2025

National Nutrition Month

SUMMARY REPORT

FAMILY HEALTH BUREAU

MINISTRY OF HEALTH

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NATIONAL NUTRITION MONTH

SUMMARY REPORT

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Family Health Bureau

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Sri Lanka

Contents

1. Introduction

In 2006, the concept of ***Nutrition Month*** was introduced with the aim of carrying out growth assessment of children under 5 years to obtain comprehensive prevalence data on child nutrition and to assess the annual trends. During this month, the anthropometric measurements, namely the weight and length/ height of all children under 5 years of age are measured as an island wide activity irrespective of the routine schedule recommended in the Growth Monitoring and Promotion Programme. In the subsequent years, the focus of Nutrition Month was expanded to include pregnant mothers, school children and children not attending school as well as the general public.

With the objective of assessing the nutrition status of under 5-year-old children, school children and pregnant mothers at national and sub national levels and disseminating the latest nutrition data among the health staff and other stakeholders to strengthen, stream line and target service provision, Nutrition Month activities were held island wide, in the month of June 2025.

2. Methods

National Nutrition Month 2025 [NNM 2025] was held in the month of June while the initial preparations were initiated in May 2025. Technical update sessions for all Medical Officers of Health [MOHs], other supervising staff categories and Public Health Midwives [PHMs] were conducted on 22nd of May 2025 in both local languages, with the participation of Maternal and Child Health unit health staff at district level, and all relevant consultants.

Assessment of children under 5 years of age: PHMs were instructed to inform caregivers of all children under 5 years under care in her area and to carry out anthropometric measurement during the month with the objective of achieving highest possible measurement coverage. All data collection format templates and the written guideline for data collection in all three languages were shared with them through the Medical Officers of Maternal and Child Health [MOMCHs] and Medical Officers of Health (MOHs). All MOHs were given instructions to achieve the maximum coverage of children under 5 years who are under care of the PHMs by promoting parents' participation and improving accessibility.

Assessment of pregnant women: A comparison of routinely collected data on maternal nutrition was done up to the month of June 2025 based on the routine data available in the electronic Reproductive Management Information System [eRHMIS] of the FHB

Assessment of school children: All MOHs were instructed to assess nutrition status of school children by selecting 3 schools in each MOH area in the month of June 2025. Schools were selected based on the number of students in each school. In each MOH area, the school with the highest number of students, the lowest number of students and a school in between were selected by the School Health Unit of the FHB. MOHs were advised to assess the nutrition status of all targeted grades and to report them through the eRHMIS system.

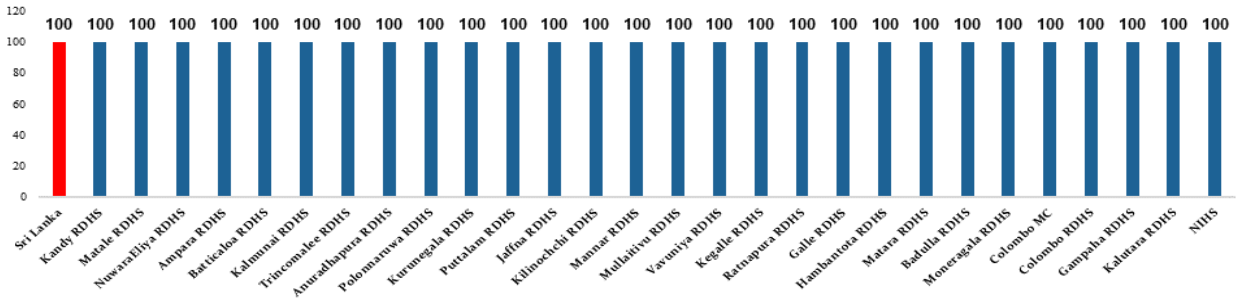
All supervising officers were encouraged to supervise these activities continuously in order to assure the quality of measurements and services.

3. Results

3.1 Nutritional status of children under 5 years of age

3.1.1 Reporting rates

All 361 MOH areas covering 6892 PHM areas in the country provided data with a national reporting rate of 100% [Figure 1].



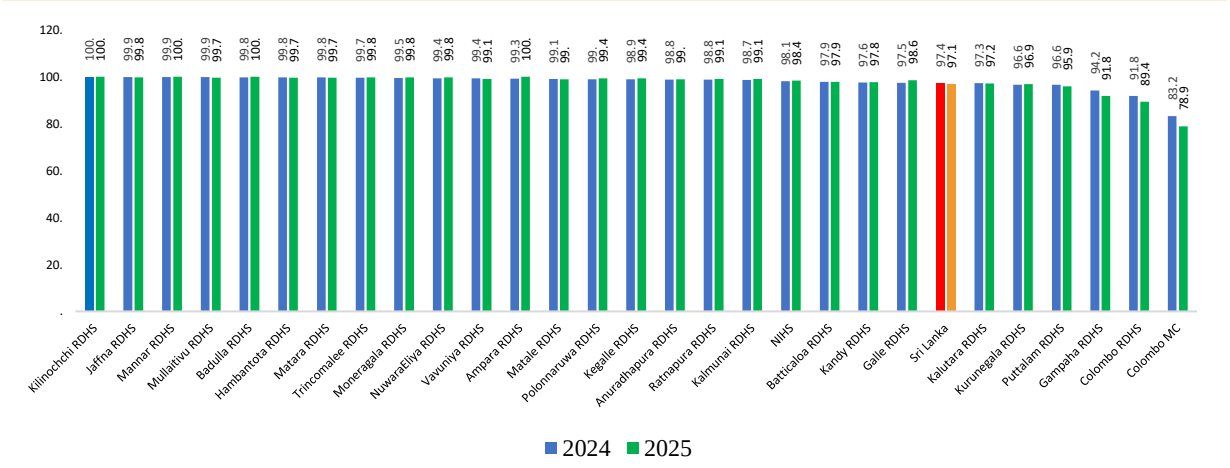
Source: eRHMIS 2025

Figure 1: National Nutrition Month Reporting Rate 2025

3.1.2 Assessment coverage of children under 5 years

A total of 1,208,769 children under 5 years have been registered with Public Health Midwives in Sri Lanka of which 1,173,237 children were measured during the month of June with an assessment coverage of 97.1%. Highest coverages (100%) were achieved by the districts Kilinochchi, Mannar, Badulla, Ampara [100%] followed by districts of Jaffna, Trincomalee, Moneragala and Nuwaraeliya [99.8%]. Lowest assessment coverage was reported from

Colombo Municipal Council area, which was 78.9% [Figure 2]. Only 17 districts had maintained or improved the assessment coverage rate when compared with year 2024.



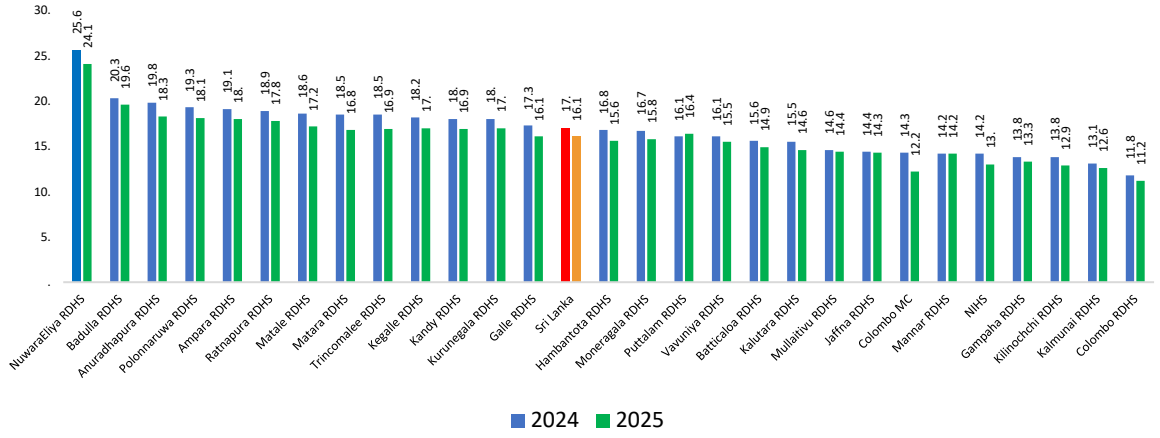
Source: eRHMIS 2025

Figure 2 : Percentage of children under 5 years measured for growth out of number registered

3.1.3 Children under 5 years with underweight

Underweight is defined as low weight-for-age (less than -2SD). A child whose weight is in the orange or red zones in the weight for age chart in the CHDR is considered as underweight. A child may be underweight due to stunting, wasting or both or due to low birth weight.

