

**National Strategy for
Infant and Young Child Feeding
Sri Lanka
(2015 - 2020)**

Message from the Secretary - Ministry of Health, Nutrition and Indigenous Medicine

The Government of Sri Lanka is committed towards the upliftment of health and nutrition status of the country's populace. Appropriate infant and young child feeding practices lay the foundation for optimum health and nutrition status of an individual as health and nutrition in early life is the cornerstone for a healthy adult life. The commitment of the government to this endeavour is amply demonstrated by the Constitution of the Government of Sri Lanka and policy statements, and the specific policy documents such as the National Nutrition Policy and Maternal and Child Health Policy.

Nutrition is a complex subject requiring close collaboration of multiple stakeholders. At national level Ministry of Health, Nutrition and Indigenous Medicine is responsible for planning and implementation of nutrition specific interventions. For effective implementation of such interventions a supportive environment is required where the significant role played by the other stakeholders of the non health sector by implementing supportive nutrition sensitive interventions comes into perspective.

All relevant stakeholders in the discipline of nutrition must exert a concerted effort to achieve this common goal of uplifting the nutrition status of infants and young children in the country, in line with government policies as an investment for the future. This important document developed by the Ministry of Health, Nutrition and Indigenous Medicine with all relevant stakeholders provides the strategic direction and guidance for this mission.

Anura Jayawickrama

Secretary
Ministry of Health, Nutrition and Indigenous Medicine
Sri Lanka

Message from the Director General of Health Services

Sri Lanka is a country which has well established curative and preventive healthcare delivery systems through which free health services are delivered throughout the country in order to achieve universal access to quality healthcare. However despite all efforts to improve health status of the population, improvement of nutrition status remains a challenge, even though Sri Lanka has achieved relatively lower levels of malnutrition compared to many of the South Asian countries.

Infants and young children are a very important target group in the life cycle approach as growth and development in this period is of decisive importance for good health and wellbeing in future life. The Ministry of Health has been very successful in bringing down morbidity and mortality in this target group but the decline in malnutrition rates has been slow during the recent past.

As one of the important measures to meet this challenge, this national strategic plan on infant and young child feeding was developed by the Ministry of Health with the involvement of all relevant stakeholders. This is in accordance with the global strategy on IYCF and was developed through a technical process recommended by the World Health Organization. This strategy document provides guidance to address specific nutrition related issues in early childhood and is approved by the Ministry of Health for implementation for a five year period from 2015 – 2020.

The Ministry of Health is the key stake holder in maternal and child health and therefore implements nutrition specific interventions. Hence it is imperative that all programme managers and administrators at all levels abide by this strategy. It is expected that all other relevant stakeholders will utilize this strategy document to create a conducive environment to implement these interventions by implementing nutrition sensitive interventions as per their particular mandates.

Dr. P. G. Mahipala

Director General of Health Services
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Preface

Nutrition is a key component of health throughout the life cycle. A strong foundation laid in infancy and young childhood in terms of health and nutrition is essential for a healthy life. As this is a period in life where rapid physical growth and mental development occurs, any adverse event which occurs during this crucial period will have a long lasting negative impact affecting an individual throughout the whole life span.

Sri Lanka has achieved impressive status in reducing morbidity and mortality but has been very slow in achieving nutrition related targets over the past decade especially for infants and young children.

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.

All currently available evidence based interventions having a significant bearing on the nutrition of infants and young children which are relevant to Sri Lankan context will be implemented through this strategy. It is expected that this document will provide guidance to all relevant stakeholders in improving IYCF and thereby the nutrition status of this most important target group whose hands will shape the future of our country.

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List of Abbreviations

BCC	-	Behaviour Change Communication
BF Code	-	Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products
BFHI	-	Baby Friendly Hospital Initiative
DDG PHS	-	Deputy Director General Public Health Services
DHS	-	Demographic and Health Survey
FHB	-	Family Health Bureau
GDP	-	Gross Domestic Product
GMP	-	Growth Monitoring and Promotion
HEB	-	Health Education Bureau
HIV	-	Human Immunodeficiency Virus
HMIS	-	Health Management Information System
IEC	-	Information, Education, Communication
IYCF	-	Infant and Young Child Feeding
M&E	-	Monitoring and Evaluation
MAM	-	Moderate Acute Malnutrition
MOH	-	Medical Officer of Health
MoH	-	Ministry of Health
MOMCH	-	Medical Officer Maternal & Child Health
MRI	-	Medical Research Institute
NCDs	-	Non communicable Diseases
NNSSL	-	National Nutrition Secretariat of Sri Lanka
NNC	-	National Nutrition Council
NSC	-	Nutrition Steering Committee
PHDT	-	Plantation Human Development Trust
PHM	-	Public Health Midwife
PHNS	-	Public Health Nursing Sister
RSPHNO	-	Regional Supervising Public Health Nursing Officer
SAM	-	Severe Acute Malnutrition
SPHM	-	Supervising Public Health Midwife
STI/AIDS	-	Sexually Transmitted Infections/Acquired Immunodeficiency Syndrome
UNICEF	-	United Nations Children's Fund
WHA	-	World Health Assembly
WHO	-	World Health Organization

