission. Direct funds are not transmitted from international agencies. Thus, provincial and district level health staff are not aware of the support extended. Therefore, it is not possible to link WHO contribution to outcomes of outputs /outcome at the ground level.

Use of WHO material

Some publications and other materials provided by the WHO country office are sent to the provincial or district level depending on the availability of copies by the national agencies. Material developed with the technical or financial support from the WHO have reached the periphery. As expressed by the provincial and district health staff, those material are kept at the offices of the Provincial or Regional Directors of Health Services, as reference material for the technical staff. However, it was revealed that, except for a few technical staff in the district offices, others rarely use them. Those are almost not known or used by the ground-level staff. Staff who use them noted that information in those publications are useful for their planning and training purposes. It was also stated, e-copies of WHO publications are rarely known or referred by the staff at the sub-national level. A hard copy would be more useful at that level.

Opportunities for training

Almost all participants from the periphery expressed that they are given very few opportunities for training outside the country by international organizations including the WHO. They observe that the opportunities are normally given to the staff at the national level. It is very rarely a provincial or district

level person gets an opportunity. While appreciating training provided at national level programmes, the provincial and district health staff feel they deserve opportunities for international level training. They are the key people who would utilize such training at the implementation level to deliver care. Hence, they feel somewhat neglected during the selection process, when the national-level agencies occupy those opportunities.

Nutrition Programmes at ground level

Most of the nutrition-related activities at ground level are included in routine programmes. There are programmes within the MCH, adolescent, and school health held annually. The necessary funds come under routine budgetary headings through the provincial council funding mechanism. Individual funding sources or the technical support for such activities are not a matter of concern for the provincial staff. Further, those are combined efforts from different partners and cannot be attributed to efforts of a single resource as perceived by the provincial and district staff. When the district or provincial authorities identify specific nutritional issues they develop their own activities to mitigate those. Funding for such activities generally comes through the provincial allocation from the Finance Commission. Rarely, funding from INGOs are received for such activities in a limited manner. However, during the last three biennia, the WHO was not cited for any of those activities in the provinces.

Recommendations

- The WHO has had a wide scope of contribution to nutrition programs in Sri Lanka, through direct technical support, facilitated consultancies and fellowships for training at international centers. Further, WHO information products including technical reports, guidelines, toolkits, software etc. have been used for research. It is recommended that the inputs from the WHO towards nutrition policies and programmes in Sri Lanka be continued so that it would contribute to the efforts of the Government of Sri Lanka towards achievement of the national nutrition targets.
- The overall nutrition outcomes and impacts were viewed as a result of combined efforts from different partners. The WHO support was high in the areas of policy formulation and development of strategies, and the nutrition interventions supported by WHO were consistent to a greater extent with global priorities, country needs and requirement of beneficiaries. It is recommended that coordination between the multiple stakeholders that contribute to nutrition programmes be strengthened in order to provide a coherent programme for nutrition action in the country. Leadership by the WHO in establishment of linkages between development partners, government agencies and other key stakeholders is recommended.
- WHO has helped to a limited extent in shaping the research agenda and studies that comes under the key thrust areas within its mandate have been carried out. However, funding from WHO for researcher-initiated proposals based on a current requirement, could be strengthened and more opportunities be made available by the WHO for capacity building and support for nutrition action research.
- The initiation of the development of most standards in nutrition is linked to the new trends at the global level. It was found that WHO manuals, documents related to resolutions, technical committee reports, and mission reports of WHO officials and consultants are used as reference material in discussions to set local standards. WHO resource material may be used effectively in setting norms and standards with appropriate modifications to the country, whenever relevant.
- It is recommended that a mechanism be established to ensure distribution and utilization of WHO resource material at the sub-national levels as well as offer opportunity for training for people at provincial level.

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Annexes

Annex 1. WHO biennium projects relevant to nutrition in Sri Lanka, 2014-2018

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
1	Awareness programme for breastfeeding week for district factory workers and management	To provide better knowledge about the breast feeding and supplementary feeding and the importance of the breast feeding to the working mother in the garment sector and to provide a better working environment for the pregnant and lactating mothers.	14.08.15	15.12.15	Sarvodaya Women's Movement	Infants & young children, lactating mothers	Selected occupational (factory) setting
2	Media coverage for breastfeeding promotion jingle - September 2014	Media coverage for breastfeeding promotion Jingle	14.09.01	14.09.30	Family Health Bureau	Infants & young children, lactating mothers	General public (mass media)
3	Curriculum development on NCD prevention and control for middle level managers	1. To conduct consultative meetings 2. To develop a curriculum	14.08.25	15.10.30	NCD Unit	Adults	Middle level programme managers in the health system
4	Media advocacy and awareness programme on problems related to ageing and elderly	1. To conduct media seminars on messages related to the elderly and ageing population 2014 2. To conduct relevant media advocacy programmes	14.08.15	14.12.31	Health Promotion Bureau	Elderly	Media personnel
5	Health screening of elderly persons living in the division of Wellawaya	Healthy Lifestyle Centre at the Wellawaya Division of Moneragala District	14.07.15	15.06.30	Wheels in Motion Ltd.	Elderly	Community in one DS division
6	Consultative meeting to develop a self-assessment tool to assess the risk of LBW and develop an instruction booklet for women who are at a high risk of LBW	1. Development of a self-assessment tool to assess the risk for LBW 2. Development of an instruction booklet for women who are at a higher risk	14.05.05	15.04.30	Family Health Bureau	Pregnant mothers, newborns	MCH field services (Antenatal care)
7	(1) Stakeholder meeting on IYCF strategy development (2) TOT on growth monitoring and promotion	(1) To finalize the national strategic plan on IYCF and BFHI and expand into peripheral plan. (2) To update the knowledge and skills of field staff on correct growth monitoring and promotion.	14.05.25	15.05.24	Family Health Bureau	Infants & young children	MCH field services (child care)

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
8	Strengthening and supporting capacity building and community mobilization for Healthy Lifestyle Centers in selected districts.	To strengthen and support capacity building and community mobilization for Healthy Lifestyle Centers in selected districts in Sri Lanka.	14.09.05	14.11.30	Lions Club, Panadura	Adults	Healthy Lifestyle Centres, Community
9	Training and mobilization of island-wide active CSO partner network of Alliance Lanka to support Government actions in the prevention of NCDs in Sri Lanka through technical and financial support	Alliance Lanka to train and mobilize at least 10 CSO partners from selected locations of Sri Lanka to support the Divisional Secretariat offices and the Ministry of Health in their NCD prevention programmes at community level with adequate supervision and monitoring.	14.09.20	14.12.30	Alliance Lanka	Adults	Healthy Lifestyle Centres, selected communities served by CSO
10	Monitoring of the implementation of district nutrition action plan at district level	To develop and review of district nutrition action plans for districts	14.05.02	15.04.01	Nutrition Coordination Division	All stages of lifecycle	District nutrition committees, all districts
11	Formulation of public health guidelines for preventing non communicable diseases	To raise awareness on NCD and its prevention through dietary and lifestyle measures among health staff and public.	14.05.15	15.05.31	Nutrition Division	Adults	Community
12	Revision of training manual on growth monitoring and promotion.	To revise the Tamil training manual on growth monitoring and promotion according to the current requirements.	14.04.10	14.07.10	Family Health Bureau	Newborns, Infants and preschool children	MCH field services (child care)
13	School midday meal: evaluation of traditional food-based intervention	To determine the effect of midday meal programme based on traditional meals on improving 1. Weight for height 2. Hemoglobin concentration/ iron status 3. Mental health status 4. Renal functions 5. Educational outcomes Objective of phase I: To determine the prevalence of anemia, underweight, mental health problems and Iron status of school children	14.08.25	14.12.15	Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka	School children	Underprivileged schools in one province
14	Strengthening school-based awareness on NCD and life	NA	14.09.05	14.10.30	St. John Ambulance	School children	Selected schools

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	skills development in school children				Association & Brigade		
15	Supporting & strengthening of NCD awareness and activities among elders at community level in the Western province.	Strengthening the elders' committees and the social service officers in NCD prevention and management as well as the concept of "Healthy Ageing"	14.08.25	14.11.30	Sahana Udaya Elders Treat Home	Elderly	Elder's societies, Western province
16	Printing of dietary guidelines for Buddhist priests	To raise awareness on NCDs among a high-risk population of clergy	14.08.15	14.10.30	Ministry of Budhasasna & Religious Affairs	Adults	Buddhist monks
17	Artwork, page setting and printing of the training manual on child growth assessment in Tamil	To print 1500 copies of the training manual and job aids on child growth assessment in Tamil	14.08.08	15.08.06	Family Health Bureau	Newborns, infants, preschool children	MCH field services (childcare), Tamil health care providers
18	Artwork, page setting and printing of the national strategy on the infant and young child feeding	To print 1000 copies of the national strategy on infant and young child feeding.	15.03.01	15.10.01	Family Health Bureau	Infant & young child	Health and non-health sector IYCF stakeholders at national level
19	Printing of the standards on maternal care	To print the document of standards on maternal care	15.05.01	15.05.31	Family Health Bureau	Pre-pregnant mother, pregnant mothers, lactating mothers	MCH care providers (maternal care) in hospital and community
20	Printing the summary of the maternal care package	To print the summary of the revised maternal care package	14.05.01	14.08.31	Family Health Bureau	Pre-pregnant mother, pregnant mothers, lactating mothers	MCH care providers (maternal care) in hospital and community
21	Re-printing of the summary of the maternal healthcare package	1. To re print the summary of the revised maternal care package.	15.08.05	15.10.31	Family Health Bureau		
22	Printing of the "Sonduru Kadallakata Suwasak Subapathum" booklet, health worker guide, check list and invitation card in English	To print the preconception package in English language	15.07.15	15.11.30	Family Health Bureau	Pre pregnant couples	MCH field services (maternal care)

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	language						
23	Programme planning workshop for peripheral staff in districts (SPR) (5 days)	To provide a basic training on programme planning for the provincial level programme officers	14.06.01	14.12.31	Family Health Bureau	All stages of lifecycle	middle level health programme managers in Provinces
24	Purchase of anthropometric measurement equipment for the midday meal programme of school children	To purchase equipment needed for anthropometric measurements of midday meal evaluation	14.08.30	14.12.15	Faculty of Medicine & Allied Sciences, Rajarata University of Sri Lanka	School children	Underprivileged schools in one province
25	Printing of the "Sonduru Kadallakata Suwahasak Subapathum" booklet	To Print the "Sonduru Kadallakata Suwahasak Subapathum" booklet	14.09.20	15.09.20	Family Health Bureau	Pre pregnant couples	Newly married couples in community
26	National Non-Communicable Diseases Risk Factor Survey 2014	To purchase 5 laptop computers for the data backup purpose of National Non-Communicable Diseases Risk Factor Survey	14.07.25	14.08.05	Ministry of Health, Medical Services I	Adults	STEPS survey team
27	Conduction of technical advisory committees on maternal care and new born and child care	To provide the technical guidance to the national maternal health, family planning, newborn health and child health programmes.	15.08.01	15.11.30	Family Health Bureau	All stages of lifecycle (except elderly)	National level WHO technical advisory groups (Maternal Health, Family Planning, Newborn Health and Child Health programmes)
28	Conduction of technical advisory committees on maternal care and newborn child care	To provide the technical guidance to the national maternal health, family planning, newborn health and child health programmes.	14.06.01	15.05.31	Family Health Bureau	All stages of lifecycle (except elderly)	National level WHO technical advisory groups (Maternal Health, Family Planning, Newborn Health and Child Health programmes)
29	Capacity building on essential newborn care	1. To train trainers on essential newborn care 2. To train the staff in the institutions where the groups of trainers were trained 3. Refresher workshops on specific aspects of essential newborn care	14.06.23	15.05.30	Family Health Bureau	Postnatal mothers and newborns	Health staff in hospitals involved in care of the newborn (in 6 districts)
30	1. Two-day training of	To educate the trainers of the primary	14.06.23	15.06.15	Family Health	Pre pregnant	MCH master trainers,