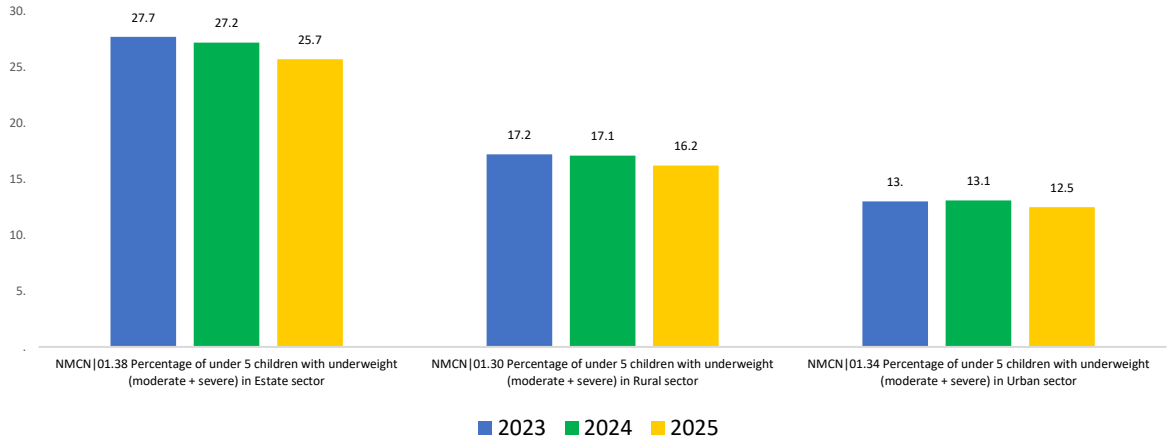
Percentage of children under 5 years with underweight which was reported to be 17 % in 2024 has reduced to 16.1% in 2025. Highest underweight percentage was reported from Nuwaraeliya district even though it has reduced from 25.6% in 2024 to 24.1% in 2025. Most of the districts have reported a slight reduction in the underweight prevalence except Puttalam which reported a slight increase compared to 2024 NNM and Mannar which remains the same [Figure 3].



Source: eRHMIS 2025

Figure 3: Percentage of children under 5 years with underweight (moderate + severe) by district

The sector wise distribution of underweight reveals that underweight has reduced in all sectors when compared with year 2024 [Figure 4].



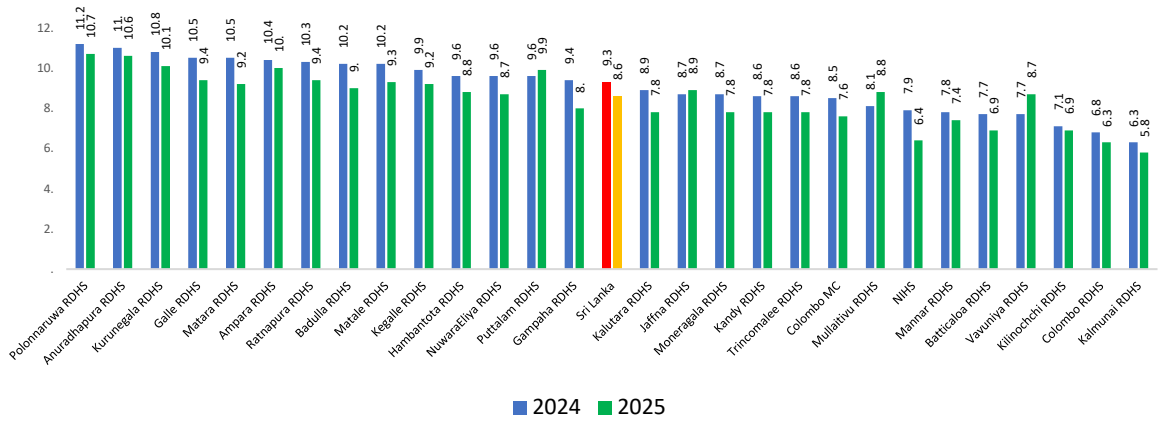
Source: eRHMIS 2025

Figure 4: Percentage of children under 5 years with underweight (moderate + severe) by Sector

3.1.4. Children under 5 years with wasting

Wasting is defined as low weight-for-length/height (< -2SD). It often indicates recent and significant weight loss, although it can also persist for a long time. It usually occurs due to dietary inadequacies and/or illness.

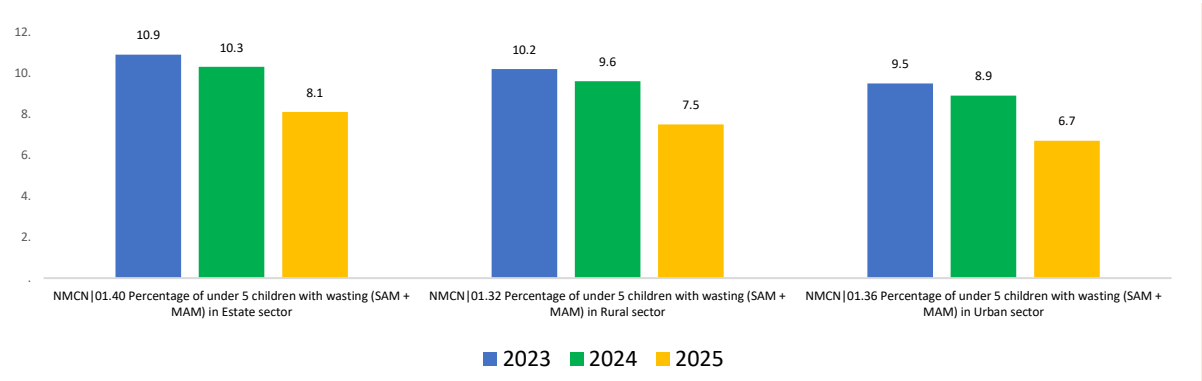
Percentage of wasting among children under 5 years which was reported as 9.3% in 2024 has reduced to 8.6% in 2025 with all districts except Puttalam, Jaffna, Mullaitivu and Vavuniya showing an improvement in wasting reduction among children under 5 years in 2025 compared to 2024. The district of Polonnaruwa which has reported the highest wasting percentage (10.7%), has shown an improvement when compared with year 2024 (11.2%). [Figure 5].



Source: eRHMIS 2025

Figure 5: ***Percentage of children under 5 years with wasting (SAM + MAM) by district***

Wasting continues to show a declining trend from 2023 to 2025 in all three sectors [estate, rural and urban] in 2025 [Figure 6].

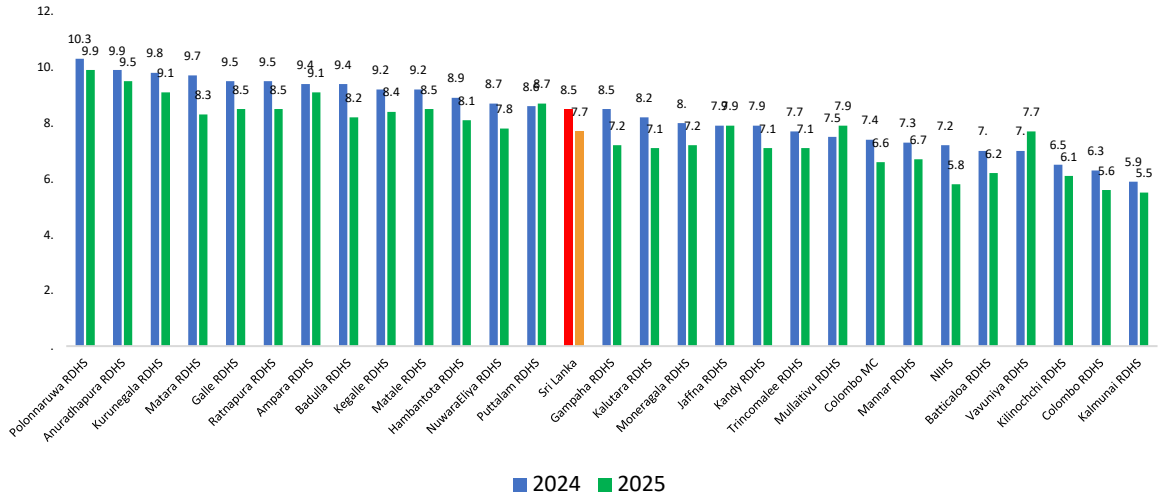


Source: eRHMIS 2025

Figure 6: Percentage of children under 5 years with wasting by sector

3.1.5. Children under 5 years with moderate acute malnutrition [MAM]

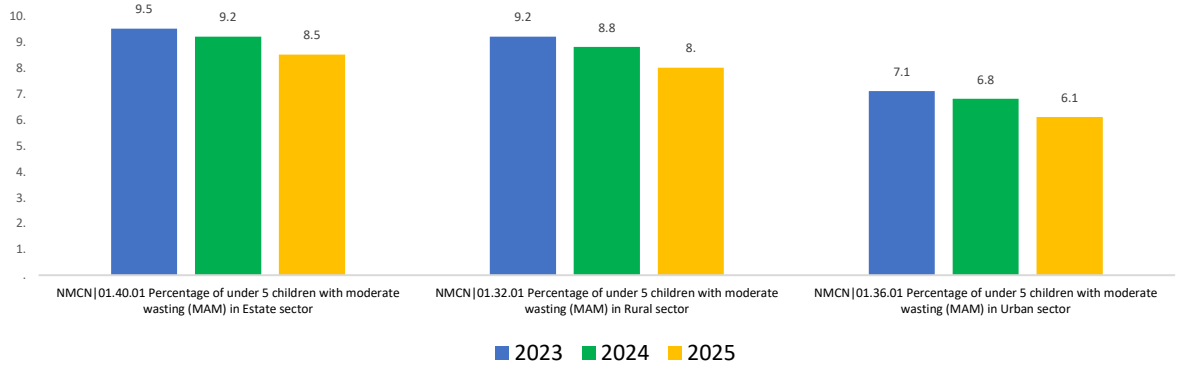
MAM has reduced from 8.5% in 2024 to 7.7% in 2025 nationally and this trend was observed in most of the districts except in Puttalam, Mullaitivu and Vavuniya which reported an increase and Jaffna which remained at the same level when compared with 2024.



Source: eRHMIS 2025

Figure 7: Percentage of children under 5 years with moderate wasting (MAM) by district

Similar to the trend in wasting, the sector wise comparison of MAM trend shows an improvement in all three sectors over the years [Figure 8].