Technical Working Group

Dr. B. J. C. Perera	-	Consultant Paediatrician
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Dr. Senerath Mahamithawe	-	Director Nutrition
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Dr. H.S. Jayawickrama	-	CCP, Family Health Bureau
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Background and rationale

Infant and Young Child Feeding Strategy for Sri Lanka intends to provide guidance for action and is based on the Global Strategy for Infant and Young Child Feeding (WHO & UNICEF 2003) and related documents. The Global Strategy developed jointly by WHO and UNICEF in 2003 aims to improve the nutritional status, growth, development and health, and thus the very survival of infants and young children, through optimal feeding.

The specific objectives of the global strategy are manifold; to raise awareness of the main problems affecting infant and young child feeding (IYCF), identify approaches to solve them and provide a framework of essential interventions, to increase the commitment of governments, international organizations and other concerned parties for optimal feeding practices and to create an environment that will enable parents and other caregivers in all circumstances to make and implement informed choices about optimal feeding practices for infants and young children.

National setting

Sri Lankan Government is committed to improve survival, health and development of children as explicitly stated in the Constitution of the Democratic Socialist Republic of Sri Lanka and policy statement by the President of Sri Lanka. Furthermore, Sri Lanka is a signatory to the Convention on the Rights of the Child. Establishment of the National Nutrition Council chaired by His Excellency the President of Sri Lanka and its supportive frame work shows further commitment towards this cause. The country already has a well established maternal and child health programme to which IYCF is integrated as a vital component and delivered as a package by the government healthcare system. The National Nutrition Policy 2010* and the Maternal and Child Health Policy 2012** of the Government of Sri Lanka clearly state key IYCF components. The Multi sector Action Plan for Nutrition 2013 – 2016 by the National Nutrition Secretariat includes many supportive actions to promote IYCF/child nutrition by relevant stake holders. Further, Sri Lanka is strongly committed to promote breastfeeding and is implementing the Sri Lanka Code for Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products - Amended Code 2002 (BF Code). It is more specific in the national context than the International Code and is monitored closely by a committee appointed by the Honourable Minister of Health and chaired by the Secretary to the Ministry of Health.

*(Extraordinary gazette no. 1639/5 dated 02.02.2010);

** (Extraordinary gazette no. 1760/32 date 31.05.2012)

The National IYCF Programme is implemented at 4 main levels; i.e. national, provincial, district and community levels in all nine provinces of the country, spanning 26 health districts, 342 Medical Officer of Health areas and all curative healthcare institutions. A strong infrastructure at community level is available island-wide with a trained group of health care workers.

Family Health Bureau (FHB) is the focal point for Maternal and Child Health in the Ministry of Health. It is the focal agency at national level for the IYCF programme; i.e. ensuring that programme objectives are met in all relevant national policies, strategies and plans, advocacy, policy and technical guidance, capacity building and human resource development, strengthening supplies, augmenting referral pathways, technical support for communication/development of community support, supervision, monitoring and evaluation. FHB collaborates with the relevant health and non-health stakeholders, both government and nongovernment in providing IYCF services.

There are many important stakeholders providing supportive services for IYCF in Sri Lanka which are described in this document under “National Response”.

Situation analysis

This strategy is based on a situation analysis conducted through a multi-sector consultative process and referring all related documents (annex 3). The document “IYCF - A tool for assessing national practices, policies and programmes” was used as a guide for this process (WHO 2003).

This analysis highlighted the following strengths of the present system; satisfactory breastfeeding indicators with early initiation of breastfeeding at 80% and exclusive breastfeeding rate at 75.8% (DHS 2006/7), IYCF being adequately addressed at policy and strategy level, guidelines and protocols being available for the stakeholders and relevant evidence based interventions being implemented by the Government of Sri Lanka as an integrated package island wide, mainly through healthcare service delivery system.

The high rate of bottle feeding (30%) among 0-23 month old children and the need for further improvement in complementary feeding practices were identified as areas requiring improvement. Lack of dietary diversity of complementary foods was a major concern. Inter-sectoral and inter-district disparities were observed in almost all IYCF indicators (annex 2).