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	trainers programmes on preconception care at the district level 2. One day sensitization programmes to marriage registrars on preconception care at the district level	health care staff, using a developed module.			Bureau	couples	marriage registrars at districts
31	Support for the development and incorporation of preterm growth charts to the CHDR	1. To bring down experts to Sri Lanka to support Family Health Bureau for development and incorporation of preterm growth charts to the CHDR 2. To conduct workshops for stakeholders	2015	2016	Family Health Bureau	Newborns and Infants	National level stakeholders of MCH programme
32	Celebrating world breastfeeding week 2016, carrying the theme "A key to sustainable development".	To raise awareness and introduce several practical measures to selected government stakeholders, management of garment factories, young female laborers, and selected women leaders in garment factories in order to create a friendly environment for the working mothers to continue exclusive breastfeeding.	16.08.15	16.09.30	Sarvodaya Women's Movement	Lactating mothers, infants and young children	Government, NGO and private sector (apparel industry) human resource managers
33	Conduction of consensus building workshops for the development of the MNH SP 2017- 2021	1. Conduction of consensus building workshops with the experts in maternal care in different work areas in the health system, for the draft MNH SP, prior to finalization of the MNH SP 2017 - 2021 2. Conduction of consensus building workshops with the experts in newborn care in different work areas in the health system, for the draft MNH SP prior to finalization of the MNH SP 2017 - 2021	15.04.01	15.10.31	Family Health Bureau	Postnatal mothers and newborns	National level stakeholders of MCH programme
34	Training of trainers (TOT) programme in capacity building on programme planning for national, provincial and district level programme managers of maternal and child health	To provide basic training on programme planning for the national and provincial level programme managers of maternal and child health	16.06.15	16.08.15	Family Health Bureau	All stages of lifecycle	National, provincial and district level programme managers of maternal and child health

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
35	Final stakeholder review meeting for child health strategic plan 2016-2020	To review and finalize the child health strategic plan before publication.	16.06.15	16.08.30	Family Health Bureau	Newborns, infants, preschool children, school children	National level stakeholders of MCH programme (child health)
36	Adaptation and revision of orientation programme for managers of adolescent and youth friendly health services and development of participant manual based on the adapted orientation programme	<p>1) To develop the core training agenda to be delivered to health staff in training of trainer programme (four/five day programme)</p> <p>2) To develop trainer manual (in English) for training of training programme reviewing existing trainer manual, adapting necessary components of WHO orientation manual on adolescent and youth health and going through latest developments in the field</p> <p>3) To develop an accompanying participant handbook (in English) for the training participants. This handbook will act as a resource for participant throughout their participation in the programme and beyond. It will enable them to continue to develop their skills and to train others.</p> <p>4) To design an intensive (four/five day) training of trainers on adolescent and youth health with necessary teaching and learning materials including power point presentations in English</p>	16.12.05	17.04.15	Family Health Bureau	Adolescent / youth	National level stakeholders and master trainers of MCH (adolescent health)
37	Printing and dissemination of healthy food booklet for meetings by the College of Community Physicians of Sri Lanka in collaboration with Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka at the world health day commemoration on the 7th of	To print the developed booklet on healthy food for meetings.	16.04.07	16.04.01	College of Community Physicians of Sri Lanka	Adults	Meeting organizers and caterer of snacks for meetings

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	April 2016						
38_49	Supporting the implementation of "Health Army-Healthy Nation programme"	To increase awareness on prevention of NCDs amongst the target population	16.03.23	16.04.31	Health Education Center, Army Hospital	Adults	Army personnel in the Sri Lanka Army
39	Capacity building on Essential Newborn Care	To train 50 trainers on Essential Newborn Care	16.03.15	17.01.15	Family Health Bureau	newborns and postnatal mothers	Health institution staff involved in care of the newborn (in 2 districts)
40	Artwork and printing of head circumference charts in standard deviations (SD) for term babies	Until such time these SD charts are incorporated into the CHDR (from year 2016 onwards), the Family Health Bureau decided to print 7000 copies of head circumference SD charts to be distributed among curative institutions (pediatric facilities, labor rooms) and MOH clinics for reference purposes as an emergency measure.	2016	2016	Family Health Bureau	Children (all)	Curative institution (pediatric units, labour rooms) and MCH staff in the field
41	Training programmes in IMCI for medical officers at primary care level in Gampaha and Vavuniya Districts (Vavuniya, Mannar, Mullaitivu, and Kilinochchi).	1. To provide awareness regarding common childhood diseases. 2. To update the knowledge and to provide guidelines, lecture notes, presentations on management of common childhood diseases. 3. Established proper referral system to make aware of the situations needing referral to secondary and tertiary care levels.	16.09.01	17.02.01	Family Health Bureau	Children (all)	Medical staff in 5 districts (Gampaha & Northern Province)
42	Printing of the national multisectoral action plan for NCD prevention and control 2016-2020 together with its prioritized actions, framework for monitoring and evaluation and the cost component	NA	2016	2016	WHO	All stages of lifecycle	Multisector stakeholders for NCD at national level
43	Technical assistance to develop Maternal and Newborn Health (MNH) strategic plan for 2017-2020	To provide technical assistance in developing national strategic plan on maternal and newborn health 2017-2020	16.08.08.	16.12.31	Family Health Bureau	Pregnant mothers, Postnatal mothers and	National level stakeholders of MCH programme

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
						newborns	
44	Stakeholder workshop to promote breastfeeding	To provide the facilities to conduct the stakeholder workshop to promote breast feeding	16.08.19	16.09.15	Family Health Bureau	Infants and young children	Health care providers and advocates for policy makers
45	Stakeholder consultative meeting for developing the national plan on ending preventable child deaths	To obtain expert views on development of the national plan on ending preventable child deaths.	16.07.04	16.08.30	Family Health Bureau	Children	National level stakeholders of MCH programme
46	Pilot programme on testing of a proposed nutrient profile model	1. To carry out media and market observation to identify commonly advertised/ consumed food items 2. Prepare a list of food items to be purchased 3. Purchasing of food items listed 4. Analysis of labels and completing recommended formats by the WHO	16.07.01	16.07.30	Nutrition Division	All stages of lifecycle	General public (consumers)
47	Two refresher programmes for trainers on preconception care	To refine the preconception care programme.	16.03.30	16.09.30	Family Health Bureau	Pre pregnant couples	Master trainers, MCH
48	Graphic designing, art work, page setting of preterm growth charts.	To print 20,000 sets of male and 20,000 sets of female preterm growth charts.	16.02.01	16.11.30	Family Health Bureau	Newborns	Health institutions island wide
49_38	Supporting the implementation of "Healthy Army- Healthy Nation programme"	To increase awareness on prevention of NCDs amongst the target population	16.03.23	16.04.30	Health Education Center, Army Hospital		
50	Printing of Sri Lanka STEPS Survey - 2014	Planned to launch the Sri Lanka STEPS, as one of the activities of the forthcoming World Health Day in 2016.	NA	NA	WHO	Adults, elders	National level stakeholders including researchers in NCD/Nutrition
51	Technical assistance to develop Maternal and Newborn Health (MNH) strategic plan for 2017-2020	To provide technical assistance in developing national strategic plan on Maternal and Newborn Health 2017-2020	16.09.01	16.11.30	Family Health Bureau	Pregnant mothers, Postnatal mothers and newborns	National level stakeholders of MCH programme
52	Developing interventions / strategies to promote healthy eating and formulating	To conduct a workshop to train at Medical Officers of Health including all districts of Sri Lanka with the view of implementing	NA	NA	Nutrition Division	All stages	Medical Officers of Health representing all districts

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	nutrient guidelines	Nutrient Profile Model for Sri Lanka.					
53	Development & validation of PHC worker mediated child development screening system	To validate the screening results of PHMs who have examined under 5 children newly developed screening indicators.	16.03.30	16.11.30	Family Health Bureau	Newborns, Infants and preschool children	MOH and Primary Health Care staff in one district (Ampara)
54	Training on the International Code of Marketing of Breast Milk Substitutes	To build capacity of enforcement officers and health workers on code implementation and monitoring	16.05.15	16.08.15	IBFAN, ICDC and Family Health Bureau	Lactating mothers, infants and young children	Legal officers, health administrators, medical specialists
55	Consultative meetings and workshops on nutrition profiling to introduce nutrient profiling to Sri Lanka	<ul style="list-style-type: none"> * To understand the nutrition profiling and how it works in other countries * To identify the mechanisms of nutrition profiling * To clarify the need of nutrition profiling to Sri Lanka * To identify a suitable model of nutrition profiling to Sri Lanka * To revive the progress of nutrition profiling in Sri Lanka * To educate the stakeholders on nutrition profiling. * To share the stakeholders experience and view on nutrition profiling. * To share the stakeholders view on strengthening labeling system with the science of nutrition profiling. 	16.07.01	17.12.31	Nutrition Division	All stages of lifecycle	National level stakeholders for nutrition
56	Sinhalese translations of WHD advocacy materials	NA	NA	NA	WHO	Nonspecific	World Health Day participants
57	Consultancy for detailed analysis and reporting of maternal and child health information including nutrition in DHS 2016	<ul style="list-style-type: none"> * To carry out an in-depth analysis of the DHS data * To describe the changes in the trend compared to DHS 2006 where possible 	17.12.01	17.12.31	Independent local consultant	Pregnant mothers, and newborns, infants and young children	National level stakeholders of MCH
58	Consultancy for further analysis of the anthropometric data of under	* To conduct an in-depth analysis of data from DHS 2006 and 2016 and see the changes of nutritional status over last 10	17.12.01	17.12.31	Independent local consultant	Children less than 5 years	National stakeholders for MCH

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	5 children from DHS 2006 and 2016 to see the changes of nutritional status over last 10 years	years. * To predict/ forecast the necessary improvement to achieve nutritional targets for 2025.					
59	Implementation of maternal and newborn Quality of Care (QOC) programme in Sri Lanka	1. To advocate the selected hospital authorities and officials in Ministry of Health 2. To introduce quality assurance system on maternal and newborn care at hospital level 3. To review the implementation of quality assurance system in selected hospitals	17.02.01	2017.12.20	Family Health Bureau	Pregnant mothers, lactating mothers and newborns	Senior Health Staff in hospitals with maternity units
60	Advocacy and supporting districts to develop action plans pertaining to Every Newborn Action Plan (ENAP)	a) Advocate on ENAP to the Districts b) Support the districts to develop their annual action plans in keeping with the activity areas Identified under the ENAP	16.06.01	2017.04.30	Family Health Bureau	Lactating mothers and newborns	Hospital staff involved in maternal and newborn care in 6 districts
61	Technical support to review and strengthen the draft document of the Sri Lanka Act for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products	To review and strengthen the draft document of the Sri Lanka Act for the Promotion, Protection and Support of Support of Breastfeeding and Marketing of Designated Products			International consultant	Lactating mothers, newborns, infants and young children	National level programme managers involved in Breastfeeding Code
62	GDM workshop for Health Care Professionals of Sri Lanka in parallel with the 1st South Asian Initiative for Diabetes in Pregnancy (SAIDIP) Conference, Colombo	General Objective - This course focuses on increasing awareness about GDM. • Increased understanding of issues related to living with GDM, treatment and education of women with GDM. • Newer methods for patient interaction and use of reflection as tools to enhance learning • Importance of screening and education of the post-partum women • Understanding the role of the nurse and other health care professionals helping women with GDM	16.07.01	16.10.30	Sri Lanka Medical Association	Pregnant mothers	Nurses, and primary health care workers in MCH, diabetes educators, and dieticians.
63	Translation of POCQI learner manual from English to Sinhala	To translate POCQI learner manual from English to Sinhala	18.02.10	18.04.10	Family Health Bureau	Pregnant mothers and newborn	Hospital staff involved in maternal and newborn care

