



Opinion

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Coordination of Nutrition related Units in Sri Lanka

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Abstract

All people have a right to good nutrition. However in Sri Lanka, still anemia, underweight and stunting prevail with regional disparities. There are many determinants for poor nutrition and which leads to many adverse outcomes. As these determinants are multifaceted it requires several different sectors to work collaboratively, complement their activities and share resources to improve the nutritional status of the country. In this article; the initiatives such as development of the National Nutrition policy and Strategic frame work; establishment of Presidential Secretariat, Nutrition Secretariat, Nutrition Steering Committee and Nutrition Coordination Division; the contribution of different divisions of the Ministry of Health such as Nutrition Division, Family Health Bureau, Health Education Bureau, Epidemiology Unit, Food Safety unit, Environment and Occupational Health unit, Non Communicable Disease Unit, Youth, Elderly and Disabled unit, Estate and Urban Health Unit, Medical Research Institute, Medical Statistics Unit; Hospital Nutrition Units, food supplement programmes; the assistance of United Nations agencies, Professional Associations, other Ministries of the government and Non-Governmental Organizations; the importance of National Nutrition Surveillance system and the coordination by the Nutrition Coordination Division are described. Author's feelings regarding the coordination between nutrition related units in the country were expressed. Subsequently, favorable aspects and deficiencies were evaluated and the possible underlying factors and consequences were analyzed. In conclusion, it can be said that a strong coordinating body for inter - sectoral coordination, information feedback, data sharing and analysis; assessment of current level of multi sectoral coordination and multi sectoral interventions; development of provincial specific strategies and micro plans at house hold level; strengthening of community based organizations, village committees and volunteers; proper streamlining of multiple information systems in the country in order to monitor & evaluate the operations to avoid duplications and negligence; are required. Accordingly, recommendations were provided to address the issue.

Keywords: Poor nutrition, Coordination between nutrition related sectors, Sri Lanka.

INTRODUCTION

"All people have a right to Food and good nutrition regardless of their socio economic backgrounds". [1]

However, in Sri Lanka, 13% of under 5 children are stunted; ¼ of under 5 children are underweight; 2.3% are suffering from severe acute malnutrition; 35% of 6 months to 1 year old infants and total of 4 million citizens are anemic; stunting is 3 times more in plantation sector than urban and poorest are 2 times stunted than wealthiest. There are disparities among districts; high prevalence is seen among estate population, urban poor, displaced population in conflict affected areas and old people with no children. This evidence shows that Sri Lanka, despite its high achievements in many health related indicators still is burdened with under – nutrition. [2]

Poor nutrition leads to poor immunity, high susceptibility to infections, poor school participation, poor school performance and future Non Communicable Diseases. Indirectly, it affects socio economic development of the country. [2]

World Bank report, 2008 which has analyzed the causes describes 1. Immediate determinants as low food intake and diseases; 2. Underlying determinants as; household food insecurity (due to issues in food production, cash income and transfers of food), inadequate care for vulnerable population basically mothers and children (due to issues in knowledge, beliefs, control over resources and autonomy), and health and environmental services (due to issues in safe water supply, adequate sanitation, health care availability, environmental safety and shelter) and finally 3. Basic determinants as resources such as environment, technology and people, social cultural environment and political and economic structure. [3]

When looking at determinants of under nutrition, it is complex and multifaceted and require several different sectors such as people, governments, civil society, UN agencies, donors, business community and researches to get together and work collaboratively, complement their activities and share resources to improve the nutritional status of the country. [1]

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Description

Sri Lanka has been trying to make its maximum effort to improve nutrition of the population, focusing on all the possible determinants which could cause under nutrition. For this purpose, interventions have been planned in various aspects administered by a variety of partners which need cooperation and collaboration to avoid duplication and negligence and to facilitate and catalyze each other's efforts.