Disparities between maternity protection benefits received by the government and private sector employees, issues in law enforcement of BF Code violations, loopholes in the existing regulations/legislations (i.e. The Food Act), inadequate/inappropriate media involvement, lack of multi sector participation and coordination and issues in the implementation and accreditation process of the Baby Friendly Hospital Initiative

(BFHI), were observed. Non-availability of set targets on IYCF practices and inadequate emphasis on IYCF related indicators in Health Management Information System (HMIS) for the proper monitoring and evaluation of the programme were highlighted. Inadequate targeting of interventions was found to be an area needing improvement. Issues in relation to several aspects of human resources and limitation of financial resources were seen as major constraints.

Insufficient emphasis and inadequate time allocation for breastfeeding and complementary feeding in medical, nursing, midwifery and related service curricula and inadequate private sector involvement in training and implementation of IYCF were also identified as areas needing improvement. Inadequate community empowerment was also highlighted (annex 4).

Rationale

Sri Lanka has achieved low maternal and child morbidity and mortality rates and high life expectancy relative to its GDP in spite of being a lower middle income country. This is due to a supportive frame work which includes free health services and free education.

Despite being far ahead of other South Asian countries, in the context of the above conducive environment and impressive achievements in related health and social indicators, child nutrition in Sri Lanka should be much better than the present situation. Even though all relevant evidence based interventions are implemented in the country, concerns regarding coverage, quality and equity still exist. A further challenge is posed by changing dietary and care practices in a context of a shifting socio-demographic structure with rapid economic development and urbanization. This document was developed as a guide for action at all levels, in relation to IYCF, in order to streamline and strengthen implementation of relevant interventions while addressing new challenges by all stake holders.

Aim

The aim of this strategy is to provide guidance to ensure a good foundation for all infants and young children by providing them with optimal nutrition.

Scope

The scope of this document encompasses breastfeeding, complementary feeding, transition to adult diet, growth monitoring, promotion of optimal nutrition and addressing malnutrition in infants and young children. All relevant stake holders in both government and non-government sectors and healthcare personnel both curative and preventive are responsible parties.

Guiding principles

This strategy has been prepared based on the following guiding principles and it is expected that future actions based on this document should uphold and encompass the same;

- Careful study of evidence-based interventions to improve infant and young child nutrition generated globally, adapting and adopting when deemed suitable to Sri Lankan settings. Innovative approaches relevant to Sri Lanka are also encouraged.
- Consideration of cost-effectiveness and sustainability of these interventions and activities. Sri Lanka is a lower middle income country providing a free health service at the point of receipt with many constraints in terms of financial, human and material resources. Therefore, cost effectiveness has to be considered carefully when deciding on relevant interventions and approaches to be incorporated in programmes.
- Consideration of cultural acceptability in the Sri Lankan context so that it becomes possible to achieve high coverage of interventions and thereby the desired impact. This is especially important in a multi cultural context when specific interventions/activities for the communities are considered.
- Aim for universal coverage of the selected evidence based interventions. To obtain the full effect size of the intervention, a universal coverage of 99% needs to be achieved (annex 5). Considering the present Sri Lankan context, $\geq 90\%$ coverage would be the minimum standard the country needs to achieve even though at least 80% coverage is adequate for a reasonable impact (Landscape Analysis - 2011).
- Focus on quality of care is imperative while targeting a high coverage of evidence-based interventions to obtain the required impact.
- Ensure equity of services in terms of vulnerable populations, geographic areas and sectors (urban, rural, estate), gender as well as ethnic and religious groups.
- Respect human rights in implementing all programmes – Sri Lanka is a signatory to Human Rights Conventions, Convention on the Rights of the Child etc.
- Establish strong collaboration and coordination between the many stakeholders involved in IYCF.
- Empowerment of communities to achieve desirable norms and practices related to IYCF.

Courtesy - UNICEF



Proposed objectives to be achieved by 2020;