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
64	Development and introduction of an essential childcare package (field component) to the MOH system.	To develop and introduce the essential child care package (field component)	18.05.15	19.10.31	Family Health Bureau	Children (nonspecific)	Field health staff at national level
65	Development of guidelines and standards for nutrition for elders in residential care	1. To establish standards for nutrition among older persons in residential care. 2. To develop a guideline to provide nutritious and safe meals to older persons in residential care based on developed standards.	18.06.25	19.06.24	Youth, Elderly and Disabled Unit	Elderly	Residential elders
66	Developing interventions / strategies to promote healthy eating and formulating nutrient guidelines	<ul style="list-style-type: none"> • To review literature on Front of Pack (FOP) labeling systems in other countries. • To conduct consultative meetings to identify most suitable FOP labeling system for Sri Lanka. • Selection of food categories to implement FOP labeling system. • To develop nutrient profiling / nutrient threshold levels for each selected food categories to implement FOP labeling system. • To conduct stakeholder meetings to share their experience and view on implementing FOP labeling system. • To develop nutrient guidelines. 	18.06.01	19.05.31	Nutrition Division	All stages of lifecycle	National level stakeholder
67	10 Healthy village setting development by integrating health promotion and poverty alleviation programme (eg., Samurdi, agriculture). Project focus on nutrition promotion, physical activity promotion, mental well-being, smoking and alcohol reduction	<ol style="list-style-type: none"> 1. To advocate the top, middle and bottom level managers in health, agriculture and Samurdi on NCD prevention. 2. To strengthen the partnership between health care managers and poverty alleviation programme managers in the community 3. To integrate health promotion to poverty alleviation programme in the community. 	18.06.01	19.05.31	Nutrition Division and Health Promotion Bureau	Adults	multisectoral stakeholders at village level

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
68	Developing interventions / strategies to promote healthy eating and formulating nutrient guidelines	To conduct a workshop to train at Medical Officers of Health including all districts of Sri Lanka with the view of implementing nutrient profile model for Sri Lanka	18.06.01	19.12.31	Nutrition Division	All stages of Lifecycle	MOH in Districts
69	10 Healthy village (Happy Villages) setting development by integrating health promotion and poverty alleviation programme	1. To advocate the top, middle and bottom level managers in health, agriculture and Samurdi on NCD prevention. 2. To strengthen the partnership between health care managers and poverty alleviation programme managers in the community 3. To integrate health promotion to poverty alleviation programme in the community.	18.06.01	19.05.31	Health Promotion Bureau	All stages	Multisectoral stakeholders at village level
70	Consultancy for desk review of evidence generated from 2006 to 2017 on Infant and young child feeding practices in Sri Lanka	1. To carry out a desk review of published and unpublished information on infant and young child feeding practices in Sri Lanka 2. To describe the changes in the trend where possible	18.01.25	18.02.25	Independent Local Consultant	Infants & young children	National level stakeholders of MCH
71	Improve the quality of care provided by maternal care programme in Sri Lanka	1. To introduce quality assessment system on maternal and newborn care in 10 selected hospitals 2. To review the implementation of quality assurance system in selected hospitals 3. To review and update the national guideline on maternal care and maternal care package for field care with latest available supporting evidence	18.06.01	19.02.20	Family Health Bureau	Pregnant mothers, lactating mothers and newborns	Institutional staff providing maternal and newborn care
72	Development of two mobile applications	1. To Develop a mobile phone application for Nutrient profiling model for Sri Lanka The company/ Institution shall: 1. Develop the software application for mobile phones/ tablets based on the nutrient profiling model for Sri Lanka 2. Field test the software to identify the challenges of implementation and trouble shoots 3. Discuss and receive the technical assistance from Nutrition unit of the Ministry	02.03.2018		Theekshana Institute of School of Computing, University of Colombo	Nonspecific	Not mentioned

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
		of Health and WHO for minor adaptations in forms and methodology 4. Maintain/update the software for five years and sign an agreement with Family Health Bureau regarding this. 5. Provide the preliminary software					
73	Development of a resource package on preconception care services	1. To develop a resource package on preconception care package (package for newly married couples) including a video on preconception care and printing of the developed guideline. 2. To train the public health staff based on the resource package on preconception care package (package for newly married couples)	18.05.15	19.05.14	Family Health Bureau	Pre pregnant couples	Newly married couples in the Community
74	Consultancy to review the policies, regulations and guidance to promote nutrition and physical activity in school settings	1. To review the existing, policies, regulations and guidance to promote physical activity and healthful nutrition in schools	18.03.05	18.04.30	Independent local consultant	School children	National level stakeholders for school health
75	Translation of Institutional MNH Quality of Care Assessment tools and POCQI learner manual from English to Tamil	The Tamil translation of the QOC assessment tool kit and the POCQI learner manual would be utilized comfortably by the authorized staff in hospital settings to identify the gaps and issues that are needed to be addressed. Main objective is to translate the MNH QOC assessment tools for antenatal ward, postnatal ward, labour room and neonatal unit and the learner manual on POCQI from English to Tamil.	18.02.10	18.04.10	Independent Local consultant		
76	Development of a mobile phone application to report violations of Sri Lanka code for the promotion, protection, and support of breast feeding (BF Code) based on WHO NetCode continuous	To develop a mobile phone application to report violations of Sri Lanka code for the promotion, protection, and support of breast feeding based on WHO NetCode continuous assessment tool	18.03.05	18.07.15	Theekshana Institute of School of Computing, University of Colombo	Lactating mothers and infants and young children	Health staff

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
	assessment tool						
77	Develop a cartoon video on daily consumption of sugar by a school child.	To develop a carton video on daily consumption of sugar by school child and how to reduce this it	19.03.01	19.03.31	Independent local consultant	School children	School children
78	Identification of points for intervention to address the problem, of malnutrition in Sri Lankan children: a review of literature, analysis of socioeconomic and DHS data and qualitative inquiry	Overall aim: To identify of points for intervention to address the problem of malnutrition in Sri Lankan children Objectives: 1. To review recent literature related to nutritional status of children aged less than 5 years, its determinants and differentials 2. To identify modifiable factors, and interventions associated with stunting and improvement of the condition in late childhood 3. To analyze district level information on nutrition specific and nutrition sensitive information that may explain district disparities 4 To explore practices and behaviors that may influence nutritional status among families	18.12.01	19.03.31	Independent local consultant	Children less than 5 years	National level MCH stakeholders
79	Inclusion of additional features for mobile applications web sites on Nutrient profiling model and NetCode continuous monitoring	To upgrade the mobile phone applications and websites for Nutrient profiling model for Sri Lanka and NetCode Continuous monitoring	19.01.25	19.02.25	Theekshana Institute of School of Computing, University of Colombo	All stages	Not mentioned
80	Promotion of adolescent health services through innovative approaches: piloting Adolescent Youth Friendly Health Services (AYFHS) at district level	1. To pilot adolescent and youth friendly concept	18.04.16	18.04.15	Family Health Bureau	Adolescent / youth	District level programme manages, master trainers, PHMs
81	Quality improvement in maternal and newborn care services	1. To develop and pilot test a format to be used for the review of MNH services in the hospitals	18.04.16	19.04.30	Family Health Bureau	Lactating mothers, newborns	Institutional staff providing maternal and newborn care

Ref No.	Title of the project	Objectives	Time From	Time To	Organization	Life cycle category	Target audience
		2. To train the staff on new simple methodologies to improve quality of MNH care. 3. To strengthen breastfeeding practices in the country by introducing new guidelines on BFHI					
82	Rapid assessment of status of implementation of adolescent and school health programme.	To review the overall planning, implementation and monitoring of adolescent health and school health programmes within the framework of the national policies.	19.02.11	19.03.31	Family Health Bureau	School children and adolescents	National level MCH programme managers
83	Carrying out a survey on implementation of the Sri Lanka code for the promotion, protection and support of breastfeeding using WHO NetCode periodic assessment tool	To describe the marketing of BMS and complementary foods for infants and young children using WHO NetCode periodic monitoring tool, among health care providers, recipients and related settings in the district of Colombo.	18.04.20	18.08.20	Department of Community Medicine, Faculty of Medicine, University of Colombo	Lactating mothers and infants and young children	National level MCH stakeholders

Annex 2. WHO publications relevant to nutrition in Sri Lanka, 2014-2018

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
1	Compilation of evidence on maternal, child, adolescent, and reproductive health in Sri Lanka 2005-2016	Repository	Compilation of all maternal, child, adolescent and reproductive health research publications in Sri Lanka including nutrition	2016	WHO, Sri Lanka	All stages / nonspecific	Academics and Researchers
2	WHO Country Cooperation Strategy Sri Lanka, 2012-2017	Strategic plan	To complement the agenda for health of the Government of the Democratic Socialist Republic of Sri Lanka and is aligned and in tandem with the mandate for collaboration in health of WHO	2012-17	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers
3	WHO Sri Lanka Annual Report, 2014	Annual report	To review the progress of activities of WHO during the year	2014	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,
4	WHO Sri Lanka Annual Report 2015 - Stronger partnerships - Healthier results	Annual report	to review the progress of activities of WHO during the year	2015	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,
5	Consultation assignment to WHO Sri Lanka on food safety. Report of consultancy to Dr. Chin Cheow Keat Colombo, Sri Lanka 30 May 2016 – 10 June 2016	Technical report	1. Conduct a needs assessment of food safety laboratories focusing on chemical analysis 2. Organize a stakeholder meeting to share good practice on food safety in Asia and discuss outcomes of the assessment 3. Provide practical recommendations on strengthening capacity of existing food safety labs in Sri Lanka (within the Ministry of Health and beyond) including food safety laboratory networking	2016	WHO, Sri Lanka	All stages / nonspecific	Health staff in food Safety Laboratories
6	Food safety Laboratories in Sri Lanka - A summary document from the above	Technical report	To carry out a needs assessment of food safety laboratories focusing on chemical	2016	MoHNIM and WHO,	All stages / nonspecific	Health staff in food safety