First, National Nutrition policy was formulated and implemented in 1986 and it was revised in 2010. National Nutrition Policy, 2010 has 6 objectives; 1. Provision of optimum nutrition throughout the life cycle 2. Enhancing capacity to deliver interventions 3. Effective management of adequate nutrition to vulnerable population 4. Enhance food and nutrition security for all citizens 5. Strengthening advocacy/partnership and networking 6. Strengthening research/ monitoring and evaluation. [4]

There are many different public, private, local & international; governmental, United Nations and non - governmental sectors involved in developing, planning and implementing various interventions to promote the nutrition of the nation. [5, 6, 7]

Presidential Secretariat has established the Nutrition Secretariat which coordinates 15 ministries via district secretariats and a multi - sector action plan has been developed and being implemented. [5, 6, 7]

Ministry of Health plays the main role in implementing this action plan. It has a number of directorates engaged in nutrition promotional activities in line with the National Nutrition Policy and Strategic frame work. Many units function under the administration of the DDG/MS and three DDG/PHSs. [5, 6, 7]

Nutrition Division is the unit responsible for overall management of nutrition services including development of policies, guidelines and circulars, training, conducting awareness programmes, facilitating food fortification programme and implementation, monitoring and evaluation of nutrition activities. Family Health Bureau is responsible for child and maternal nutrition through maternal and child nutrition sub - committee and activities are implemented via provincial health system. Health Education Bureau is responsible for public awareness and behavior change through national nutrition communication strategy, development of health education material, capacity building for counselling and establishing mother support groups at village level. Epidemiology Unit which is the focal point for communicable diseases, prevent and control communicable diseases especially during outbreaks and disasters. Food Control and Administration Division of Food Safety unit is responsible for food safety and hygiene and implement the food act, 1980 through food advisory committee and coordinates other ministries involved in food production, packaging, transport, marketing and advertising. Environment and Occupational Health unit which liaises with other ministries to improve safe water, sanitation, waste management and environmental protection which indirectly affect nutritional status. [6]

Non Communicable Disease Unit contributes promotion of nutrition through enhancing healthy dietary practices. Youth, Elderly and Disabled unit improve quality of life of selected groups in variety of ways including health promotion, healthy dietary practices, training of care givers, forming multi stakeholder advisory committees & steering committees and broadening multi stakeholder network. Estate and Urban Health Unit is responsible for Quality of life of people living in estates and urban slums in all the needed aspects including nutrition. Medical Research Institute has a Nutrition Division which carries out research related to nutrition and it is the main unit well equipped for research. Medical Statistics Unit of the Ministry of Health is the dissemination point of aggregated information collected from all the units in the M.o.H. [5]

Nutrition Coordination Division has been established to coordinate all the nutrition related activities performed by different directorates of Ministry of Health, by other Ministries and by NGOs through monitoring and assisting intra and inter sectoral coordination. Nutrition Coordination unit is the focal point of Ministry of Health to the Nutrition Secretariat. Additionally, it is the secretariat to the Nutrition Steering Committee which is chaired by the Secretary Health. All the units involved in nutrition related programs in the M.o.H., UN agencies, Professional Associations and Officials of Thripasha programme participate in this meeting. Important issues such as Maternal, Infant, Preschool and School nutrition programmes, Food act, Food fortification, Nutritional surveys, Recruitment of staff etc. are discussed and responsibilities are given to respective directorates in this meeting. [5]

Nutrition Coordination Division provides technical support to other ministries, UN agencies and NGOs. It coordinates multi sector approach programmes such as early childhood development programme, capacity building programmes, Thripasha programme, sports nutrition programme and many more. It has established the National Nutrition Surveillance system for information collection and sharing. [5]

In addition, Provincial Directors and Regional Directors of Health, units of Medical Officers of Health, prepare, receive funding and implement District Nutrition Action Plans. Hospital Nutrition Units and Hospital Health Education Units implement activities expected by the Nutrition Division. Further, Relevant departments of Universities and professional colleges are supporting in decision making process. Moreover, 'Thripasha' programme as the producer of food supplementation gives a contribution as a resource supplier. [5,6,7]