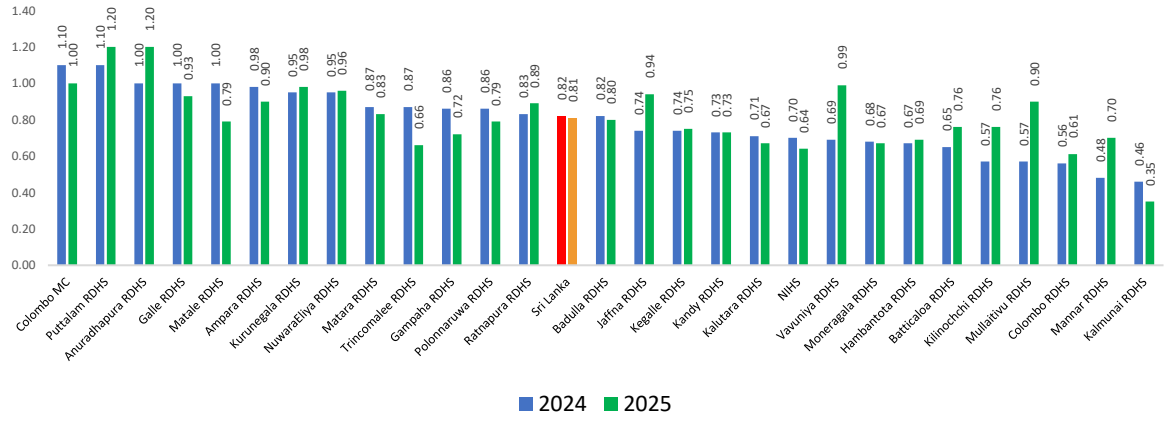


Source: eRHMIS 2025

Figure 8: Percentage of children under 5 years with moderate wasting (MAM) by sector

3.1.6. Children under 5 years with severe acute malnutrition [SAM]

Severe acute malnutrition is defined as **a very low weight for length/height (< -3SD).** A total of 9,542 [0.81%] SAM children were reported in 2025 compared to the 10,323 [0.82%] SAM children reported in 2024 [Annexure 1]. In 2025, percentages of SAM children have increased in Puttalam, Anuradhapura, Kurunegala, Nuwaraeliya, Rathnapura, Jaffna, Kegalle, Vavuniya, Hambantota, Batticaloa, Kilinochchi, Mullaitivu, Colombo and Mannar districts compared to 2024 [Figure 9].



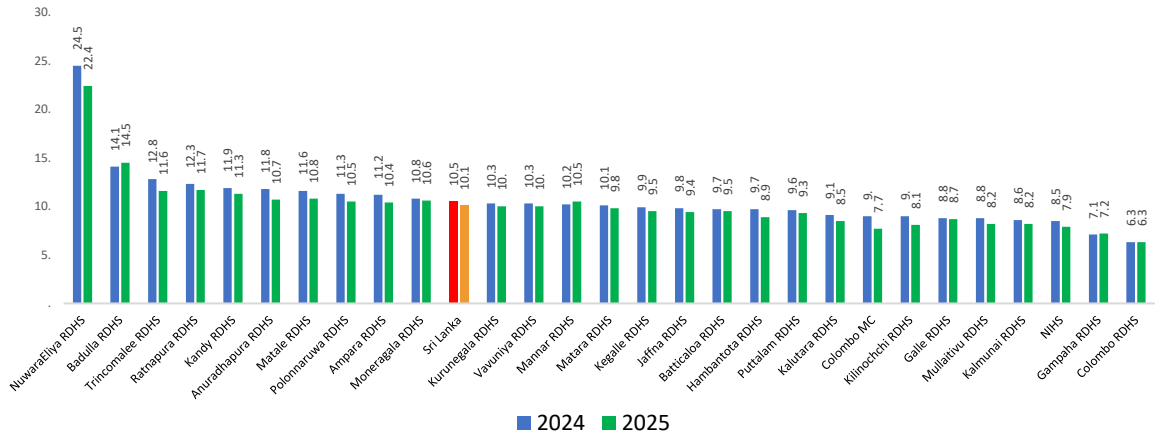
Source: eRHMIS 2025

Figure 9: Percentage of children under 5 years with severe wasting (SAM) by district

3.1.7 Children under 5 years with stunting

Stunting is defined as low length/height-for-age (<-2SD). It is the result of chronic or recurrent undernutrition. Stunting prevents children from reaching their full physical and cognitive potential.

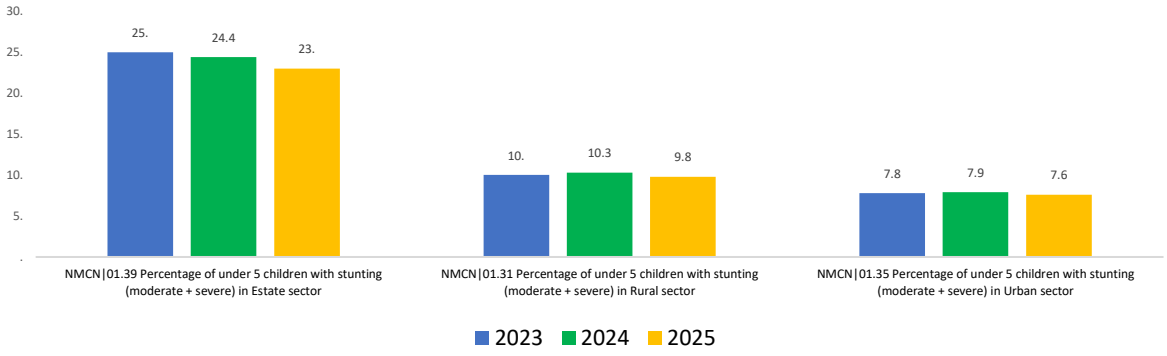
It was noted that the overall stunting percentage has slightly reduced from 10.5% in 2024 to 10.1% in 2025. The highest percentage of stunting was still reported from the district of Nuwaraeliya even though it has reduced to 22.4% in 2025 from 24.5% in 2024 [Figure 10]. The district of Badulla is still the second highest with an increase from 14.1% in 2024 to 14.5% in 2025.



Source: eRHMIS 2025

Figure 10: Percentage of under 5 children with stunting (moderate + severe) by district

In estate sector, there is a reduction in stunting from 24.4% in 2024 to 23% in 2025. In other 2 sectors [urban & rural] stunting rates have reduced only slightly, compared to 2024 [Figure 11].

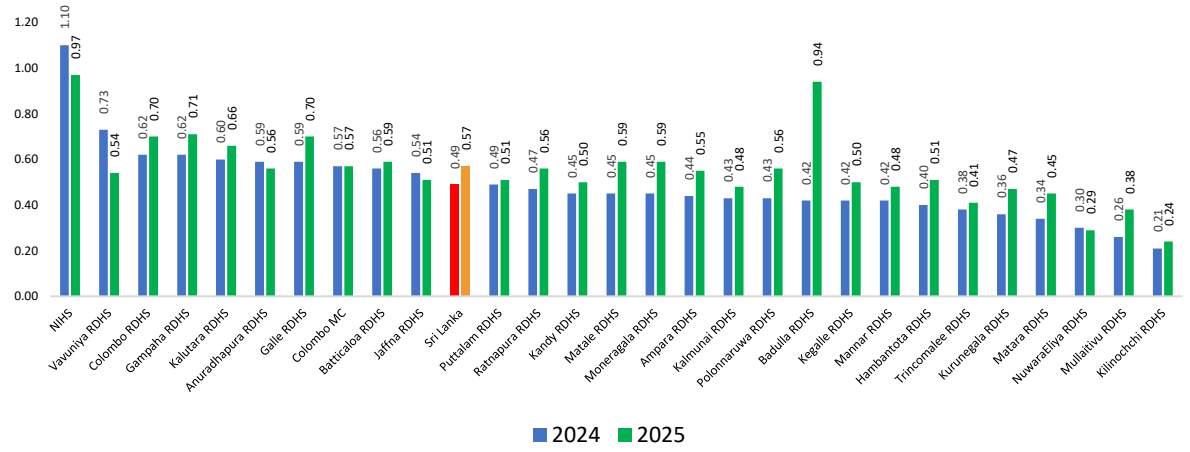


Source: eRHMIS 2025

Figure 11: Percentage of children under 5 years with stunting (moderate + severe) by sector

3.1.8 Children under 5 years with overweight and obesity

Overweight and obesity (defined as weight for length/height > +2SD) has increased from 0.49 % in 2024 to 0.57% in 2025 among children under 5 years of age [Figure 12]. Most of the districts show an increase in overweight and obesity compared to 2024.