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
			analysis and developed a set of recommendations for strengthening the capacity of food safety laboratories in Sri Lanka.		Sri Lanka		laboratories
7	An assessment of the Noncommunicable disease (NCD) Programme in primary and secondary health care institutions, Sri Lanka	Technical report	To assess the NCD programme of primary and secondary health-care institutions in the country to identify the gaps in care that could be addressed by strengthening health systems. The focus of the assessment was on (a) screening services for NCDs provided through HLCs, and (b) follow-up care services for NCDs through medical clinics. The study described the challenges faced by patients and health-care providers in delivering the NCD programme and services	2016	Health system Research Unit, Faculty of Medicine, University Colombo and WHO Sri Lanka	Adults	Policymakers, Programme managers, health facility administrators, health care providers
8	Public Health Success in Sri Lanka	Country report	To highlight the successful public health programmes and their achievements in Sri Lanka	Not stated	WHO Sri Lanka and MoHNIM	All stages / nonspecific	Policy makers, Programme managers, health staff
9	2016 Health SDG Profile: Sri Lanka	Fact sheet	To compile health related SGD baseline in order to track progress	2016	MoHNIM and WHO, Sri Lanka	All stages / nonspecific	Policy makers, Programme managers, health staff
10	WHO Sri Lanka Annual Report 2016. A journey of commitment, passion and dedication	Annual report	To review the progress of activities of WHO during the year	2017	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,
11	Fiscal tools to reduce sugar sweetened beverage consumption in Sri Lanka	Technical report	To provide technical support for sugar sweetened beverages taxation and prioritize specific policy actions	2017	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,
12	Improving the Quality of Care for mothers and newborns in health facilities. Facilitator's Manual. Version 02.	Manual	To teach the principles and a simple step-wise approach for quality improvement at the point of care (POCQI) in health facilities and focuses on care of mothers and	2017	WHO SEARO, WHO Collaborat	Pregnant mother, newborn	Health facility administrators, and health care providers in

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
			newborns around the time of childbirth, and care of sick and small babies.		ing Center for training in maternal and newborn care, AIMS, UNICEF, UNFPA, USAID		maternal/newborn care units
13	Technical report on: Taxation for Sugar Sweetened Beverages (SSB) in Sri Lanka	Technical report	To provide global evidence of best practices in SSB taxation - Analysis of health effects, costs of SSB consumption, expenditure and consumption. Effects of alternative specific excise taxes on SSB prices, consumption and fiscal revenue. Processes and data needs for monitoring and evaluation of an excise tax.	2017	WHO, Sri Lanka	All stages / nonspecific	General public
14	WHO Annual Report 2017 - Making a difference	Annual report	To review the progress of activities of WHO during the year	2018	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,
15	Sri Lanka WHO- country corporation strategy, 2018-2023	Country report	To outline the medium-term strategic vision and provides a framework for collaboration on health between Sri Lanka and WHO over the next six years, 2018–2023. This will serve as a tool for multisectoral engagement and integrated approaches to achieving the health-related SDGs.	2018	WHO, Sri Lanka	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,
16	Global nutrition policy review 2016–2017. Country progress in creating enabling policy environments for promoting health diets and nutrition	Country report	To take stock of progress towards achieving the global targets, the commitments of the ICN (International conference on Nutrition) - 2 and the progressive realization of nutrition-related human rights. The report examines the results of the GNPR2 to assess any major difference across the	2018	WHO	All stages / nonspecific	Policy-makers, Programme managers, Non-governmental organizations,

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
			regions, identifying areas that have progressed well since GNPR1 and those that will need greater effort if the global targets for 2025 and 2030 are to be met. The outcomes of GNPR2 also serve as a baseline for assessing progress achieved during the UN Decade of Action on Nutrition (2016-2025).				
17	Infant and young child feeding practices in Sri Lanka: A desk review – 2006 to 2017	Technical report	This desk review was carried out of all available published literature and unpublished communications related to infant and young child feeding (IYCF) practices in Sri Lanka, with a greater focus on complementary feeding, in order to inform potential policy changes.	2017	WHO, Sri Lanka	Infant and young child	Programme managers, health care providers for children
18	Infant and young child feeding practices in Sri Lanka: an in-depth analysis of the 2006 and 2016 Demographic and Health Surveys	Research report	To describe current status, trends, and determinants of IYCF practices in Sri Lanka. Specifically, the analysis aimed to: 1. Describe IYCF practices among children under 24 months of age at the national-level, sub-national level, and stratified by relevant characteristics using DHS 2016 2. Assess the changes in IYCF practices between 2006 and 2016 3. Examine the relationship between the IYCF practices and various risk factors/determinants	2018	WHO, Sri Lanka, and Family Health Bureau, MoHNIM	Infant and young child	Programme managers, health care providers for children
19	Survey on the implementation of Sri Lanka for the promotion, protection and support of breast-feeding using WHO NetCode periodic assessment tool code	Technical report	To describe the marketing of BMS and complementary foods for infants and young children using WHO Net Code periodic monitoring tool, among health care providers, recipients and related settings in the district of Colombo	2018	WHO, Sri Lanka and HSR Unit, Faculty of Medicine, Colombo	Newborn, infant and young child	Academics and researchers, Programme managers,
20	Changes and disparities in child malnutrition in Sri Lanka: Findings from an in-depth analysis of the 2006 and 2016 Demographic and Health Surveys	Research report	Aim of this analysis was to better understand the nutritional status of children in Sri Lanka, how it changed between 2006 and 2016, and identify nutrition disparities in the country.	2018	WHO, Sri Lanka, and Family Health	Infant and young child, Pre-school child	Academics and researchers, Programme managers

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
					Bureau, MoHNIM		
21	Malnutrition in Sri Lankan children: points for intervention	Research report	To identify modifiable factors and points for intervention that may help improve the levels of malnutrition in children under the age of five years.	2019	WHO, Sri Lanka	Infant and young child, pre-school child	Policy makers, Programme managers, Health staff
22	Maternal, infant and young child nutrition guidance on ending the inappropriate promotion of foods for infants and young children	Guideline	To provide technical support to member states in implementing the guidance recommendations in the inappropriate promotion of foods for infants and young children	2016	WHO	Infant and young child, pre-school child	Programme managers, health care providers
23	Levels and trends in child malnutrition UNICEF – WHO – World Bank Group joint child malnutrition estimates Key findings of the 2015 edition	Fact sheet	To summarize the key findings of child malnutrition		WHO, UNICEF, World Bank group	Infant and young child, Pre-school child	Programme managers, health care providers
24	Pan American Health Organization Nutrient Profile Model	Technical report	To provide evidence-based information for the development of fiscal and other types of policies and regulations to prevent the consumption of unhealthy foods, including front-of-package (FOP) labeling and regional nutrition guidelines for school food environments (feeding programmes and food and beverages sold in schools).	2016	WHO, PAHO	All stages / nonspecific	Programme managers, health care providers
25	Ambition and action in nutrition 2016–2025 United Nations Decades of Action on Nutrition 2016-2025	Technical report	To develop an inclusive, multi-level, fit-for-purpose nutrition strategy	2017	WHO	All stages / nonspecific	Policy makers, programme managers
26	Ending inappropriate promotion of foods for infants and young children. Sixty-ninth World Health Assembly.	Technical report	To serve as a technical guidance on ending the inappropriate promotion of foods for infants and young children;	2016	WHO	Infant and young child, Pre-school child	Policy makers, programme managers, health care providers
27	The global prevalence of anaemia in 2011	Research report		2015	WHO	Adult women of the reproductive age group, pregnant mother, Infant and young child,	Academics and researchers, policy makers, programme managers

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
						pre-school child	
28	WHO Guideline : Fortification of maize flour and corn meal with vitamin and minerals	Guideline	This guideline aims to help member states and their partners to make informed decisions on the appropriate nutrition actions to achieve the SGDs and the global targets set in the comprehensive implementation plan on maternal, infant and young child nutrition.	2016	WHO	All stages / nonspecific	Programme managers , health care providers
29	Indicators for the Global Monitoring Framework on Maternal, Infant and Young Child Nutrition (24 November 2014)	Technical report	To develop globally agreed upon framework, targets and indicators can serve as a benchmark for countries and the international community to measure achievements, identify gaps and trigger corrective actions, and estimate global resource requirements.	2014	WHO	Pregnant mother, newborn, Infant and young child, pre- school child	Policy makers, programme managers, health care providers
30	WHO guideline: Use of multiple micronutrient powders for point of use fortification of food consumed by infants and young children aged 6-23 months and children aged 2- 12 years	Guideline	This guideline is intended to help member states and their partners in their efforts to make evidence informed decisions on the appropriate nutrition actions to improve the nutritional status of infants and children aged 6 months to 12 years.	2016	WHO	Infant and young child, pre-school child, school child	Policy makers, programme managers, health care providers
31	Recommendation for data collection, analysis and reporting on anthropometric indicators in children under 5years old	Guideline	To define basic criteria and standards for sampling, training and standardization of anthropometrics, data collection, supervision, for data management including quality assessment and analysis, interpretation and reporting of anthropometric data.	2019	WHO, UNICEF	Infant and young child, pre-school child	Academics and researchers, programme managers, Survey organizations
32	Guideline – Daily iron supplementation in infants and children	Guideline	To help member states and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the Sustainable Development Goals (SDGs), the global targets set in the comprehensive implementation plan on maternal, infant and young child nutrition and the global strategy for women's, children's, and adolescents' health (2016–2030).	2016	WHO	Infant and young child, pre-school child, school child	Programme managers, health care providers

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
33	Guideline -Daily iron supplementation in adult women and adolescent girls	Guideline	This guideline aims to help member states and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the Sustainable Development Goals (SDGs), the global targets set in the Comprehensive implementation plan on maternal, infant and young child nutrition and the Global strategy for women's, children's and adolescent's health (2016–2030)).	2016	WHO	Adult women, adolescent girl	Programme managers, health care providers
34	WHO Guideline: Daily iron supplementation in adults women and adolescent girls- executive summary	Guideline	This guideline aims to help Member States and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the Sustainable Development Goals (SDGs), the global targets set in the comprehensive implementation plan on maternal, infant and young child nutrition and the global strategy for women's, children's and adolescent's health (2016–2030).	2016	WHO	Adult women, adolescent girl	Programme managers, health care providers
35	WHO Guideline: Daily iron supplementation in infants and children - executive summary	Guideline	To help member states and their partners in their efforts to make informed decisions on the appropriate nutrition actions to achieve the Sustainable Development Goals (SDGs), the global targets set in the comprehensive implementation plan on maternal, infant and young child nutrition and the global strategy for women's, children's, and adolescents' health (2016–2030).	2016	WHO	Infant and young child, pre-school child, school child	Programme managers, health care providers
36	WHO Guideline: Use of multiple micronutrient powders for point-of-use fortification of foods consumed by pregnant women	Guideline	This guideline is intended to help member states in their efforts to make evidence-informed decisions on the appropriate nutrition actions to improve the nutritional status of pregnant women. It will also support their efforts to achieve the Sustainable Development Goals, the global targets set by the Comprehensive	2016	WHO	Pregnant mother	Programme managers, health care providers

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
			implementation plan on maternal, infant and young child nutrition and the Global strategy for women's, children's, and adolescents' health 2016–2030.				
37	Guideline: Use of multiple micronutrient powders for point-of-use fortification of foods consumed by pregnant women	Guideline	This guideline is intended to help member states in their efforts to make evidence-informed decisions on the appropriate nutrition actions to improve the nutritional status of pregnant women. It will also support their efforts to achieve the Sustainable Development Goals, the global targets set by the comprehensive implementation plan on maternal, infant and young child nutrition and the Global strategy for women's, children's, and adolescents' health 2016–2030.	2016	WHO	Pregnant mother	Programme managers, health care providers
38	REPLACE Transfat: An action package to eliminate industrially produced trans-fatty acid: executive summary	Technical report	The REPLACE action package serves as a roadmap for countries to implement actions towards elimination of industrially produced TFA. Six strategic action areas are identified which ensure the prompt, complete, and sustained elimination of industrially produced TFA from the food supply.	2019	WHO	All stages / nonspecific	Policy makers, programme managers, Food Industrial management
39	WHO nutrient profile model for South East Asia region - To implement the set of recommendations on the marketing of foods and non-alcoholic beverages to children	Technical report	The primary purpose of this model is to help classify foods to implement the set of recommendations on marketing of food and non- alcoholic beverages to children. This model could also be adapted (after suitable testing and validation) for other purposes, such as defining tax policy to limit consumption of unhealthy foods and developing benchmarks for foods sold in school cafeterias. The food and beverages that can be evaluated with this model are food categories which are usually considered in general to have elevated levels of any of the following nutrients:	2017	WHO SEARO	Infant and young child, pre-school child, school child	Policy makers, programme managers, health care providers