Other ministries and departments related to Nutrition are Department of Indigenous Medicine of Ministry of Health, Ministry of Education, Ministry of Agriculture and Livestock, Ministry of Fisheries, Ministry of Social Welfare, Ministry of Housing & Estate Infrastructure, Ministry of Samurdhi, Ministry of Mass Media & Communication, Ministry of Trade, Ministry of Policy Development and Implementation, Ministry of Women's and child affairs, Department of Census and Statistics, Sri Lanka Customs and so on. They implement activities through District and Divisional secretaries using relevant officers. They all are collaborated by Nutrition secretariat through the multi sector action plan. [8]

Further, United Nations Organization such as World Food programme, World Health Organization, UNICEF, Food and Agriculture Organization and NGOs such as Child Fund – Sri Lanka, World Vision Lanka, Save the children International and 'Sarvodaya' carryout their planned activities with support of government organizations or independently. Plantation Human Development Trust looks after the nutrition of the estate population. [9]

PHMs involve in promoting nutrition through health education, behavior change communication, providing food supplements and collaborating their activities with representatives of other ministries such as Grama Niladari, Samurdi Niladari, Agricultural officers, Social Service officers, community leaders and civil society organizations especially via village committees. Department of Indigenous medicine and its provincial departments target preschoolers and pregnant mothers through their community health development officers. [5,10]

There are three Information management Systems to gather information related to Nutrition: (1). District Nutrition Monitoring System implemented only in 3 districts as a pilot project which collects demographic data and under 5 malnutrition data from PHMs using a smart mobile application and data are accessible to MOH, RDHS and Nutrition Coordination Division (2). National Nutrition Information System which is implemented island wide collects demographic data, malnutrition data among under 5 children, among pre pregnant females and pregnant mothers using 'Grama Niladari', 'Samurdhi

Niladari' and Development officers in Village committees through paper based mechanism and transferred via District Secretariat through web based mechanism to presidential secretariat (3). National Nutrition Surveillance System which is implemented as a pilot project in Nuwara Eliya district collects aggregated data of nutrition status among under 5 children and pregnant mothers and data of immunization and supplementation by village committee officers through a paper based mechanism, preparation at planning unit of the District secretariat in a web based way and finally sent to the Nutrition Coordination Unit of M.o.H. [7]

Feeling

I feel that as a country which has achieved a huge socio economic development in the past few decades, which has transformed from a low income country to a low middle income country and which has successfully achieved targets related to child and maternal health indicators, life expectancy and literary rates, it is unbelievable to have such a high prevalence of under nutrition in several sex groups, age groups, social groups and ethnic groups.

I feel as a country it has taken every effort to introduce and implement the policy decisions taken in the national nutrition policy which specifically stresses the importance of inter sectoral coordination which is continuously leading to a considerable amount of collaboration among different sectors.

At the same time, I feel that there could be several other hidden lapses such as coordination with Ministry of Mass Media & Communication, Ministry of Trade, Ministry of Education and so on which have influenced negatively to the coordination efforts taken so far to combat with the issue of under nutrition.

Evaluation

Government of Sri Lanka has recognized the importance of multi sector approach to promote nutrition. It has established a Nutrition secretariat in the presidential secretariat to coordinate nutrition interventions carried out in 15 different ministries. There is a multi - sector action plan developed by the Nutrition secretariat for bringing together of all relevant ministries to a single objective. There is a National Nutrition policy which was revised in 2010 to broaden its objectives. Its' 5th objective "Strengthening advocacy/partnership and networking" has aimed at strengthening of coordination of nutrition related units. There are many directorates in the M.o.H which address various facets of under-nutrition in the country such as maternal, under 5 children, school children, youth, elderly, disabled, displaced, estate population and urban poor which are at high risk. M.o.H has established a Nutrition Coordination Division to work as the secretariat for the Nutrition Steering Committee to coordinate the activities performed by different directorates, UN agencies and NGOs.