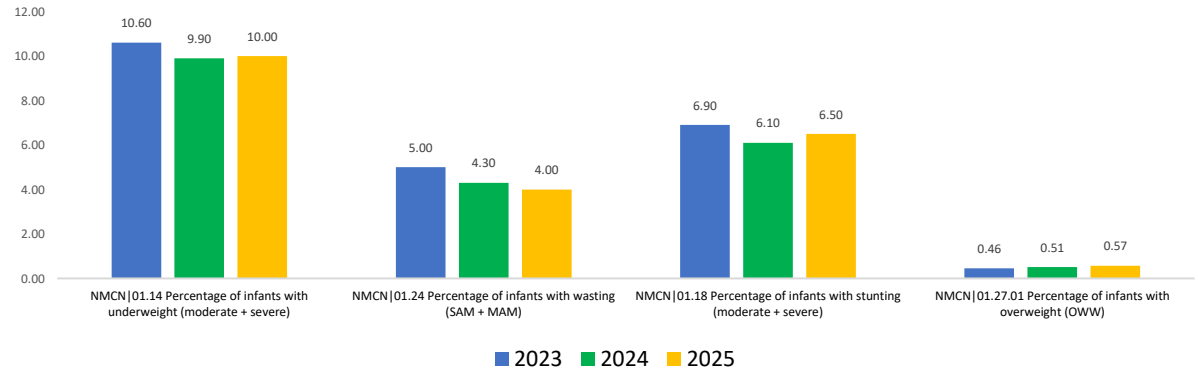
Source: eRHMIS 2025

Figure 12: Percentage of children under 5 years with overweight and obesity by district

3.1.9 Nutrition status of children under 5 years by age categories

3.1.9.1 Infants (under 1 year of age)

Underweight, stunting and overweight/obesity among infants up to 1 year have slightly increased in 2025 compared to 2024. Wasting has reduced in 2025 compared to 2024 data [Figure 13].

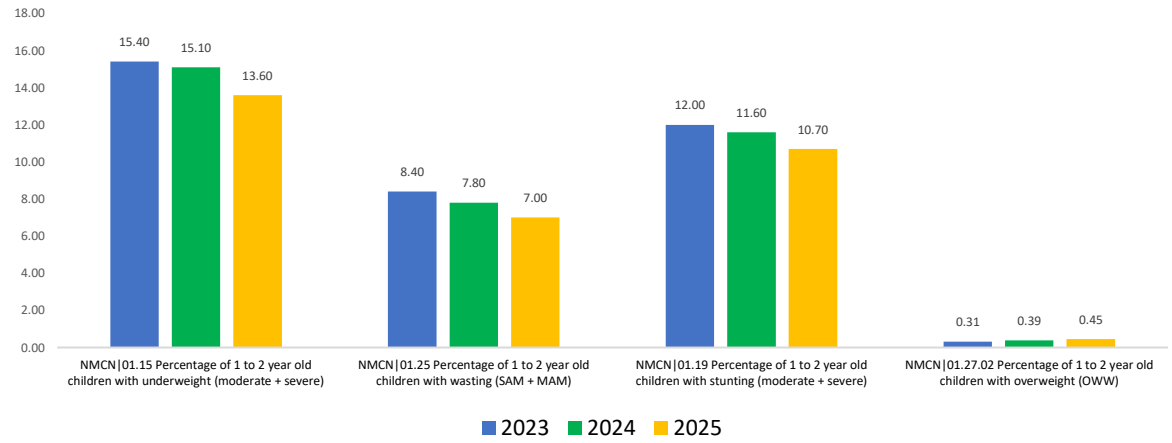


Source: eRHMIS 2025

Figure 13: Nutrition status of infants under 1 year

3.1.9.2 Children 1-2 years of age

In the 1-2-year age group, underweight, wasting and stunting have reduced compared to 2024 and a slight increase is observed in over weight/obesity [Figure 14].

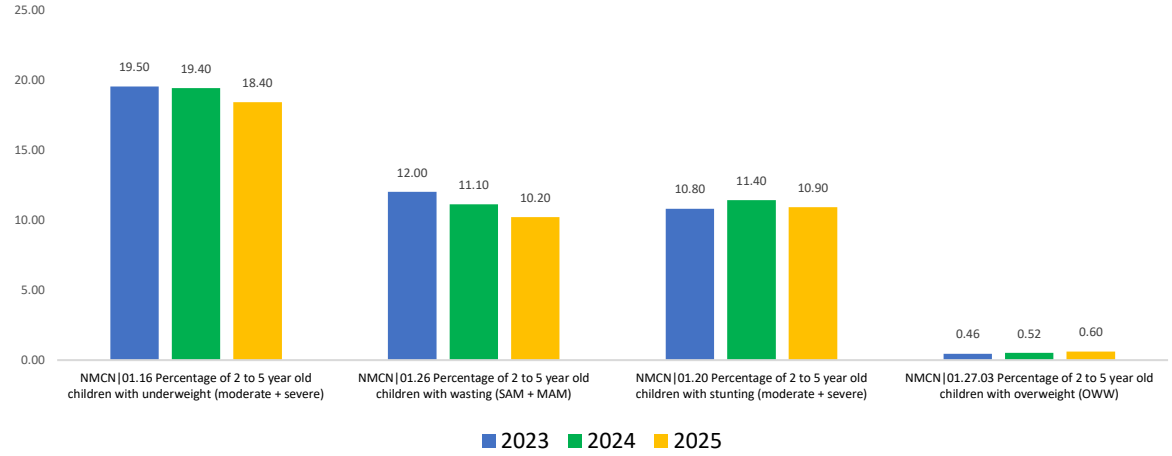


Source: eRHMIS 2025

Figure 14: Nutrition status of young children between 1 to 2 years

3.1.9.3 Children 2-5 years of age

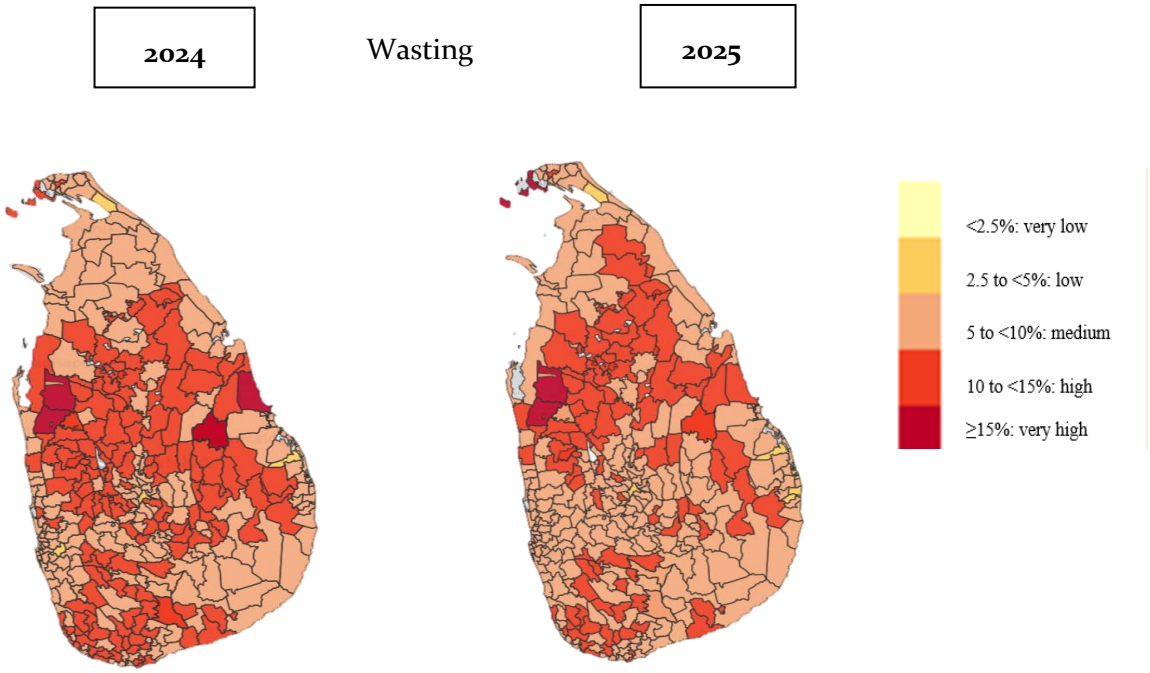
Underweight, wasting and stunting among the preschoolers [2-5 years old] has reduced compared to 2024 while, overweight/obesity have slightly increased [Figure 15].



Source: eRHMIS 2025

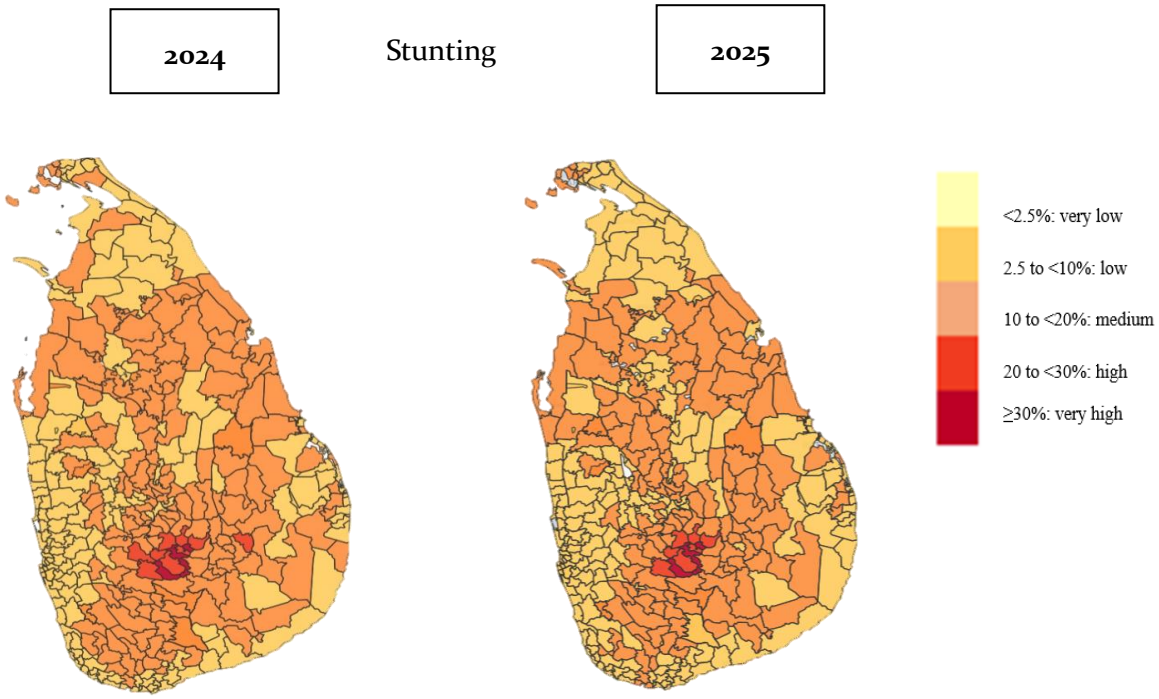
Figure 15: Nutrition status of children between 2 to 5 years