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
			sodium, free sugars, saturated fat, total fat and trans-fatty acids. Examples for each category are provided in the model. However, two categories of fresh foods are included for emphasizing that fresh foods are encouraged over other products				
40	Shake the salt habit -The SHAKE Technical Package for Salt Reduction	Technical report	The SHAKE package has been designed to assist member states with the development, implementation and monitoring of salt reduction strategies to enable them to achieve a reduction in population salt intake. The package outlines the policies and interventions which have proved to be effective in reducing population salt intake, provides evidence of the efficacy of the recommended interventions, and includes a toolkit containing resources to assist member states to implement the interventions. WHO looks forward to continuing to work with member states to reduce population salt intake and combat the burden of NCDs.	2018	WHO	All stages / nonspecific	Policy makers, Programme managers, health staff
41	WHO e-Library of Evidence for Nutrition Actions (eLENA)	Repository	To share evidence-informed guidance for nutrition interventions. eLENA aims to help countries successfully implement and scale-up nutrition interventions by informing as well as guiding policy development and programme design.	2018	WHO	All stages	Academic and researchers, Policy makers, Programme managers, health care providers, Survey organizations, NGO
42	Nutritional anaemias: Tools for effective prevention and control	Technical report	This reference document aims to help member states and their partners in their efforts to make informed decisions on the appropriate nutrition actions to prevent and control nutritional anaemias.	2017	WHO	All stages	Health workers covering a wide audience, including policymakers, economists and

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
							technical and programme staff in ministries and organizations
43	Guideline: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services	Guideline	To contribute to discussions among stakeholders when selecting or prioritizing appropriate actions in their efforts to achieve the SDGs and the global targets for 2025	2017	WHO	Mothers and newborn	National MCH programme managers; health facility managers; chiefs of maternity and neonatal units
44	Implementation guide: Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised baby- friendly hospital initiative	Guideline	To ensure that mothers and newborns receive timely and appropriate care before and during their stay in a facility providing maternity and newborn services, to enable the establishment of optimal feeding of newborns, which promotes their health and development	2018	WHO, UNICEF	Mothers and newborn	National MCH programme managers; health facility managers; chiefs of maternity and neonatal units
45	Netcode toolkit monitoring the marketing of breast-milk-substitutes: Protocol for ongoing monitoring systems	Toolkit	To assist governments in establishing a sustainable system that will monitor, detect and report violations of national laws.	2017	WHO, UNICEF	Infants and young children	High level health administrators, policy makers, national MCH programme managers; legal officers
46	Netcode toolkit monitoring the marketing of breast-milk-substitutes: Protocol for periodic assessment	Toolkit	Provides procedures, processes and tools that help the country assess the level of adherence to the code and/or national laws in different settings.	2017	WHO, UNICEF	Infants and young children	National MCH programme managers; researchers
47	Guideline: Assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition. Updates for the integrated management of childhood illness (IMCI)	Guideline	To support primary healthcare workers, identify and manage children who are overweight or obese, and prevent overweight and obesity	2017	WHO	Infants and children < 5 years	Primary health care workers, master trainers, national and regional level MCH programme

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
							managers
48	Report on the commission on ending childhood obesity	Technical report	To provide policy recommendations to governments to prevent infants, children and adolescents from developing obesity, and to identify and treat preexisting obesity in children and adolescents.	2016	WHO, commission on ending childhood obesity	children, adolescents	Health policy makers, MCH and Nutrition programme managers
49	Strategic action plan to reduce the double burden of malnutrition in the South-East Asia Region 2016–2025	Strategic plan	This plan will serve member states as an advocacy and reference tool to ensure that interventions covering all forms of malnutrition are addressed comprehensively in country policies, strategies and actions.	2016	WHO, SEARO	All stages	Policy makers, national level programme managers in MCH, nutrition, NCD, health promotion in SEAR
50	Guideline: Fortification of rice with vitamins and minerals as a public health strategy	Guideline	To provide global, evidence-informed recommendations on the fortification of rice with micronutrients, as a strategy to improve the health status of populations	2018	WHO	All stages	Policy makers, their expert advisors, technical and programme staff at ministries / organizations involved in nutrition actions for public health
51	Guideline: Sodium intake for adults and children	Guideline	To provide recommendations on the consumption of sodium for most adults and children.	2012	WHO	Children and adults	Policy and programme planners
52	Guidelines: Sugar intake for adults and children	Guideline	To assess current intake levels of free sugars; to develop measures to decrease intake of free sugars, where necessary, through a range of public health interventions.	2015	WHO	All stages	Policy makers and programme managers
53	Global database on child growth and malnutrition.	Repository	To compile share child nutrition indicators based on national representative surveys	2019	WHO	Children less than 5 years	Policy makers, programme managers, survey and research teams

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
54	Tools for implementing WHO PEN (Package of essential noncommunicable disease interventions) for primary health care in low-resource settings	Toolkit	To enable early detection and management of cardiovascular diseases, diabetes, chronic respiratory diseases and cancer to prevent life threatening complications (e.g. heart attacks, stroke, kidney failure, amputations, blindness).	2015	WHO	Adults, elderly	Policy makers, programme managers, primary health care providers, their trainers and supervisors
55	Developing and implementing a national food safety policy and strategic plan	Manual	To provide practical step-by-step procedures for countries on the formulation of food safety policies and plans with a view to strengthening all aspects of national food control	2012	WHO, Regional Office for Africa	All stages / nonspecific	Policy makers, programmemanagers - food safety, nutrition
56	UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) Strategy 2017–2020	Strategic plan	1.To be a resource for all stakeholders interested in extending and sustaining WASH services; 2 To strengthen national processes that contribute to improving WASH status; 3 To minimize the burden of data collection wherever possible and maximize the use of existing data; 4 To focus on areas where GLAAS is well-positioned for impact to uniquely complement – and not duplicate – the roles of other WASH sector actors; 5 To ensure the highest quality data; 6 To align and leverage off the SDGs, including integration of SDG principles of universality and equity; 7 To be inclusive of information from different perspectives, including national governments and development partners; 8 To work with other sectors, including education and health	2017	UN, WHO	All stages / nonspecific	Policy makers, programme managers in water, sanitation and hygiene
57	Tracking tool for Global targets to improve maternal, infant and young child nutrition	Toolkit	WHO, in collaboration with UNICEF and the EC, developed the Tracking Tool to help countries set their national targets and monitor progress. This tool allows users to explore scenarios taking into account	Not given	WHO	Pregnant mothers, infants and young children	Nutrition Programme Managers at WHO member countries

Ref No.	Title of the publication	Type of publication	Purpose	Year	Authors	Life cycle category	Target audience
			different rates of progress for the six targets and the time left to 2025. The tool complements existing tools on nutrition interventions, impact and costing.				

Annex 3: Publications of the Ministry of Health relevant to WHO contribution to nutrition in Sri Lanka

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
1. Annual Report of Family Health Bureau	2014	Annual report	Provide information on progress of MCH programme at national level	Utilize information for improvement of MCH programme at all levels: from central to implementation	FHB	All stages of lifecycle	All stakeholders of RMNCH	Technical and financial support by WHO for the MCH programme has been acknowledged; Total WHO support 4,905,296 LKR for 2014 for all programmes of FHB
2. Annual Report of Family Health Bureau	2015	Annual report	Provide information on progress of MCH programme at national level	Utilize information for improvement of MCH programme at all levels: from central to implementation	FHB	All stages of lifecycle	All stakeholders of RMNCH	Technical and financial support by WHO for the MCH programme has been acknowledged.
3. Annual Report of Family Health Bureau	2016	Annual report	Provide feedback on effectiveness, strengths and weaknesses of RMNCAYH programme to its partners. The report includes selected input, process, outcome and impact indicators relevant to the RMNCAYH programme.	Utilize information for improvement of MCH programme at all levels: from central to implementation	FHB	All stages of lifecycle	All stakeholders of RMNCH	Technical and financial support by WHO for the MCH programme has been acknowledged. National Strategy on IYCF launched. A set of tools to assess quality of care in the antenatal wards, labour room, postnatal ward and special care baby units was adapted using the WHO quality assessment tools: Two WHO consultants Dr Mathews Mathai and Dr Katherine Ba Thihe supported process of MCH strategic plan; new head circumference chart using standard deviates as recommended by WHO to facilitate monitoring of microcephaly
4. Annual Report of Family Health Bureau	2017	Annual report	Provide information on progress of MCH programme at national level	Utilize information for improvement of MCH programme at all levels: from central to implementation	FHB	All stages of lifecycle	All stakeholders of RMNCH	Technical and financial support by WHO for the MCH programme has been acknowledged.
5. Annual Report of Family Health Bureau	2018	Annual report	Provide information on progress of MCH programme at national level	Utilize information for improvement of MCH programme at all levels: from central to implementation	FHB	All stages of lifecycle	All stakeholders of RMNCH	Technical and financial support by WHO for the MCH programme has been acknowledged.

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
6. Iodine Deficiency Status in Sri Lanka - 2016 Fourth National Survey	2016	Survey report	To assess iodine status among school children aged 6 – 12 years in Sri Lanka. will assist to strengthen and monitor the iodine control programme to improve the iodine nutrition status in Sri Lanka.		MRI, UNICEF, WFP.	All stages of lifecycle	Policy makers and national level programme managers	WHO is not directly involved.
7. National Nutrition Survey of Lactating Women in Sri Lanka	2017	Survey report			MRI, UNICEF, WFP.	Lactating mother		WHO is not directly involved.
8. National Nutrition and Micronutrient Survey of Pregnant Women in Sri Lanka 2015	2017	Survey report			MRI, UNICEF, WFP.	Pregnant mother		WHO is not directly involved.
9. Sri Lanka Demographic and Health survey	2016	Survey report	To gather to monitor and evaluate the impact of population, health and nutrition programmes implemented over the years		Dept. Census and Statistics and MoHNIM	Married women in reproductive age, children <5 year, adult men	Policy makers and national level programme managers	Dr Anoma Jayatilake of WHO is acknowledged for contribution in certain technical matters. WHO guidelines for anthropometry, and WHO growth standards and WHO Anthro software were used
10. Food consumption patterns in Sri Lanka	2018	Research article	To identify the food consumption patterns in Sri Lanka and its determinants in order to design production and marketing policies of traditional food crops promoting food and nutritional security		MRI	All stages	Health and programme managers, academics	The WHO ANTHRO 2005 which was developed for global application of the WHO growth standards in monitoring growth and development in individuals and population was used to determine weight-for-height/ length, height/ length-for-age and weight-for-age indicators of the preschool children in the study population. The prevalence of under nutrition was estimated by identifying undernourished individuals (stunting, wasting, underweight) using cut-off points of -2Z score and -3Z scores according to the recommendations made by WHO (2005). Dietary patterns were compared with WHO recommendations

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
11. Global School Based Student Health survey results Sri Lanka 2016	2016	Survey Report	To describe the practices/ behaviors relevant to alcohol use, dietary habits, drug use, personal hygiene, mental health, physical activity, tobacco use, violence and knowledge on HIV/AIDS among school going adolescents in Sri Lanka · To describe family, social and environmental factors affecting the health of adolescents in alcohol use, dietary habits, drug use, personal hygiene, mental health, physical activity, tobacco use, violence and knowledge on HIV/AIDS among school going adolescents in Sri Lanka		Ministry of Health, Ministry of Education WHO, CDC	School child, adolescent	Health and education programme managers	WHO country office is acknowledged for financial support and their staff for the administrative and other various support in completing the survey and the report
12. Nutrient profile model for Sri Lanka. To Implement recommendations on the marketing of food and non-alcoholic beverages to children	2018	Technical Report	Provides a platform to regulate/control the marketing of food and beverages		Director/ Nutrition division, Ministry of Health, WHO Sri Lanka	School children, Adolescents	Policy makers and health programme managers	This work has been adapted from the WHO Nutrient Profile Model for South East Asia Region to implement the set of recommendations on the marketing of foods and non-alcoholic beverages to children. WHO has funded the activity and given technical support. Dr. Nilmini Hemachandra, National Professional Officer (WHO – Country Office, Sri Lanka) and Dr. Angela de Silva, Regional Adviser Nutrition and Health for Development, regional advisor (WHO-SEARO) has given technical guidance.