The implementation of health interventions is carried out mainly through provincial and regional health authorities which are having a well-organized inter connected system with proper monitoring and evaluation system. District Nutrition action plans are prepared on Need Basis by MOHs, assessed and consolidated by RDHS and further assessed and consolidated by PDHS before getting the approval from the secretary; funds are allocated from finance commission via the provincial councils and from the nutrition coordination division, Nutrition division, FHB, HEB and other relevant directorates. There are village committees established at local level to improve collaboration and resource sharing among PHM, Grama Niladari, Samurdi Niladari, Agricultural officers and social services officers etc. when planning and implementing nutrition related programmes.

Nutrition is included in policies of a large number of ministries related to Nutrition discussed above and their progress is monitored and evaluated at Divisional secretariat, District secretariat and Nutrition secretariat at Presidential secretariat. Other ministries participate in

the steering group of National Nutrition Surveillance System and use of data for nutrition related policy decisions. There are three Information Management Systems to gather information related to Nutrition and to facilitate data sharing.

On the other hand, there are some deficiencies seen in dealing with this issue;

- Sri Lankan health system is not totally decentralized which can cause problems in coordination process.
- Poor coordination of ministries towards promotion of nutrition is seen at presidential secretariat due to conflicting interests between other burning issues such as CKDU. Further, the number of progress review meetings have gone down with time.
- Multi sectoral and integrated approach requires more delivery channels which need political will and consensus among top level policy makers which is not satisfactory.
- There is little cross sectional collaboration between different Ministries such as Ministry of Education, Ministry of Mass media and Communication and Ministry of Trade.
- There is only a little functional coordination among the units in the M.o.H. Many units plan activities without performing need assessments and hence there is duplication of activities and some population groups are not adequately attended.
- Nutrition research is done by PGIM, MRI, FHB and NCOD are not sufficient to find evidence based solutions for the problem. There is no system to share findings of researches.
- The plantation Human Development Trust which looks after health and nutrition in estate sector is not linked to the public sector. Plantation Human Development Trust lacks the capacity to provide a high quality service.

Analysis

National Nutrition Policy, multi sector action plan, establishment of Nutrition secretariat, establishment of Nutrition Steering Committee, establishment of Nutrition Coordination unit and establishment of different electronic Information systems have contributed to a higher coordination and collaboration among the nutrition related units in different responsible authorities in Sri Lanka.

Multi sector platforms have been established for SL government, UN agencies and civil society to work in collaboration to improve nutrition. Similar platforms are available at provincial, district level. As a result, Sri Lanka has been able to reduce under nutrition of different types to considerable low levels over the time.

However, Despite availability of free health, higher income, multi sector platforms, training and recruitment of necessary staff, higher level of food production, higher availability of food at the domestic market, no significant food shortage and control of communicable diseases; still Sri Lanka has not been able to reduce the under nutrition beyond a certain limit.

Literature shows that food related factors such as high prices of food items, unequal distribution, inability of poor to purchase nutrition rich food, gaps in public awareness on appropriate food practices, poor knowledge among students and parents about food supplements, family sharing of food supplementation, poor weaning practices, poor care given in day care centres, media influence on selection of food items, change in the preferences of food practices at individual level; social factors such as negligence of some categories like pre pregnancy, adolescents, elderly without children, urban poor and disabled, communication barriers in some districts, inadequate staff training on

feeding strategies, poor behavior change communication, business networks not promoting good nutrition, media damaging the nutrition behavior, excessive addiction to social media, ad hoc planning of provincial interventions, inter district variation in implementation of activities, weak participation of community based organizations as change agents, inadequacy of standards of toilets and water sources and control of water - borne diseases and genetic factors such as different ethnicity which affect appetite, satiety, amount of eating and the level of physical activity could lead to under nutrition.