1. To increase the proportion of newborns in whom with breast feeding is initiated within 1 hour of life from 80% (2006/7) to 95%
2. To increase the proportion of infants under six months of age who are exclusively breastfed from 75.8% (2006/7) to $\geq 90\%$
3. To increase the proportion of infants 4-5 months of age who are exclusively breastfed from 53.5% (2006/7) to $\geq 75\%$
4. To increase the proportion of children 12-15 months of age who are breastfed from 92.6% (2006/7) to 95%
5. To increase the proportion of children 20-23 months of age who are breastfed from 83.9% (2006/7) to 90%
6. To decrease the proportion of children 0-23 months of age who are fed with a bottle from 30% (2009) to 15%
7. To increase the proportion of infants 6-8 months of age who receive solid, semisolid or soft foods from 83.9 % (2006/7) to 100%
8. To increase the proportion of children 6-23 months of age who receive foods from 4 or more food groups (minimum dietary diversity) from 71.1% (2006/7) to 90%
9. To increase the proportion of children 6-23 months of age who receive the minimum meal frequency from 88.3% (2006/7) to 90%
10. To increase the proportion of children 6-23 months of age who receive at least the minimum acceptable diet from 67.9% (2006/7) to 80%
11. To increase the proportion of children 6-23 months of age who receive an iron-rich food or iron-fortified food or food that is fortified in the home from 67.8% (2006/7) to 90%
12. To increase the proportion of children whose growth is monitored regularly according to the age: infants from 84.3% (2014 – H 509) to 90%, young children from 77.1% (2014 – H 509) to 85%
13. To reduce inter-district/inter-sector disparities of above indicators by bringing down higher rates to a range within 10% of the national average values

Strategy statement

The IYCF strategy is a guide for action by all relevant stakeholders involved. It is based on evidence of the significance of the early years of life in ensuring good physical growth, health and development and evidence based interventions having a positive impact on nutrition.

The IYCF strategy encompasses and upholds the following;

A. Recommended IYCF practices in Sri Lanka for the general population

- Initiation of breastfeeding in the first hour of birth
- Exclusive breastfeeding for the first 6 months of life (180 days)
- Introducing appropriate locally available complementary food from the time of completion of 6 months of age paying attention to
 - Quality
 - Age appropriate frequency, quantity and consistency
 - Responsive feeding practices
 - Safety
- Continued breastfeeding for two years and beyond together with nutritious family food
(Endorsed and recommended by the National Nutrition Policy 2010 and Maternal and Child Health Policy 2012).
- Growth monitoring according to national recommendations as a means of detection of nutrition problems and identification of impact of IYCF practices

B. Recommendations for children in exceptionally difficult circumstances

Infants and young children with malnutrition

- Severe Acute Malnutrition (SAM) – early detection and referral of children under the age of five years with SAM for treatment and ensuring availability of treatment facilities throughout the country.
- Moderate Acute Malnutrition (MAM) – early detection of children under the age of five years with MAM and ensuring availability of nutritionally adequate and acceptable supplementary foods both in the preventive and curative sectors

Infants with low birth weight

- ❑ Optimising management of infants with low birth weight to help them achieve their full potential in growth and development by implementation of evidence based interventions.

Children living under special/ exceptionally difficult circumstances

- ❑ Making available services to promote nutritional status of children living under special circumstances e.g. orphans, children born to teenage mothers, children with disabilities and/or chronic illnesses, children having mothers with mental and physical disabilities or substance abuse

Infant and young child feeding during emergencies

- ❑ Ensuring adherence to the guidelines on IYCF in emergencies, BF Code, Food Act and related regulations and guidelines by all relevant agencies involved in emergency services.

HIV and infant feeding

- ❑ Ensuring appropriate nutrition for children born to HIV positive mothers by provision of proper counselling with up-to-date scientific knowledge on options of breastfeeding and formula feeding with special emphasis on reducing the risk of mother to child transmission of HIV.

C. Attention to ensure equitable distribution of services and resources

Reducing inter-district and inter-sector disparities in terms of health care providers, facilities, services and thereby the discrepancies in nutrition indicators, by implementing well planned activities tailor-made to suit the requirements of the particular district/sector/community group.

Strategies and major action areas to achieve programme objectives

1. Ensure that IYCF is adequately addressed in all relevant health and non-health policies

Major activities

- Review, identify gaps and update/revise existing relevant policies
- Advocacy for favourable policies at all levels

2. Ensure that all relevant stakeholders are aware of and abide by national policies, legislations, strategies, guidelines and protocols on IYCF and related subjects

Major activities

- Communicate policies, legislations, strategies and relevant documents routinely to those managing and implementing programmes related to IYCF and monitor implementation
- Ensure that all relevant stake holders are represented in policy development/ planning initiatives
- Ensure that all stakeholders promote IYCF recommendations and practices in accordance with national policies, legislations, strategies, guidelines on IYCF

3. Streamline and strengthen mechanisms of coordination and collaboration with all relevant stakeholders/partners to promote efficient implementation of evidence based interventions on IYCF

Major activities

- Specify roles and responsibilities of partners in promoting appropriate IYCF practices
- Coordination/consultation with the Ministry of Health in all IYCF related programmes
- Inform all relevant stake holders on related programmes
- Inter-sector coordination by National Nutrition Council of Sri Lanka (NNCSL)