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
13. Service availability and readiness assessment Sri Lanka 2017	2017	Survey Report	To provide baseline data for health planners, medical administrators and policy makers to identify the existing gaps of the health care delivery system and would allow further planning, monitoring and scaling-up of the interventions to improve the health care delivery systems for the betterment of the people in Sri Lanka.		Ministry of Health, WHO, the Global Fund, Kulisha Management services, Department of Census and Statistics	All Stages	Policymakers	Carried out by the Ministry of Health, Nutrition and Indigenous Medicine and the Department of Census and Statistics, Ministry of National Policies and Economic Affairs in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), World Health Organization (WHO), and Khulisa Management Services. The technical assistance for the survey was provided by the World Health Organization (WHO). An expert from the WHO (Ms. Rosebelle Azcuna) provided the technical guidance in development of the questionnaire and data analysis. The questionnaire of the survey was developed based on the WHO SARA Core questionnaire
14. National survey of the intestinal nematode infection in Sri Lanka	2017	Survey Report			FHB	School children, Adolescents		Kato-Katz kits were provided by south East Asia Regional Office of the world Health Organization. Other funding was by the "children without worms" programme of the task force for Global Health USA. Intensity of Infection was categorized using cut off values recommended by WHO in Helminth control in school age children: a guide for managers of control programmes 2nd edition
15. National Multisectoral action plan for the prevention and control of non-communicable diseases 2016-2020. Ministry of Health, nutrition and indigenous medicine, Sri Lanka.	2017	Action plan	To establish and strengthen the multisectoral national policies and plans for the prevention and control of NCD	To ensure that the country achieves its targets for NCD prevention and control	MoHNIM, WHO	All stages / nonspecific	Programme managers, health and non-health sector	In the strategy the following are identified to be carried out with the WHO 1. Conduct a workshop for national multi-sectoral team with WHO to develop a taxation mechanism for unhealthy food establish policies on taxes to discourage consumption of unhealthy food high in fat, sugar and salt. 2. Implement/strengthen the WHO surveillance framework. Message from the country representative for Sri Lanka, WHO states that WHO has selected Sri Lanka as a fast-track country for NCDs. The selected fast-track countries are eligible to receive 'One-WHO' integrated technical support for implementation of the plan from the global, regional and national levels of WHO in a coordinated manner.

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
16. National Maternal and Child Health Policy of Sri Lanka	2012	Policy document	Provides guidance to accelerate momentum for maternal and newborn health in the country		Ministry of health	Pregnant mother, infant, Young child	Policy makers and programme managers	No direct WHO involvement. It is mentioned that the ongoing collaboration with professional bodies, development partners such as WHO, UNICEF, UNFPA and NGOs and other sectors such as education, social services, child probation has to be strengthened to take advantage of their underused resources as well as to mobilize additional resources for the programme.
17. National Strategic Plan Maternal and Newborn Health (2017-2025)	2017	Strategic Plan	Developed with a vision of ensuring "A country in which there are no preventable deaths of mothers, fetuses and newborns, where every pregnancy is planned and wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential".		Family Health Bureau Ministry of Health Sri Lanka, WHO, UNICEF, UNFPA	Newborn	Policy makers and programme managers	Dr Mathews Mathai and Dr Katherine Bathike the WHO consultants who supported to refine the MNH SP 2017-2025 of Sri Lanka and for aligning it with the global strategies. The technical and financial contribution of the WHO, and the collaboration of UNICEF and UNFPA at different stages of development of MNH SP is acknowledged
18. National strategic plan adolescent health (2013 - 2017)	2013	Strategic plan	Provide guidance to provision of adolescent and youth friendly health services in both curative and preventive sectors ensuring optimum accessibility, acceptability and coverage. It is expected from all relevant stakeholders to utilize this document to ensure optimum service provision for adolescents and youth of the country.		School & Adolescent Health Unit Family Health Bureau Ministry of Health Sri Lanka	School child, adolescent	Health programme managers	The process of adolescent health strategy formulation was technically supported by the WHO and financially supported by the WHO and the Government of Sri Lanka. Appreciate the immense contribution of Dr Chandra-Mouli, Venkatraman of the Dept. of RHR, WHO, Geneva and Prof. Jane Fisher of the University of Monash in fine-tuning of this document.
19. National Strategy for Infant and Young Child Feeding Sri Lanka (2015 - 2020)	Published date not mentioned	Strategic plan	To provide guidance to ensure a good foundation for all infants and young children by providing them with optimal nutrition		Ministry of Health	Infant, young child	Infant and young child	The Global Strategy on Infant and Young Child Feeding (IYCF) jointly developed by the World Health Organization and UNICEF provides guidance to countries in meeting the challenge of malnutrition in early childhood. The National Strategy for IYCF, Sri Lanka, 2015-2020 was developed through a desk review and an extensive consultative process with relevant stakeholders following the scientific methodology proposed by the WHO and with their financial and technical support.

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
20. National Strategic Plan Child Health	2018	Strategic plan	Not available online					
21. National Health strategic master plan 2016-2020	2016	Strategic plan	To have a comprehensive Health plan with monitoring tools to make the best use of the health budget		Ministry of Health	All stages		No direct WHO involvement. WHO plans/ strategies are mentioned
22. NCD policy	2009	Policy document	To provide Policy directive towards prevention and management of NCD		Ministry of Health	Adult	Health programme managers	
23. National Charter for senior Citizens and National Policy for senior Citizens of Sri Lanka	2006	Policy document	To guide the plans for senior citizens		Ministry of social services and social welfare	Elderly	Health programme managers	
24. National Nutrition Policy (Rev)	2010 available. Being revised	Policy document	To provide overall guidance for the development of national strategic plans of action for nutrition activities.		Ministry of Health	All stages	Health programme managers	No WHO involvement mentioned
25. Multisector Action Plan for Nutrition	Being revised	Action plan	Not available online					
26. NCD risk factor survey (STEPS) 2015		Survey Report	For a situational analysis of key factors such as Tobacco use, Diet and Physical activity, with regard to NCD, of the nation is vital to plan for future in making Sri Lankans healthier.		Ministry of Health	Adult	Policy makers and health programme planners	Technical assistance from international agencies such as World Health Organization (WHO). Stepwise approach to Surveillance (STEPS) introduced by the WHO Lubna Bhatti, Ms. Melanie Cowan, and Mr. Stefan Savin of WHO Headquarters, Geneva, for continuous technical support in training the research team and data analysis. Dr. Dharendra N Sinha, Dr. Renu Garg, Mr. Naveen Agarwal of WHO SEARO, Delhi for technical and logistical support
27. GMP manual (Tamil)		Manual	Not available online					
28. Sonduru Kedellakata Suwasasak Subapethum		Guideline	Not available online	Not available online				

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
29. Annual Health Bulletins	2014-17	Annual Report	To presents an overview of the country's health status, the risk factors which have contributed to current health status and may help determine the future health status of the country, details of service coverage, and information on the health system which facilitated the provision of health services.		Ministry of Health, WHO, UNICEF and UNFPA	Newborn	Policy makers and health programme planners	No direct WHO involvement. WHO documents are cited.
30. New born care in Sri Lanka: A bottle neck analysis	2015	Technical Report	To identify gaps in the newborn care programme, the relevant components of the maternal care programme and other relevant areas. This report also has proposed solutions for further improvement of the programmes. Therefore, this report would primarily be useful to develop the Every Newborn Action Plan for Sri Lanka and the subsequent plans to achieve the SGDs.		Ministry of Health, WHO, UNICEF and UNFPA	Newborn	Policy makers and health programme planners	WHO MCS survey data base for 2011 for the analysis. Development partners WHO, UNICEF and UNFPA for providing their technical support and guidance with generous sponsorship at all the stages of the assessment. Dr. Anoma Jayathilaka National Professional Officer, WHO is acknowledged for technical assistance.
31. Basic care for the small baby	2018	Guideline	To provide Technical guidance for care of the small baby				Health practitioners	No WHO contribution
32. National guidelines for newborn care volume I to III	2014	Guideline	Technical guidance to reduce mortality and both short- and long-term morbidity of newborns in Sri Lanka		Ministry of Health	Newborn	Policy makers and health programme planners and clinicians	No direct WHO involvement. WHO recommended evidence-based interventions for improving newborn health care at the home and community level, WHO classification of preterm babies are cited

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
33. National Strategic Plan on Adolescent and Youth Health (2018-2025)	No published date	Strategic plan	provides strategic directions under 12 key areas addressing emerging issues and challenges pertaining to health of the adolescents and youth mainly focusing on the Ministry of Health perspective.		Ministry of Health, WHO	Youth, adolescent	Policy makers and health programme planners	The process of adolescent health strategy formulation was technically supported by the WHO and financial support was provided through the Government funds and WHO. Dr. Virginie Mallawaarachchi National Professional Officer (NCD) WHO and Dr.N.Hemachandra National Professional Officer (RMNCAH & Nutrition),WHO is acknowledged as a contributor
34. National Youth Health Survey 2012/2013	2015	Survey Report	aim of providing an updated understanding for policy and programme planners about health issues of our young persons in Sri Lanka.		Ministry of health, UNICEF, UNFPA	School child adolescent	Policy makers and health programme planners	Dr. Anoma Jayathilaka, National Professional Officer/ WHO in the steering committee which also included. Personnel from Ministry of Health including STD/AIDS Control Programme, Non-communicable Disease Control Unit, Mental Health Unit, Youth Elderly and Disabled Unit, UNICEF, UNFPA, World Bank, WHO and University academia who provided insight and expertise
35. Prevention of Overweight and Obesity among School Children in Sri Lanka	2018	Guideline	To discuss in detail the intermediate and long-term effects of unhealthy food habits and sedentary lifestyles. It also provides a lengthy description of age appropriate healthy foods and physical exercise. The ultimate aim of this guide is to reduce the burden of non-communicable diseases among our emerging young adult population and thereby improve their quality of life as well as their personal expectations.		Family Health Bureau, Ministry of Education, National Institute of Education	School child, adolescent	Policy makers and health programme planners	Gender specific charts available in the CHDR which are based on WHO standards are mentioned. No direct WHO involvement.
36. Sri Lanka Every Newborn: An action plan to end preventable morbidity and mortality SLENAP 2017 - 2020	2018	Action plan	The SLENAP 2017 – 2020 would guide development of action plans for Newborn Care at Central, Provincial and District levels and for Hospitals with maternity and newborn care facilities.		Ministry of Health, FHB, WHO, UNICEF, UNFPA	Newborn	Policy makers and health programme planners	Acknowledge with gratitude the contribution and corporation of development partners, WHO, UNICEF and UNFPA.