3.1.10 Comparison of stunting and wasting 2024 and 2025 by MOH Areas



Source: eRHMIS 2025

Figure 16: Comparison of wasting among children under 5 years 2024 & 2025 by MOH area



Source: eRHMIS 2025

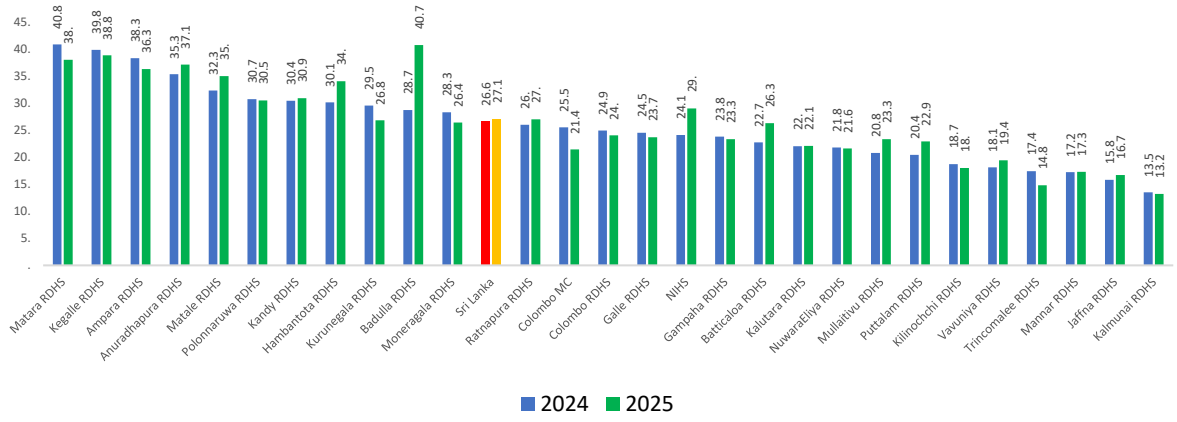
Figure 17: Comparison of stunting among children under 5 years 2024 & 2025 by MOH areas

**Maps were based on the WHO cut-off values for public health significance [Annexure 4]*

3.1.11 Percentage of under 5 children with growth faltering in green/ light green zones (between +2 to -2SD in weight for age chart)

Faltering of weight for age (i.e. growth faltering) can occur due to inappropriate feeding including acute deprivation of food or illness. Acute faltering will lead to wasting while continuation of it over a period of time may result in stunting. Therefore, improved early detection of growth faltering and timely and correct interventions to reverse it is the key intervention to prevent occurrence of all growth problems.

In year 2025, only thirteen districts have been able to improve the identification and reporting rates of growth faltering of children growing in the 'normal' zone when compared to year 2024. The district of Badulla has shown a remarkable improvement in detection of growth faltering (40.7%) when compared with year 2024 (28.7%).



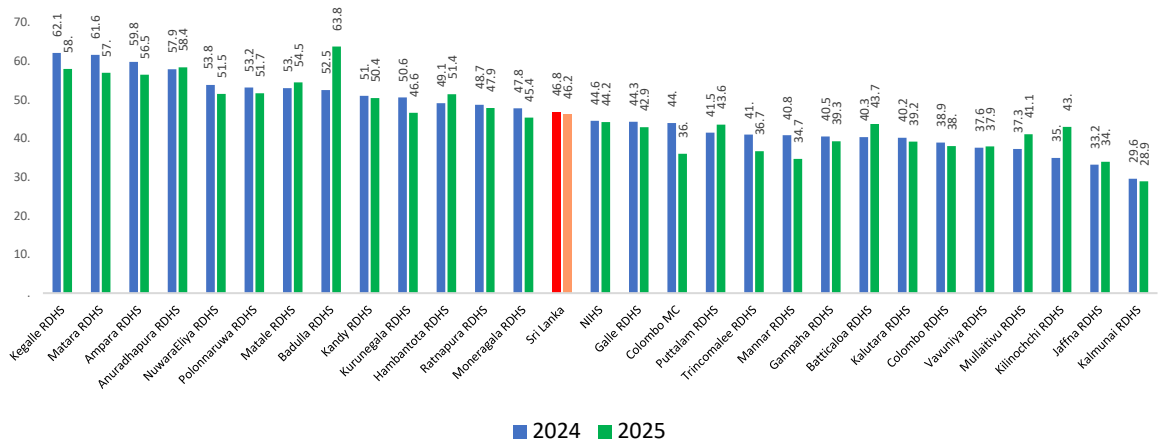
Source: eRHMIS 2025

Figure 18: Percentage of under 5 children with growth faltering in green/ light green zones

3.1.12 Percentage of under 5 children with any growth problem

Children who were having one or more of given growth problems were considered for this indicator as an approximate assessment of the burden for care provision; the conditions considered this year were growth faltering in the green zone of the weight for age chart, underweight, stunting, wasting and overweight/obesity.

In year 2025, 46.2% of children had one or more of the above stated growth conditions of which, growth faltering in the green zone has contributed to a major proportion. Children with any growth problem in Badulla district has increased from 52.5% in 2024 to 63.8% in 2025 very likely due to the improved detection of growth faltering mentioned above.



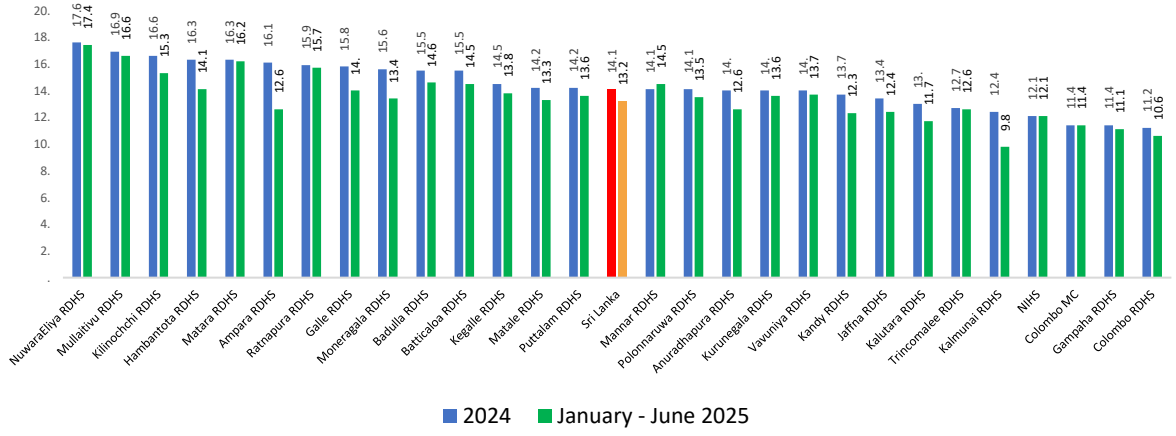
Source: eRHMIS 2025

Figure 19: Percentage of under 5 years children with any growth problem by districts

3.2 Nutritional status of pregnant women

According to eRHMIS data, body mass index [BMI] less than 18.5 kg/m2 among pregnant women have reduced from 14.1% to 13.2% in 2025 in the country and in all districts the same could be observed [Figure 20].