4. Streamline and strengthen implementation of legislations relevant to IYCF

Major activities

- Strengthen implementation of BF code with special emphasis on law enforcement
- Strengthen regulation of foods and beverages marketed as intended for infants and young children
- Establish/strengthen and streamline a strong mechanism to regulate and monitor advertisements and IEC messages/BCC on IYCF in electronic and print media to identify any violations of existing legislations and take appropriate action

5. Ensure maternity protection legislations to support six months of exclusive breastfeeding for employees in all sectors

Major activities

- Review and revise maternity protection legislation in both government and private sectors
- Strengthen monitoring of implementation of maternity benefits in all sectors with special emphasis on estate sector
- Formulate and enforce legislation to ensure provision of crèche facilities, day care centres, breastfeeding corners in both government and private sector working places

6. Develop human resources in conjunction with capacity building of all relevant health staff both in government and private sector on IYCF

Major activities

- Periodically revise cadre and regular recruitment to meet requirements
- Adequately address and periodically revise IYCF and related components in the basic, under graduate, in-service, and postgraduate curricula of all relevant categories of health care and support staff
- Build capacity of health staff - hospital administrators and all medical and nursing staff working with pregnant mothers and/or children to undergo relevant training
- Develop comprehensive training plans and databases at all levels
- Monitor peripheral training, follow up, supervision and evaluation after training by central, provincial and district level
- Allocate and mobilize adequate funds for training at central and district levels on a regular basis

7. Strengthen implementation, monitoring and accreditation of BFHI in both state and private sectors

Major activities

- Revitalize BFHI
- Initiate accreditation process in all hospitals

8. Strengthen health systems to support delivery of IYCF programmes

Major activities

- Ensure provision of adequate facilities to relevant health staff
- Ensure provision of adequate facilities for service provision
- Improve capacity of health promotion and communication unit of Ministry of Health (Health Education Bureau) to function optimally so as to support the IYCF programme
- Address issues related to high turnover of trained staff

9. Establish and streamline mechanisms to empower communities on IYCF and ensure sustainability within communities

Major activities

- Advocate for media time and mobilize resources to promote IYCF practices
- Extensive and ongoing media campaign on IYCF
- Identify and strengthen collaboration between Non Governmental Organizations, Community Based Organizations etc, with the Government Health System to improve IYCF practices in the community
- Streamline and establish a system to empower communities and maintain sustainability within the communities
- Improve coverage of community outreach activities
- Develop and make freely available IEC material for parents/caregivers, pre-school teachers on IYCF, GMP and related subjects
- Develop innovative public private partnerships

10. Maintain and further strengthen programmes and activities complementary to IYCF

Major activities

- Strengthen IYCF for children of HIV positive mothers
- Develop and implement IYCF guidelines for children with special needs
- Streamline and strengthen IYCF during emergency situations
- Sustain achievements of family planning services
- Strengthen mother friendly practices to promote safe motherhood in all settings

11. Strengthen monitoring and evaluation of IYCF at all levels

Major activities

- Incorporate relevant indicators to the routine HMIS and information systems of other stake holders and population surveys
- Identify specific targets on IYCF for all levels of implementation
- Monitor multi sector involvement by NNCSL
- Improve utilization of data that are collected routinely as well as periodically for programme planning at all levels.
- Improve supervision mechanisms on IYCF
- Streamline routine reporting of IYCF programmes and activities carried out by the periphery to the centre

12. Ensure equitable distribution of resources and services related to IYCF to all districts/ sectors and populations (giving priority to families with pregnant mothers, infants and young children)

Major activities

- Identify and mobilize government funds for IYCF
- Prioritize resource allocation
- Identify specific issues and implement interventions tailor-made to address them
- Address household food insecurity
- Poverty alleviation

13. Generate research evidence on IYCF

Major activities

- Generate and mobilize more funds for research on IYCF through national budget
- Improve capacity of relevant organizations to conduct research on IYCF
- Conduct research on identified priority areas
- Encourage strong involvement of food technology aspects in complementary feeding



Implementation and coordination

This strategy is implemented for a period of 5 years from 2015 to 2020. The main agency responsible for the implementation of this strategy is the Ministry of Health, through the Family Health Bureau, with strong collaboration of relevant stakeholders (see section on “National Response”).

The Nutrition Steering Committee chaired by the Secretary - Health and a subcommittee under this main committee, the Maternal and Child Nutrition Subcommittee chaired by DDG PHS II function as main advisory and coordinating committees on IYCF. The monitoring committee of the BF Code chaired by the Secretary – Health monitors the implementation of the BF Code. Technical Advisory Committee on Newborn & Child Health chaired by DDG PHS II also acts as an advisory body.

The Nutrition Coordination Division is responsible for coordinating nutrition and related activities within the Ministry of Health, collaborating with other relevant stakeholders.