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
37. National nutrition and micronutrient survey of pregnant women in Sri Lanka 2014	2014	Survey report	Not available online		Medical research Institute, UNICEF and WFP.		Policy makers and health programme planners, researchers	None
38. National nutrition and micronutrient survey. Part II: Iron, Zinc and Calcium deficiency among children aged 6-59 months.	2014	Survey report	Not available online		Medical research Institute, UNICEF and WFP.		Policy makers and health programme planners, researchers	None
39. National nutrition survey of lactating women in Sri Lanka 2015	2015	Survey report	Not available online		Medical research Institute, UNICEF and WFP.		Policy makers and health programme planners, researchers	None
40. Nutritional status, dietary practices and pattern of physical activity among school children 6 -12 years, 2017.	2017	Survey report	Not available online		Medical research Institute, UNICEF and WFP.		Policy makers and health programme planners, researchers	None

Title of the document	Year	Type of document	Purpose	Expected Output	Organization	Life cycle category	Target audience	WHO contribution
41. Improving the practices of complementary feeding: experience from a community Based programme In Hambantota District. Ministry of Health and UNICEF Sri Lanka.	2015	Technical Report	1.To improve the competencies of public health midwives in infant and young child feeding 2. To improve the knowledge and skills of mothers in infant and young child feeding (IYCF) at the time that their infants completed 5 months of age, prior to introduction of complementary feeding on completion of 6 months 3. To empower and mobilize the community to support correct complementary feeding practices.		Ministry of Health, UNICEF	Infant, young child, Child under 5 years	Policy makers and health programme planners	None
42. Sri Lanka essential health services package 2019	2019	Guideline	To explicitly define the services that the government is providing or is aspiring to provide at different levels of health care.	Primary Health Care (PHC) strengthening as a means towards achieving the goal of universal health coverage and the health-related targets of the SGDs	Planning Unit	All stages	Policy makers	Facilitated policy dialogue, technical support, external consultant support
43. Manual of the role, responsibilities and working procedures for functioning of the national codex structure of the Democratic Socialist Republic of Sri Lanka	2019	Manual	To guide the secretariat of the National Codex Contact of the Democratic Socialist Republic of Sri Lanka to effectively manage codex work in Sri Lanka in a consistent manner.		Environmental and Occupational Health Unit	All ages/nonspecific	Chairs and members of the national codex committee and its sub-committees	Provided both financial and technical support

Annex 4: Publications from other sources relevant to WHO contribution to nutrition in Sri Lanka

Title of the document	Year	Type of document	Purpose	Organization	Life cycle category	WHO contribution
1. Policy and stakeholder analysis of IYCF programme in Sri Lanka	2017	Research article of policy analysis	This study aimed to assess the IYCF-related policy environment and role of stakeholders in policy making in Sri Lanka, in order to identify opportunities to strengthen the policy environment to better support appropriate IYCF and reduce childhood malnutrition.	SAIFRN	Newborn, infant, young child	Twenty-four policies were identified that contained provisions in line with global recommendations for best-practice IYCF, marketing of breast milk substitutes, strengthening health and non-health systems, maternity benefits, inter-sectoral collaboration, capacity building, health education and supplementation. All evidence-based recommendations are covered in related policies. An adaptation of UNICEF/WHO Lactation Management Training manual has been at the centre of Sri Lanka's efforts to promote and support breastfeeding. In particular, WHO, UNICEF, the World Bank and World Food Programme were highly influential through provision of funding. WHO was highly supportive, and highly influential for both technical support and financial support for IYCF programmes and policy process in Sri Lanka.
2. Capacity-building of the allied health workforce to prevent and control diabetes: lessons learnt from the National Initiative to reinforce and organize general diabetes care in Sri Lanka (NIROGI Lanka) project	2016	Research article		Published in WHO South-East Asia Journal of Public Health April 2016 5 (1)	Adult	Published in WHO South-East Asia Journal of Public Health
3. Household Income and Expenditure Survey 2016	2016	Survey report		Dept. Census and Statistics	Nonspecific	WHO is not directly involved.
4. Fill the Nutrient Gap Sri Lanka	2018	Technical Report		World Food Program	All stages of lifecycle	WHO recommendations and guidelines are used to assess the standards and calculate values. Primarily a WFP analysis

Title of the document	Year	Type of document	Purpose	Organization	Life cycle category	WHO contribution
				meme		
5. Minimum Cost of Nutritious Diet Sri Lanka October 2013 - September 2014	2013-14	Technical Report		WFP and Hector Kobbekaduwa Agrarian Research and Training Institute	all stages of lifecycle	No direct WHO involvement. The Cost of Diet software applies linear programming routines to generate hypothetical diets using a combination of foods that will enable a household to meet their energy and nutrient requirements according to WHO/FAO recommendations at the lowest possible cost. Primarily a WFP publication
6. Dietary macro- and micro-nutrient intake among a cohort of pre-school children from southern Sri Lanka	2016	Research article		Authors	Preschool children	No direct WHO involvement. World Health Organization and Food and Agriculture Organization of the United Nations. Vitamin and Mineral Requirements in Human Nutrition. Joint FAO/WHO consultation on human vitamin and mineral requirements. Geneva: FAO/WHO, 2004 used as standards in discussing the results
7. Micronutrient Status in Sri Lanka: A Review	2017	Research article		Authors	All stages of lifecycle	No direct WHO involvement in the research. Four WHO publications have been used for the review.
8. Iron status and anaemia in Sri Lankan secondary school children: A cross-sectional survey	2016	Survey report		Authors	Adolescents, school children	The findings were weighted to estimate the frequencies of iron deficiency and iron deficiency anaemia classified according to WHO criteria. WHO guidelines were used to define anaemia
9. Coexisting micronutrient deficiencies among Sri Lankan pre-school children: a community-based study	2015	Research article		Authors	Preschool children	No WHO involvement
10. Food consumption of Sri Lankan adults: an appraisal of serving characteristics	2017	Research article		Authors	Adults	No WHO involvement in the study. The WHO STEPS Survey used for the discussion
11. Nutritional status and food insecurity among the children in Northern Sri Lanka	2014	Research article		Authors	Children under 5 years	No WHO involvement
12. Nutritional status among primary school children in rural Sri Lanka; A public health challenge for a country with high child health standards	2018	Research article		Authors	Primary school children	First phase of this study was funded through a grant from Sri Lankan country office of World Health Organization. The study was partially supported through Rajarata University research grant RJT/RP&HDC/2014/FMAS/R/06. Funding bodies had no role in design of the study, collection, analysis, and interpretation of data

Title of the document	Year	Type of document	Purpose	Organization	Life cycle category	WHO contribution
						and in writing the manuscript. WHO Anthro-Plus was used to calculate the BMI,
13. The Cost of Nutritious Food in South Asia		Research article		Authors		No WHO involvement
14. Animal sourced foods and child nutrition in South Asia: Policy priorities		Research article		Authors	Infant and preschool child	In the introduction to describe Maternal and child nutrition indicators in South Asia WHO sources have been used.
15. Nutrition Transition in Sri Lanka: A Diagnosis		Research article		Authors	All stages	The food consumption (the intake of energy, protein and individual food group) were compared against the World Health Organization (WHO) recommended intakes.
16. Multisectoral Nutrition Assessment in Sri Lanka's Estate Sector	2017	Survey Report		World Bank, UK AID, European union, SAFANSI	All stages	WHO Child Growth Standards were used. hemoglobin status were categorized using WHO guidelines
17. de Onis M, Borghi E, Arimond M, Webb P, Croft T, Saha K et al. Prevalence thresholds for wasting, overweight and stunting in children under 5 years. Public Health Nutrition. 2018; 1–5. doi:10.1017/S1368980018002434.	2018	Technical Report				
18. De Silva, N., Wijerathna, K., Kahatapitiya, S., Silva, P., Herath, I, Perera, R. and Gunawardena, S. (2015) Factors associated with growth faltering in Sri Lankan infants; A case-control study in selected child welfare clinics in Sri Lanka. Journal of the Postgraduate Institute of Medicine. (2) pp.E19:1–E19:9		Research article				
19. Guruge NDG, Dharmaratne SD, Gunathunga MW. (2018). Effectiveness of a 'health promotional' intervention in		Research article				

Title of the document	Year	Type of document	Purpose	Organization	Life cycle category	WHO contribution
enabling lay communities to change determinants of low birth weight. Sri Lanka Journal of Child Health; 47:1-233-241						
20. Nimantha, D. J., & Varathan, N. (2017). Factors associated with low birth weight babies in Jaffna, Sri Lanka. International Research Symposium on Pure and Applied Sciences, 2017 Faculty of Science, University of Kelaniya, Sri Lanka.		Research article				
21. Ramachandra, S. (2016). Effectiveness of a nutrition counseling intervention for pregnant women on increasing gestational weight gain in the Kalutara district. Thesis (MD), Postgraduate Institute of Medicine, University of Colombo, 2016	2016	Thesis				
22. Senarath et al 2017. Mobile phone counselling to promote infant and young child feeding practices in the plantation sector of Sri Lanka – a pilot study. South Asia Infant Feeding Research Network.	2017	Research article				
23. Sivashankar, T, Thalagala, N. (2015). The effectiveness of a homemade supplementary food in improving the weight gain of moderately acute malnourished children, aged 3 to 5 years in Kopay Medical Officer of Health area. Annual Academic Sessions of the College of Community Physicians of Sri Lanka.	2017	Research article				
24. South Asia Policy and Research Institute (SAPRI), Institute of Policy Studies (IPS), Medical Research Institute (MRI), Hector Kobbekaduwa Agrarian Research and Training Institute (HARTI), Department of Census and Statistics (DCS), and World Food Programme (WFP). National	2017	Strategic plan				

Title of the document	Year	Type of document	Purpose	Organization	Life cycle category	WHO contribution
strategic review of food security and Nutrition: Towards Zero Hunger (2017).						
25. Sujendran, S. (2016). Effectiveness of a nutrition counseling intervention for mothers or care givers of preschool children aged 6 to 36 months, in the Eastern province of Sri Lanka. Thesis (PhD), Faculty of Medicine, University of Colombo, 2016	2016	Thesis				
26. The World Bank. (2018). Improving nutrition outcomes for children in Sri Lanka's estate sector: the positive deviance approach.	2018	Technical Report				
27. Weerasinghe, M.C. & Bandara, S. (2015). Health and socio-economic determinants of malnutrition in the plantation sector of Sri Lanka. Colombo: Institute of Policy Studies.	2015	Technical Report				
28. Wijayatilaka, H. V. B. S., & Fernando, D. N. (2014). Validation of household food insecurity access scale-Sri Lanka validation of HFIAS-SL. Journal of the College of Community Physicians of Sri Lanka, 19(2).	2014	Research article				
29. Addressing critical failures of Infant and Young Child Nutrition (IYCN) in South Asia: IYCN challenges faced by working women in urban areas	2019	Technical Report		SAIFRN		None (World Bank funded)
30. Eats at Meets: guide to menu planning at worksite meetings	2016	Guideline		CCPSL	Adults	Financial support through biennium work plan
31. Stand up for NCD	2016	Guideline		SL army	Adults	Financial support through biennium work plan
32. Nutritional status among primary school children in rural Sri Lanka; a public health challenge for a country with high child health standards	2017	Research article	To determine the nutritional status among pre-adolescent school children in a rural	University of Rajarata	School children	Financial support through biennium work plan