3.2.1. Pregnant women with low Body Mass Index

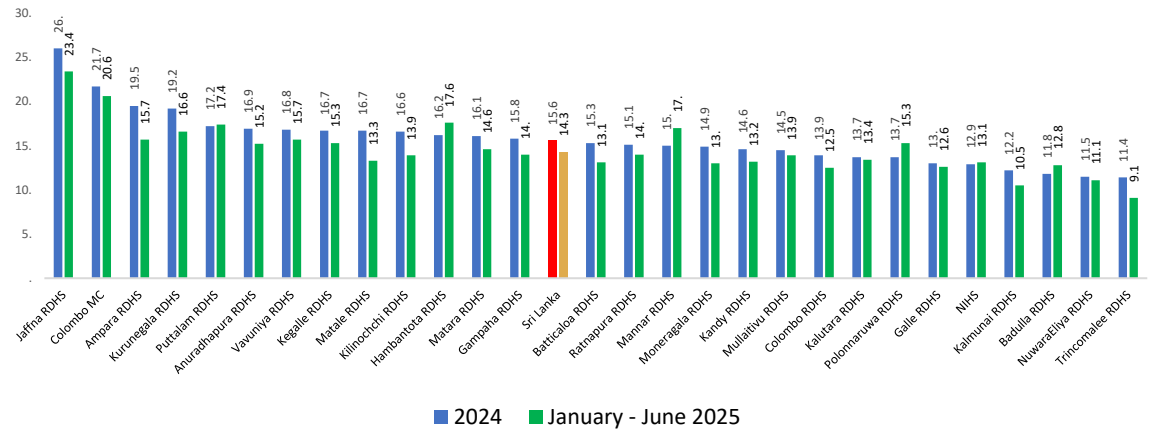


Source: eRHMIS 2025

Figure 20: Percentage of pregnant mothers with BMI < 18.5%

3.2.2. Pregnant women with Anaemia

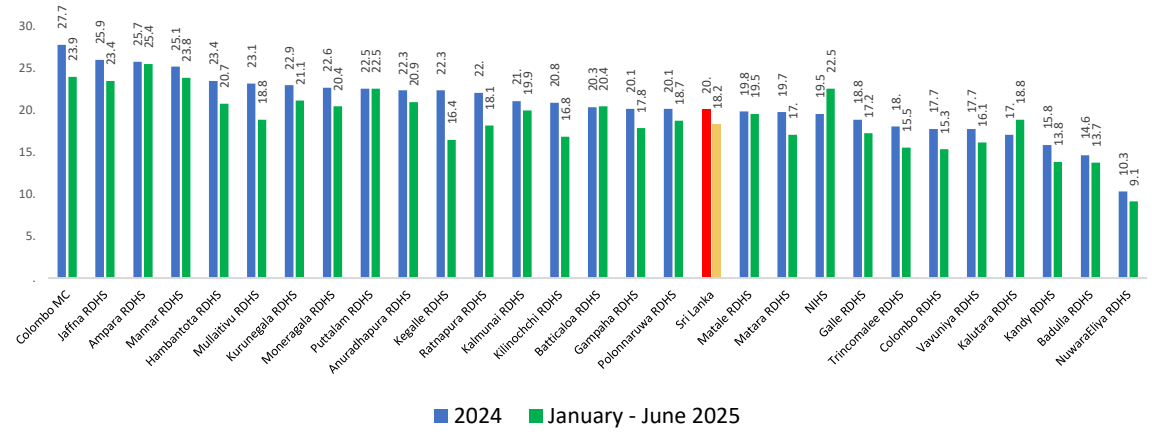
Based on the eRHMIS data, it could be observed that the moderate and severe anaemia among pregnant women at the booking visit has reduced from the value reported in 2024 [15.6%] to 14.3% by June 2025 [Figure 21]. This trend was observed in many districts except in Puttlam, Hambantota, Mannar, Polonnaruwa and Badulla districts.



Source: eRHMIS 2025

Figure 21: Percentage of pregnant mothers with Hb less than 11g/dl before 12 weeks of POA

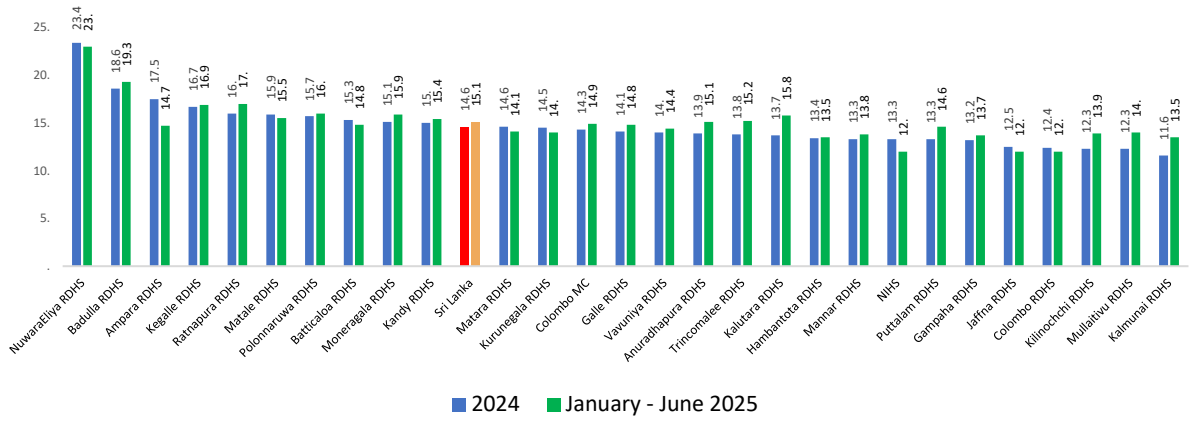
With the haemo dilution in the second trimester of the pregnancy, slight reduction of haemoglobin levels could be expected. However, at the cutoff value of 10.5g/dL, 18.2% of pregnant women were reported to have moderate to severe anaemia in 2025. There was a slight reduction of this value in 2025 compared to the 20% reported in 2024 [Figure 22].



Source: eRHMIS 2025

Figure 22: Percentage of pregnant mothers with Hb less than 10.5g/dl in 26-28 weeks of POA

3.2.3. Low Birth Weight reporting



Source: eRHMIS 2025

Figure 23: Percentage of babies with low birth weight

Low birth weight [LBW] rate reported was 15.1% in 2025, which shows a slight increase in 2025 compared to the reported value of 14.6% in 2024. Highest LBW rate was reported from Nuwaraeliya which was 23%.

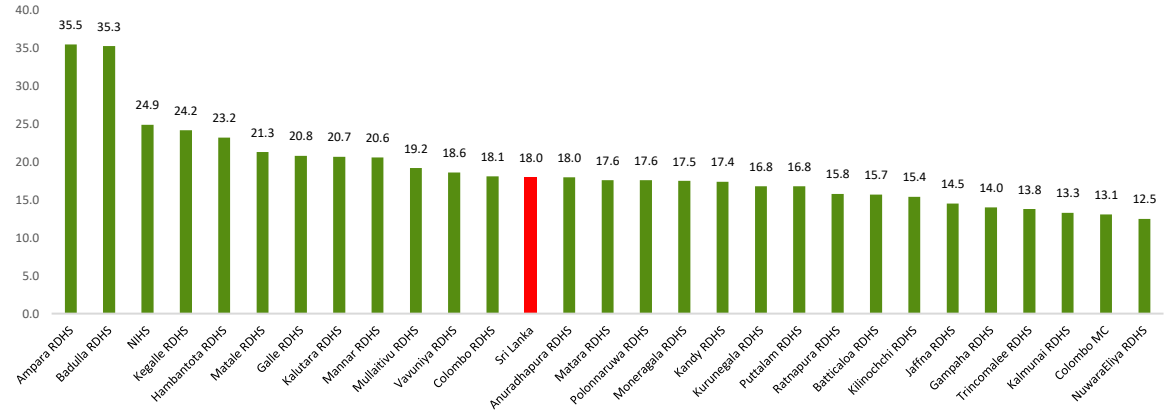
3.3. Nutritional status of school children

A total of 141,880 students across the island were examined during the nutrition month, providing a comprehensive overview of the nutritional status of school-aged children.

Reporting rates from districts averaged 83.3% nationally, with some RDHS areas such as Batticaloa, Trincomalee, Matara achieving nearly complete reporting rates, while others, recorded lower rates. The lowest reporting rate was observed in Nuwaraeliya district, at 64.1%.

3.3.1. Wasting among school children

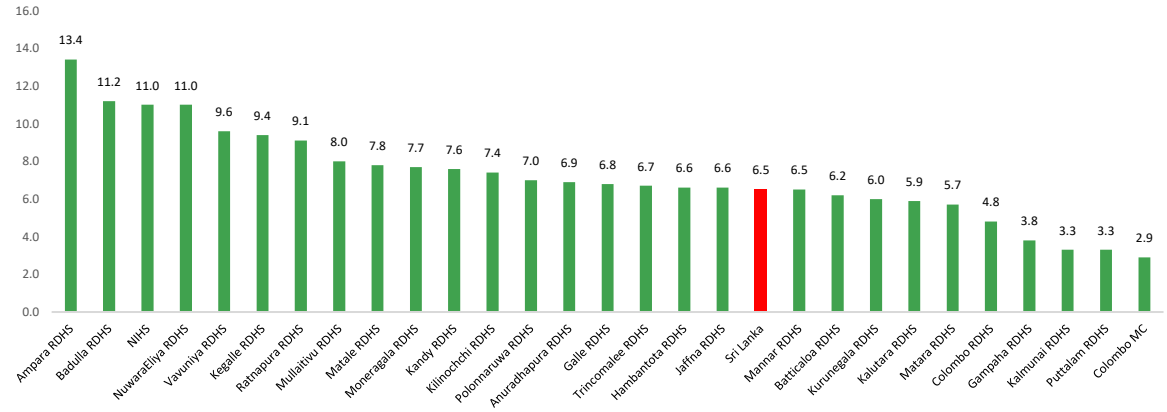
Wasting is defined as BMI for age ≤ 2 SD, reflects acute undernutrition. The assessment revealed that wasting remains a concern among Sri Lankan school children, with prevalence varying across districts. The national average was 18.0%, while districts such as Badulla and Ampara reported comparatively higher rates.