The National Nutrition Secretariat is responsible for the coordination of activities by the various intersectoral stakeholders at national level.

Integration

IYCF is already integrated into the child health component of the Maternal and Child Health Programme of Sri Lanka and is delivered as a package which has resulted in implementation of evidence based interventions in a cost-effective manner. This is implemented by the Ministry of Health through well established preventive and curative health systems. In addition, IYCF has components which need implementation through the support of multiple agencies; therefore the integration of the IYCF component to the action plans and programmes of all other stakeholders which is emphasized in the strategy (see National Response). This strategy highlights the roles of these stakeholders in implementing various supportive components of IYCF programme and determines ways and means of implementation and monitoring these activities. In the Multi sector Action Plan for Nutrition (2013 – 2016) by the National Nutrition Secretariat, many of the actions to be carried out by the various stakeholders have been identified and included.

Monitoring, evaluation and review

The IYCF strategy is monitored and evaluated by;

- Periodic/regular Demographic and Health Surveys and surveys conducted by the research arm of the Ministry of Health - Medical Research Institute
- Routine monitoring by the Ministry of Health through HMIS (H509, Annual data sheet) and MCH reviews, nutrition reviews, nutrition month data analysis annually and by routine supervisions more frequently (by the Family Health Bureau at central level and by provincial, district and local health authorities)
- Overall monitoring of the action plans of various sectors by the National Nutrition Secretariat quarterly

Resource implications

Provision of sustainable funding and adequate material resources are required for the smooth implementation and monitoring of the strategy. In a situation where United Nations (UN) funding has been curtailed due to Sri Lanka achieving a lower middle income country status, government funding for the implementation of the strategy needs to be increased. Hence in addition to the annual allocations, a specific budget line for nutrition has been created for each Ministry including the Ministry of Health since 2013.

Health system support such as human resources and infrastructure necessary for implementation of IYCF strategy is already identified within the public health and curative health sectors of the Ministry of Health. However inadequate cadres, high turnover of trained staff, inequity in staff distribution etc. may act as barriers to proper implementation. Cadre revision of categories involved in implementation of IYCF programme is a requirement to improve the quality of services by reducing the number of service recipients per worker. Recruitment based on cadre revisions, regular basic training programmes, timely appointments and in-service capacity building programmes needs to be strengthened. More staff should be appointed to underserved areas on priority basis with incentives being given for working in more challenging areas and achieving targets. Deployment of staff should be strictly on service needs.

National Response

The specific and key responsibilities of the main stakeholders involved in implementation of the strategy are briefly stated below. Any other relevant stakeholders inadvertently not listed below need to abide by the IYCF strategy and work in collaboration to achieve the desired objectives of the programme.

Government agencies

National Nutrition Council (NNC) – chaired by his Excellency the President of Sri Lanka. Consists of Senior Ministers, representing all relevant ministries, Chief Ministers of the nine provinces and selected Members of Parliament from all parties.

National Steering Committee on Nutrition (NSCN) – Chaired by the Secretary to the President and is the implementation arm of the NNC. It consists of Secretaries of the relevant ministries represented at the NNC, Chief Secretaries of the 9 Provinces and representatives from civil society and international agencies.

Technical Advisory Committee on Nutrition (TACN) – this committee provides technical guidance and support for the formulation of policies and plans and advices in monitoring and evaluation. It consists of professionals and experts from relevant subjects and related fields including those from international agencies.

National Nutrition Secretariat of Sri Lanka (NNSSL) – This is established within the Presidential Secretariat. The functions of this secretariat are supporting formulation of plans, coordinating activities by the various inter-sectoral stakeholders and monitoring and evaluating the progress of implementation of the multi-sector action plan on behalf of the NNC.

Ministry of Health, Nutrition and Indigenous Medicine

Ministry of Health, Nutrition and Indigenous Medicine is the focal Ministry responsible for the implementation of IYCF programme.

Health & Nutrition

Secretary Health – Chief accounting officer and head of the organization of the Ministry of Health. Represents Ministry of Health at the National Nutrition Steering Committee. Chairperson of the Nutrition Steering Committee of the Ministry of Health and BF Code Monitoring Committee.

Director General of Health Services – Head of the Department and Chief Food Authority. Chairman of the Food Advisory Committee and the Private Health Services Regulatory Council, member of the National Nutrition Steering Committee and BF Code Monitoring Committee.

Deputy Director General Public Health Services II – the focal agency for IYCF (FHB) and many of the stakeholder directorates (Health Education Bureau, Nutrition Division, Nutrition Coordination Division, and Estate & Urban Health etc) fall under the purview of DDG PHS II. Chairperson, Subcommittee on Maternal and Child Nutrition and Technical Advisory Committee on Newborn & Child Health. Member of BF Code Monitoring Committee.