Title of the document	Year	Type of document	Purpose	Organization	Life cycle category	WHO contribution
			province of Sri Lanka.			
33. Factors associated with anemia among Sri Lankan primary school children in rural North Central Province	2017	Research article	To determine factors associated with anemia among rural primary school children in Sri Lanka, a country undergoing rapid socioeconomic changes.	University of Rajarata	School children	Financial support through biennium work plan
34. Accuracy of on-site tests to detect anemia during prenatal care	2019	Research article	To determine the accuracy of on-site tests to detect anemia in pregnancy	London School of Medicine and Dentistry, UK	pregnant mother	WHO funded study
35. Healthy Lifestyle Centres: a service for screening noncommunicable diseases through primary health-care institutions in Sri Lanka	2016	Research article		Published in WHO South-East Asia Journal of Public Health	Adults	Authors are from Ministry of Health, Nutrition and Indigenous Medicine, Colombo, Sri Lanka and World Health Organization Country Office, Colombo, Sri Lanka. Published in WHO South-East Asia Journal of Public Health September 2016 5 (2): states that the Government of Sri Lanka formulated the National policy and strategic framework for prevention and control of chronic noncommunicable diseases in 2010. ⁴ Guided by the World Health Organization (WHO) strategic framework of the 2008–2013 Action plan for the global strategy for the prevention and control of noncommunicable diseases. also states that designing the HLCs, the Ministry of Health drew evidence from three pilot projects that had been conducted in Sri Lanka. The three models were the WHO Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings (WHO-PEN). WHO ISH charts for CVD risk are used in HLCs.

Annex 5 Semi-Structured Questionnaire

Evaluation of the contribution of WHO towards nutrition outcomes in Sri Lanka (2014-2018)

Good morning/afternoon

On behalf of the WHO, our research team is conducting an evaluation with the concurrence of the Ministry of Health, Nutrition and Indigenous Medicine, to identify the contribution of WHO towards nutrition outcomes in Sri Lanka during 2014-2018 period. We would appreciate your inputs for this evaluation as an individual or person-in-charge of an organization/unit that was involved in the nutrition services during this period. The questions are relevant to nutrition services towards addressing 'triple' burden of malnutrition (undernutrition, overnutrition and micronutrient malnutrition) and dietary risk of NCDs in Sri Lanka.

This questionnaire is applicable for:

- 1. Persons who contributed to nutrition services including academic and research work in a substantial capacity during 2014-2018 period***
- 2. Persons in-charge of an organization/unit responsible for nutrition services during 2014-18 period***

We kindly request you complete this questionnaire and submit as requested within 10 days of receipt of this form.

If you were not available during the period 2014-2018, please let us know the contact details of the person whom we should contact for this purpose.

For any clarifications, please contact, Prof. Upul Senarath, Evaluation Team Leader (071 577 3625; upul@commed.cmb.ac.lk)

Semi-Structured Questionnaire

Date:

Questionnaire No.:

Part A - Basic information

1. Name of the organization?
2. Your designation?
3. How many years have you been working at this organization?.....
4. Which of the following years did you work at this organization?
2014 2015 2016 2017 2018 (multiple entry)
5. How would you categorize support given by you or your unit/organization for nutrition services in Sri Lanka?
Technical including administrative ¹ Financial ² Both ³ None ⁴
6. Your involvement in nutrition services during 2014-18 period was related to
Policy ¹ Strategies ² Programmes ³ Projects ⁴ Implementation support ⁵ Other ⁶
(multiple entry)
6.1 Give details if 'other'

Part B - Scope and diversity of WHO support

<p>7. List nutrition related projects or activities that were supported by WHO in which you were involved / took responsibility during the period 2014-2018.</p> <p>(Your list may include any activities related to addressing 'triple' burden of malnutrition, and dietary risk for NCD)</p>	
a. WHO biennium projects (i.e., those supported under WHO 2-yearly work plans)	Click here to add rows
b. Direct technical support /consultancies facilitated by WHO	Click here to add rows
c. Procurements of equipment, drugs or consumables	Click here to add rows
d. Fellowships/ Training / Participation in international meetings	Click here to add rows
e. Use of WHO information products (Publications, guidelines and toolkits, software)	

Click here to add rows					
f. Any other activities					
Click here to add rows					
8. To what extent the WHO support to Sri Lanka in the area of nutrition (triple burden of malnutrition or dietary risk of NCDs) reflects the following six core functions?					
1-none 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent					
A. Providing leadership and engaging in partnerships	1	2	3	4	5
B. Shaping the research agenda	1	2	3	4	5
C. Setting norms and standards	1	2	3	4	5
D. Articulating ethical and evidence-based policy	1	2	3	4	5
E. Providing technical support	1	2	3	4	5
F. Monitoring health situation and needs	1	2	3	4	5

The following questions are relevant to the outputs and outcomes of nutrition interventions supported or adopted by the WHO

Nutrition related projects or activities as in Question 7 (list you made should appear below)	9. Was the project / activity implemented successfully? 1- no 2-to some extent 3- yes	10. To what extent the expected results (outcomes) were achieved? 1-none 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent	11. Are the results and impacts, including institutional changes, durable over time? 1-no 2-to some extent 3- yes

We wish to have more information related to WHO contribution for nutrition related services based on your experience.

At what level do you function?

- A. Sub-national level (provincial, district or divisional level) – Skip to Part F**
- B. National level - Continue with the next Section**

Part C - Contribution of WHO and its relevance

12. To what extent the WHO has provided support in the area of nutrition to the following aspects					
1-none 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent					
A. Policy formulation	1	2	3	4	5
B. Development Strategies / strategic plans	1	2	3	4	5
C. Project development	1	2	3	4	5
D. Programme design	1	2	3	4	5
E. Support for implementation of projects/programmes	1	2	3	4	5
13. To what extent the objectives of nutrition interventions supported by WHO are consistent with the					
1-none 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent					
A. requirements of beneficiaries	1	2	3	4	5
B. country needs	1	2	3	4	5
C. global priorities	1	2	3	4	5
14. Do the objectives of nutrition interventions supported by WHO correspond to country policies, plans and outcomes?					
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent					
15. Extent to which appropriate partners were involved in the programme design for nutrition interventions supported by WHO (for example using participatory approaches that were inclusive of primary stakeholders' needs)					
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent					
16. Extent to which the nutrition interventions supported by WHO were coherent with national priorities					
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent					

Part D - Best practices, challenges and lessons learnt

The following questions are relevant to the best practices experienced and lessons learnt by you related to the WHO contribution to nutrition

17. Are programme governance structures and management process of the WHO Country Office conducive to efficient and effective administration of activities?
Yes No

18. Does the programme promote the following?
a. Equity in access - Yes No
b. Human rights - Yes No
c. Gender equality - Yes No
19. To what extent were the different interventions or components of an intervention related to nutrition interventions supported by the WHO complementary?
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent

Part E - Contribution of Sri Lanka experience and expertise to regional and global public goods on nutrition

20. To what extent the activities supported by WHO provide opportunities for local staff to share with regional countries (South East Asian) or at a global level a regular basis?
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent
21. To what extent your expertise in Nutrition contribute to regional (South East Asian) nutrition programmes
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent
22. To what extent your expertise in Nutrition contribute to global nutrition programmes
1-None 2-lesser extent 3-some extent 4-greater extent 5-the greatest extent

Part F - Any other views or opinion

23. Extent to which the nutrition interventions supported by WHO were coherent with sub-national (Sectoral/ Provincial/district) priorities
1-None 2-lower extent 3-some extent 4-greater extent 5-the greatest extent
24. Do you have any other views or opinion related the WHO support to Sri Lanka in the area of nutrition (double burden of malnutrition and dietary risk of NCDs)
Click here to add
25. What can you suggest to improve WHO support for nutrition in Sri Lanka?
Click here to add

Thank you very much for providing valuable information for this study. We will assure that information provided by you will NOT be revealed at individual level

Annex 6 Interviewer guide for in-depth interviews

Evaluation of the contribution of WHO towards nutrition outcomes in Sri Lanka (2014-2018)

In-Depth Interview Guide

Date of IDI:

Participant No.:

Good morning/afternoon

I am, a member of the evaluation team commissioned by the WHO to evaluate the contribution of WHO towards nutrition outcomes in Sri Lanka during 2014-2018 period. During this in-depth interview, I would like to hear your experiences and views related to nutrition services towards addressing double burden of malnutrition and dietary risk of NCDs in Sri Lanka. The information that you give will be kept strictly confidential. Before we start, I would like to remind you that there are no right or wrong answers in this interview. I am interested in knowing what you think, experience and practice in relation to the topic. Please feel free to be frank and to share your opinion and experiences and ask for any clarification as we talk.

Q1. Let's start with talking about your employment, with special reference to your involvement in nutrition services during 2014-2018 period

Q2: What do you think about the scope and diversity of WHO support towards addressing the double burden of malnutrition and/or dietary risk of NCDs in Sri Lanka?

Probe: What were the activities supported by WHO towards addressing the double burden of malnutrition and the dietary risk of non-communicable disease (NCD) during the period 2014-2018.

Probe: To what extent the WHO support to Sri Lanka in the area of nutrition reflects the following six core functions?

- I. Providing leadership and engaging in partnerships*
- II. Shaping the research agenda*
- III. Setting norms and standards*
- IV. Articulating ethical and evidence-based policy*
- V. Providing technical support*
- VI. Monitoring health situation and needs*

Q3: What do you think about the contribution of WHO to the policies, projects, strategies, programmes and implementation support towards improving nutrition status in Sri Lanka

Probe: What is the relevance of contribution of WHO to the country policies and plans and outcomes?

Q4: Can you describe the nutrition interventions supported / adopted by WHO that yielded good uptake and outcomes?

Probes:

Have outputs been achieved on time and on budget?

To what extent the expected results (outcomes) of WHO supported interventions being achieved?

Have the interventions produced the expected effects?

Are the results and impacts, including institutional changes, durable over time?

Q5: What are the best practices, challenges and lessons learnt during your involvement in nutrition services supported by WHO during 2014-2018 period? What are the best practices that you can with other programmes within WHO?

Probes:

Are programme governance structures and management process conducive to efficient and effective administration of activities?

Does the programme promote equity in access, human rights, gender equality? Has it used equity principles throughout the programme?

To what extent were the different interventions or components of an intervention complementary or contradictory?

Q6: 21. Do the activities supported by WHO provide opportunities for local staff to share with regional countries (South East Asian) or at a global level a regular basis?

Probes:

Do the nutrition programmes supported by WHO promote regional and global sharing of experiences on a regular basis?

To what extent your expertise in Nutrition contribute to regional (South East Asian) nutrition programmes?

To what extent your expertise in Nutrition contribute to global nutrition programmes?

Q7: Do you have anything else to mention related to the topic discussed above?

Q8: What can you suggest to improve WHO support for nutrition in Sri Lanka?

Thank you very much for providing valuable information for this study. We will assure that information provided by you will NOT be revealed at individual level.