Source: eRHMIS 2025

Figure 24: Percentage of wasting status among school children examined in nutrition month 2025

3.3.2. Stunting among School Children

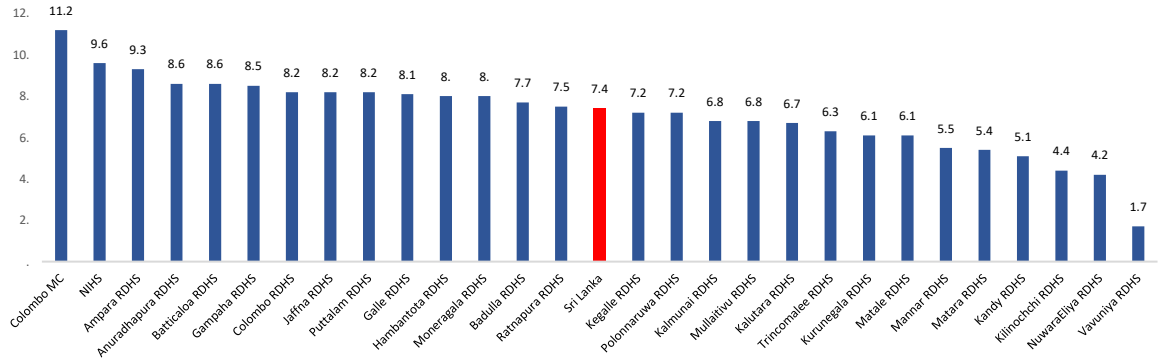


Source: eRHMIS 2025

Figure 25: Percentage of stunting status among Grade 1,4,7,10 school children examined in nutrition month 2025

Stunting, defined as height-for-age ≤ –2 SD, reflects long-term nutritional deprivation. It indicates the lasting effects of inadequate maternal and early childhood nutrition, which are difficult to correct in later years. The national prevalence of stunting was 6.5%, though variations were observed across districts. The highest rate was recorded in Ampara District at 13.4%, while some districts reported lower levels. Overall, the findings confirm that chronic undernutrition continues to be a significant public health challenge.

3.3.3. Overweight among school children

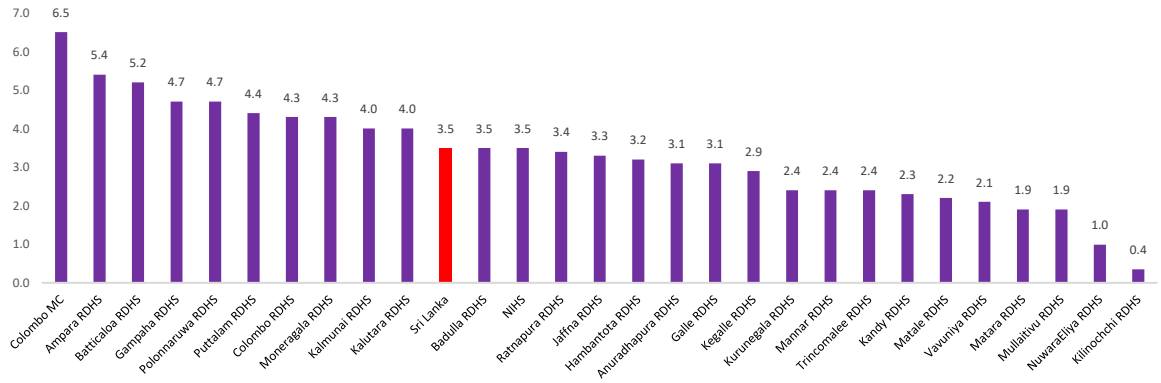


Source: eRHMIS 2025

Figure 26: Percentage of overweight status among Grade 1,4,7,10 school children examined in nutrition month 2025

Overweight, defined as BMI-for-age ≥ +1 SD, is emerging as an increasing concern among school children. The highest prevalence was reported from the Colombo Municipal Council area, where nearly one in ten children were overweight. As one of the most urbanized areas in the country, this finding reflects the influence of changing dietary patterns, reduced physical activity, and rising sedentary behaviours. These findings are consistent with the nutrition transition observed in many middle-income countries, where traditional diets are being replaced by energy-dense foods, often coupled with lifestyle changes that reduce daily activity.

3.3.4. Obesity among school children



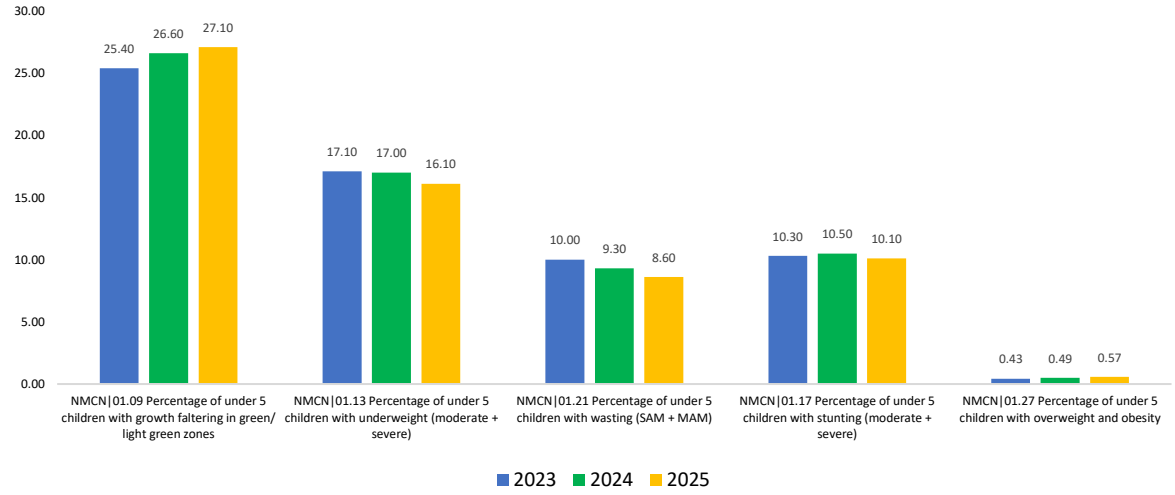
Source: eRHMIS 2025

Figure 27: Percentage of obesity status among Grade 1,4,7,10 school children examined in nutrition month 2025

Obesity, defined as BMI-for-age ≥ +2 SD, is an emerging concern among school children. Although the national prevalence was 3.5%, the Colombo Municipal Council area reported the highest rate at 6.5%, nearly double the national average.

4. Summary

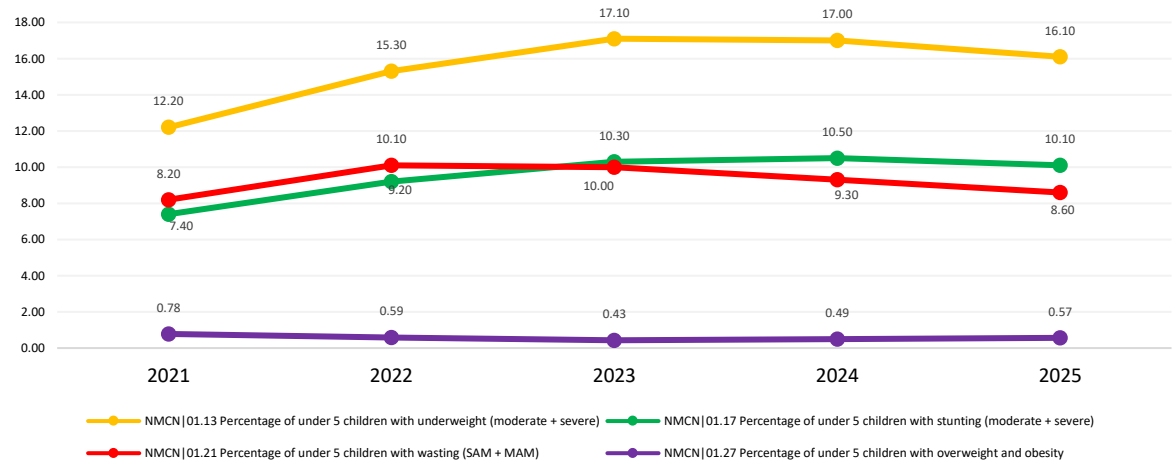
In summary, among children under five years of age, underweight, wasting and stunting has reduced in year 2025 when compared with year 2024, while overweight and obesity percentage has risen slightly. At national level, early identification and reporting of growth faltering showed an improvement in year 2025 [Figure 30].



Source: eRHMIS 2025

Figure 30: Nutrition status of Children under 5 years

When the trends over the last 5 years are considered (2021 to 2025), underweight which was increasing from 2021 to 2023, has shown a gradual reduction over the last 2 years. Wasting too which showed an increase in 2022, shows a decreasing trend from 2023 onwards. Stunting level too which showed an increase from 2021 to 2024 period, has slightly come down in 2025. Overweight and obesity which had declined from year 2021 to 2023 has slightly increased over the last 2 years. [Figure 31].



Source: eRHMIS 2025

Figure 31: Underweight, wasting, stunting and overweight trends of children under 5 from 2021 to 2025

Considering the maternal nutrition status based on the routine data reported through eRHMIS, it has shown that the low BMI, anaemia and LBW have improved slightly compared to 2024.

Looking at the nutrition status of school children, overall, the findings confirm that chronic undernutrition continues to be a significant challenge while overweight and obesity are in rise specially among urban school children.

5. Conclusions and recommendations

Child nutrition

- The trends in underweight, wasting and overweight over the past 2 years indicate a slow but gradual return to pre-pandemic and pre-economic crisis level.

  Stunting rate does not show a remarkable change yet, though slightly declining. This trend in stunting is to be expected because chronic undernutrition does not change quickly compared to acute undernutrition.

  However, none of the undernutrition indicators have reached the pre COVID-19 /economic crisis level yet.