Researches are needed from all sectors to give evidence for correct decision making. Views of professionals with field experience and views from other non health professionals are not sufficiently represented in National Nutrition Policy making process due to rigid attitudes of medical professionals. As a result, Food centered approaches are dominating. Their views are needed through research to attend nutritional problems from different perspectives. Managers of Nutrition are mainly researchers and have poor programme management skills. The findings of researches done in other fields are not properly exchanged. Therefore, there is no systematic process to learn from impact of existing programmes.

Ministry of Education, Ministry of Mass media and Communication and Ministry of Trade do not show much emphasis on Behavior Change Communication towards correct food choices and practices. There is no functional Media Surveillance System to prevent media opposing the effects of BCC carried out by other sectors. Multi sector platforms established to work in collaboration to improve nutrition needs upgrading.

National nutrition surveillance system is available. However, there are deficiencies in timely information which has been recently revised to improve timeliness as an early warning system. It needs a system which operate at national nutrition secretariat with representation of multi ministerial data and information. Now there are several data sources which need to be integrated and implement throughout the country. The nutrition related data collected in H 509 by each MOH could be incorporated to the island wide information collecting system by the nutrition secretariat. Information of all the necessary indicators should also be incorporated into the system. At present these systems are only partially electronic based and data entry at field level is still paper based. The pilot project done in 3 districts has shown the efficiency of the electronic information management system which requires broadening.

CONCLUSION

- Sri Lanka has identified the importance of scaling up the nutrition interventions carried out in M.o.H.; National, Provincial and District level health authorities; government and non - governmental organizations; community members and other relevant ministries and UN organizations.
- Strong coordinating body from policy level to operational level is needed having strong inter - sectoral coordination, information feedback, data sharing and analysis.
- Assessment of current level of multi sectoral coordination and multi sectoral interventions is required.
- Provincial specific strategies and development of micro plans at house hold level by different sectors are needed and coordinated by provincial secretariats.
- Multi sector collaboration through community based organizations and volunteers needs strengthening.
- Functioning of village committees composed of many grass root level staff needs more attention.

- Plantation Human Development Trust shows inadequate collaboration with provincial health authorities which needs some change.
- The responsibilities of Ministries which have a negative impact on nutrition practices need consideration.
- Current multiple information systems needs proper streamlining for monitoring, evaluation and accountability at all levels.
- Nutrition related research has not become a priority in almost all the sectors in Sri Lanka.

Recommendations

- Strong coordinating body from central government to grass root level is needed having strong inter - sectoral coordination and functional information feedback system and data sharing and analysis.
- Rapid assessment of multi sectoral coordination and multi sectoral interventions should be done.
- National level coordination should be strengthened through proper functioning of Nutrition secretariat, provincial secretariat, District Secretariat, Divisional secretariat and Nutrition Steering committees for broader participation of stakeholders and regular meetings for monitoring and evaluation.
- Multi sector collaboration through community based organizations and volunteers to act as change agents to monitor progress at community level.
- Strengthening village committees with participation of operational level staff and sharing experience at field level.
- Plantation Human Development Trust may be transferred to provincial government to provide a better service to estate sector.
- More collaborations with other responsible ministries to adopt new strategies such as social marketing, enforcement of legislations against mass media advertisements promoting unhealthy food products, price reductions of nutritional food, media surveillance system to prevent media damage to nutrition behavior and strict implementation of healthy nutrition practices in school environments equally in both rural and urban, and public and private schools.
- Strengthening, streamlining and digitalizing the information management system for better data generation, dissemination and utilization. A clear system of monitoring, evaluation and accountability at all levels is necessary. Further, Improving mobile facilities of PHMs and field staff is needed.
- Research should be encouraged in all subjects to understand and to give recommendations.

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