Deputy Director General Public Health Services I – stakeholders such as Environment & Occupational Health, National STI/AIDS Control Programme, etc falls under the purview of DDG PHS I. Chairperson of Labelling and Advertising Subcommittee.

Deputy Directors General Medical Services I & II - Guidance on implementation of BFHI is a major responsibility as all teaching hospitals come under the purview of DDG MS I and District General Hospitals and Base Hospitals under DDG MS II. NCD unit comes under the purview of DDG MS I.

Deputy Director General Education, Training & Research – MRI and training institutions of the Ministry of Health fall under the purview of DDG ET & R. Periodical revision of relevant basic and post basic curricula (e.g. PHM, PHNS etc) and updating the IYCF teaching component in collaboration with FHB and all other relevant stakeholders. Ensures relevant training staff is trained on IYCF. Awards research grants to promote research on IYCF.

Family Health Bureau – the focal point for IYCF and ensures implementation of relevant interventions as a package through the National Maternal and Child Health Programme;

- Policy guidance and strategy development on IYCF
- Advocacy to ensure that IYCF is properly and adequately addressed in all the relevant policies, strategy documents etc.
- Continuous monitoring and identification of service delivery needs to address current requirements
- Planning and implementation of national level interventions – Growth monitoring and promotion, IYCF, revitalization and implementation of the Baby Friendly Hospital Initiative etc.
- Providing technical guidance for IYCF to all stakeholders

- ❑ Capacity building and human resource development - Lactation Management and Baby Friendly Hospital Initiative, IYCF, GMP etc.
- ❑ Technical support for communication/development of community support
- ❑ Promote and conduct operational research on IYCF
- ❑ Resource mobilization for IYCF
- ❑ Establish referral pathways
- ❑ Supervision and monitoring - through HMIS and periodic reviews at national and district levels
- ❑ Convenor of relevant technical and monitoring committees at national level; e.g. BF Code Monitoring Committee, Maternal and Child Nutrition Subcommittee, Technical Advisory Committee on Newborn and Child Health

Health Education Bureau – provides technical guidance on Behaviour Change Communication (BCC) for the promotion of IYCF and community mobilization/empowerment for IYCF including establishment of health promotion settings, development and implementation of communication strategy to improve IYCF, development of appropriate BCC material, public awareness through media campaigns, capacity building of health staff on communication, conduct periodic behavioural research in relation to IYCF

Nutrition Coordination Division – responsible for coordinating nutrition and related activities within the Ministry of Health and provincial authorities, collaborating with other relevant stake holders.

Nutrition Division – ensures that IYCF component is adequately reflected in nutrition related policies, strategic plans, dietary recommendations (i.e. Food Based Dietary Guidelines), nutrition programmes etc.

Estate and Urban Health Unit – supports to ensure implementation of the IYCF programme in estate sector and vulnerable urban populations such as urban slums.

Medical Research Institute – surveys and research on IYCF and child nutrition, technical guidance and laboratory support for complementary food recipes, supplementary/therapeutic food compositions, surveys and analysis of the composition of commercially available complementary feeding products.

Environmental and Occupational Health Unit - responsible for the monitoring of the Food Act which covers commercial food products for infants and young children; i.e. adherence to the relevant standards, production, labelling and advertising.

Medical Supplies Division - ensures continuous supply and distribution of nutrition commodities as specified by the relevant technical units of the Ministry of Health.

Private Health Sector Development Unit – functions as the secretariat for the Private Health Services Regulatory Council. Ensure the private health sector respects and abides by the IYCF strategy and enforce the relevant legislature. Ensure capacity building of private health sector staff on IYCF and related areas.

National STI/AIDS Control Programme – ensures that IYCF practices upheld by this strategy are adhered to in the programme in relation to IYCF practices for HIV positive mothers.

Non Communicable Disease Unit – acknowledges and incorporates the important role played by IYCF practices upheld by this strategy as conducive to primordial and primary prevention of NCDs. i.e. by supporting scaling up of relevant evidence based interventions and related activities (such as promotion of breastfeeding, salt and sugar reduction and promoting dietary diversity in complementary foods etc).

Provincial Health Authorities – include on priority basis IYCF related activities in all provincial and district plans and ensure implementation of the programme in both curative and preventive health institutions, allocation of adequate funds, resource mobilization, capacity building, supervision, monitoring and evaluation of the programme.

Indigenous medicine - supports implementation of IYCF strategy through the network of indigenous medical establishments. Collaborate to develop indigenous nutritious food recipes, menus etc. for infants and young children and promote locally available nutritious foods.