  The declining trend in undernutrition may be due to the recovery of the country from the pandemic/economic crisis
- The rate of growth faltering (between -2SD to +2SD weight for age) is gradually increasing over the last five years pointing to the fact that detection has improved. This is an expected and a positive trend for the country. Improved identification of growth faltering by health staff is expected to yield an improvement of interventions to reverse the currently high under nutrition indicators like underweight, stunting and wasting.
- Overweight /obesity rate, even though remaining at a very low level still, has also increased but has not reached the slightly higher level shown in 2021. Even then, this increasing trend is a concern because there should be a higher number of children showing a risk for becoming overweight in the community even though this is not reported through this activity.

  Increasing trend of overweight/obesity points towards a return to an unhealthy lifestyle with intake of unhealthy food.

  Further, blanket interventions by various interested parties aimed at increasing the weight of the children can contribute to an increase in overweight. (Note- Underweight children include a range of growth conditions such as faltering of weight, wasting, those with small stature but normal weight for height and stunting each of which require different types of dietary interventions guided by health personnel.)

- Early identification and reporting of growth faltering need further improvement. This is the key intervention required to prevent growth problems such as wasting, stunting and 'underweight due to growth faltering'. Both parents/caregivers and health staff should be sensitized to detect growth faltering early.
- Risk of overweight should be confirmed and intervened by trained medical officers at MOH level and above, due to complexity of diagnosis and interventions.
- Blanket interventions aimed at improving nutrition such as onsite feeding programmes, promoting certain food items/menus etc. for underweight children should be carefully designed to minimize the harmful effects (such as children developing the risk of overweight). Considering the mixed profile of malnutrition among children under the age of five years, individualized and specific interventions are warranted.
- Extreme caution should be exercised to refrain from including inappropriate food items such as commercial milk-based preparations and ultra-processed food items in food aid programmes which can cause long-term irreversible damage both to health and the economy.
- All districts should pay more attention to empower health staff with necessary knowledge and skills in providing nutrition services using both online platforms and physical training.
- Delivery of child nutrition interventions should be strengthened via routine field service delivery platforms such as child welfare clinics, nutrition clinics of the MOHs, field weighing posts and complementary feeding classes. Individual and targeted nutrition interventions at PHM, MOH and specialist level need to be strengthened.
- Imposing restrictions on marketing and promotion of excessively calorie dense or ultra-processed food and carrying out intensified efforts to promote healthy lifestyles and healthy food behaviours is important.

- General public and health staff should be vigilant to detect and not to be misled by indirect promotions of unhealthy food/lifestyles via various media content including mass media, audiovisual media and digital media (e.g. television, radio, newspapers and tabloids, social media, digital apps etc.). The main thrust should be to inculcate healthy dietary behaviours (and lifestyles) from the very onset starting from optimum breastfeeding from birth and optimum complementary feeding practices.

Nutrition status of school children

- The findings of nationwide assessment of school children in nutrition month clearly show that Sri Lanka is grappling with a dual challenge: on one hand, acute and chronic undernutrition persist in many areas, while on the other, overweight and obesity are emerging as significant threats, particularly in urban settings.
- Improve reporting rate: Some districts reported low coverage, underscoring the need for continuous strengthening of school health services to achieve complete national reporting in the future.
- Promote student self-monitoring of nutrition**:** Empower school children to regularly check their own nutritional status and adopt corrective measures. These should include increasing physical activity, reducing sedentary behaviours such as prolonged screen time and excessive use of social media, and making healthier dietary choices
- Strengthen implementation of school canteen guidelines**:** Ensure that all school canteens comply with school canteen guideline, transforming them into healthy canteens that consistently provide nutritious food options.
- Expand the school meal programme: Extend the existing school meal programme to include secondary grades, ensuring that a larger proportion of school children benefit from nutritious meals.
- Promote Health-Promoting Schools: Work towards making every school a Health Promoting School (HPS)
- Improve maternal and child nutrition: Enhance food security and implement nutrition-sensitive programmes to address the root causes of undernutrition, ensuring healthier growth and development from early childhood.

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- Director MCH and the team at FHB for the guidance.
- All staff members in the Child Nutrition Unit, School Health Unit and Monitoring and Evaluation Unit for providing the technical guidance, managing online database and timely analysis of data.

7. Annexure

1. Number of children under 5 years with nutrition issues reported in each district 2025

District	NMCN| 01.01.01 Number of under 5 children measured for weight	NMCN| 01.13.03 Number of under 5 children with underweight (moderate + severe)	NMCN| 02.31 Total number of children with SAM	NMCN| 01.22.01 Number of under 5 children with moderate wasting (MAM)	NMCN| 01.17.01 Number of under 5 children with stunting (moderate + severe)	NMCN| 01.21.01 Number of under 5 children with wasting (SAM + MAM)	NMCN| 01.27.07 Number of under 5 children with overweight and obesity
Ampara	16159	2915	145	1463	1684	1608	89
Anuradhapura	56098	10280	647	5309	5961	5956	311
Badulla	50813	9951	404	4159	7355	4563	475
Batticaloa	45284	6759	342	2773	4319	3115	268
Colombo MC	18360	2242	187	1210	1408	1397	105
Colombo	68831	7732	421	3874	4348	4295	479
Galle	56140	9082	527	4767	4854	5294	390
Gampaha	104050	13843	753	7524	7511	8277	737
Hambantota	39383	6145	271	3207	3500	3478	199
Jaffna	37136	5323	349	2936	3502	3285	189
Kalmunai	40101	5066	142	2197	3297	2339	191
Kalutara	46729	6843	314	3323	3976	3637	306
Kandy	78389	13271	576	5548	8896	6124	391
Kegalle	43547	7418	325	3664	4146	3989	217
Kilinochchi	9420	1211	72	577	762	649	23
Kurunegala	90472	15383	884	8270	9052	9154	421
Mannar	9970	1413	70	665	1042	735	48
Matale	29621	5104	232	2517	3192	2749	174
Matara	44221	7427	367	3682	4322	4049	201
Moneragala	33486	5291	223	2402	3562	2625	196
Mullaitivu	8347	1204	75	660	685	735	32
NIHS	17819	2321	114	1027	1399	1141	172
Nuwaraeliya	44651	10771	427	3459	9997	3886	131
Polonnaruwa	27396	4969	216	2718	2882	2934	153
Puttalam	49657	8161	583	4320	4623	4903	251
Ratnapura	60104	10719	534	5104	7027	5638	335
Trincomalee	35679	6014	235	2507	4154	2742	145
Vavuniya	11990	1856	119	922	1202	1041	65
Sri Lanka	**1,173,853**	**188,714**	**9,554**	**90,784**	**118,658**	**100,338**	**6,694**

Source: eRHMIS 2025

2. Number of school children measured in 2025

RDHS	Students Examined in 2025				
	Grade 1	Grade 4	Grade 7	Grade 10	Total
Ampara	445	459	500	457	1861
Anuradhapura	755	880	4499	4130	10264
Badulla	403	470	928	960	2761
Batticaloa	1395	1263	1683	1616	5957
Colombo MC	1363	1408	1925	1535	6231
Colombo	797	1005	2457	2430	6689
Galle	1884	2089	3494	3098	10565
Gampaha	1304	1408	3177	2970	8859
Hambantota	836	945	2080	1908	5769
Jaffna	589	443	927	799	2758
Kalmunai	1059	923	1768	1893	5643
Kalutara	647	692	1270	1147	3756
Kandy	986	1207	3372	3309	8874
Kegalle	440	483	1648	1584	4155
Kilinochchi	101	97	168	198	564
Kurunegala	1971	2078	3021	2853	9923
Mannar	226	211	345	361	1143
Matale	346	349	1311	1287	3293
Matara	1719	1850	3410	2998	9977
Moneragala	656	656	2102	2007	5421
Mullaitivu	75	80	455	475	1085
NIHS	249	254	255	237	995
Nuwaraeliya	694	722	1473	1355	4244
Polonnaruwa	272	269	1554	1622	3717
Puttalam	1474	1479	1970	1951	6874
Ratnapura	676	745	2119	2148	5688
Trincomalee	1010	987	1198	1152	4347
Vavuniya	74	105	141	147	467
Sri Lanka	**22446**	**23557**	**49250**	**46627**	**141880**

Source: eRHMIS 2025

3. Reporting rates of school health nutrition month activities 2025

District	2025
Ampara	95.2
Anuradhapura	86.4
Badulla	76.6
Batticaloa	97.6
Colombo MC	77.8
Colombo	64.8
Galle	88.3
Gampaha	84.4
Hambantota	84.6
Jaffna	76.2
Kalmunai	92.3
Kalutara	71.8
Kandy	91.3
Kegalle	87.9
Kilinochchi	83.3
Kurunegala	78.2
Mannar	93.3
Matale	79.5
Matara	96.1
Moneragala	90.9
Mullaitivu	88.9
NIHS	66.7
Nuwaraeliya	64.1
Polonnaruwa	87.5
Puttalam	92.3
Ratnapura	70.0
Trincomalee	97.2
Vavuniya	66.7
Sri Lanka	**83.3**

Source: eRHMIS 2025

4. WHO Prevalence threshold levels

LABELS	PREVALENCE THRESHOLDS (%)		
	WASTING	OVERWEIGHT	STUNTING
Very low	< 2.5	< 2.5	< 2.5
Low	2.5 - < 5	2.5 - < 5	2.5 - < 10
Medium	5 - < 10	5 - < 10	10 - < 20
High	10 - < 15	10 - < 15	20 - <30
Very high	≥ 15	≥ 15	≥ 30

WHO, Global database on child growth and malnutrition (http://www.who.int/nutgrowthdb/en/)