Subject areas and responsibilities which fall under the mandate of other Government Ministries

University/ Higher Education - responsible for ensuring IYCF is adequately addressed in medical and paramedical curricula.

School Education - ensures that essential components of IYCF are included as a part of an essential subject curriculum (e.g. Science) and taught to all school children in primary and secondary school.

Labour – Women and Children’s Affairs Division - revision of Shop and Office Act and Maternity Benefits Ordinance to ensure 6 month exclusive breastfeeding for all private sector female employees falling under this legal frame work. Strengthen enforcement of existing legislations in the private sector. Implementation of legislations to ensure provision of facilities for crèches, breast feeding corners, day care centres etc.

Public Administration - ensures directions/circulars issued are supportive of national IYCF recommendations such as maternity benefits allowing for 6 months of exclusive breastfeeding to all government employees, government institutions having breastfeeding corners, day care centres etc in line with International Labour Organization recommendations ratified by the Government of Sri Lanka.

Disaster Management - ensures that IYCF practices upheld by this strategy are adhered to in all emergency situations by all relief workers involved in providing emergency assistance; specifically the BF Code and “Guidelines for feeding infants and preschool children including orphans and those not living with mothers during an emergency situation” developed by the Ministry of Health.

Technology

Sri Lanka Standards Institute - developing standards for food items intended for infants and young children and routine testing and certification of the quality of such products.

Industrial Technology Institute - support in developing safe and low cost local commercial complementary foods, supplementary foods, therapeutic foods, and monitoring of standards of such commodities according to Codex Alimentarius standards

Trade, Industries, Commerce – ensures that trade and marketing policies are complementary to this strategy; Price control of nutritious food items in accordance with the strategy and imposition of taxes and regulations on products detrimental to IYCF etc.

Consumer Affairs Authority - ensures consumers' rights to the access of good quality and appropriate foods for infants and young children in keeping with IYCF strategy through streamlining and strengthening law enforcement of BF Code violations and consumer protection act.

Mass Media - implements a mechanism to prevent messages/advertisements detrimental to IYCF from being broadcasted through all types of mass media. Ensures a strong commitment to promote/advertise national recommendations on IYCF and support government institutions in this activity.

Agriculture - improves food production and storage, promote home gardening etc to ensure food availability to families, dietary diversity and adequacy of complementary foods and diets of pregnant and lactating mothers.

Livestock - promotes production, storage and availability of livestock products (e.g. eggs, poultry). Contributes to improve dietary diversity and adequacy of complementary foods and diets of pregnant and lactating mothers

Fisheries, Aquatic Resources - improves inland and marine fish production, proper storage, equitable and timely distribution etc to ensure food availability to families. Contributes to improve dietary diversity and adequacy of complementary foods and diets of pregnant and lactating mothers.

Rural Development - supports to ensure implementation of the IYCF programme in rural communities by collaboration with health authorities and relevant stakeholders with special emphasis on equity and poverty alleviation.

Plantation Sector Development - supports to ensure implementation of the IYCF programme in plantation sector by collaboration with health authorities and relevant stakeholders emphasising equity and poverty alleviation.

Women and Children's Affairs – supports establishment of and improvement of services of crèches in plantation sector and day care centres island wide. Encouraging nationally recommended feeding practices in line with IYCF strategy in child care institutions under the purview of the Ministry.

Economic Policies, Development etc. - addresses poverty alleviation through programmes targeting nutritionally vulnerable populations; support nutritionally vulnerable children and families with safety net/food subsidy programmes etc. Ensure household food security together with overall economic development.

Finance - provision of economic incentives to industries which innovate/promote the manufacture and/ or distribution of nutritious food. Implementation of higher taxation of the importation of energy dense products and nutritious food items that can be produced locally. Introduction of appropriate tariff heading for nutrition related imported items approved by Director General of Health Services.

Census and Statistics - ensures availability of timely data required for monitoring and evaluation of IYCF indicators (e.g. through regular surveys - DHS etc.).

Local Government & Provincial Councils – ensure that municipal councils and Provincial and Pradesheeya Sabha authorities carry out supportive activities to prevent malnutrition in under five children while upholding the IYCF strategy; e.g. setting up day care centres, advocacy programmes for key local authorities to mobilize multi sector support for IYCF activities.

Water Supplies – provision of facilities for safe water for nutritionally vulnerable families and populations such as plantation sector and pockets with poor sanitary facilities.

Subject areas and responsibilities which fall under the mandate of other Stakeholders

Plantation Human Development Trust - supports to ensure implementation of the IYCF strategy in plantation sector by coordinating with the Ministry of Health.

Health related Professional Bodies - ensure that the membership of these organizations is aware of and abide by National Policies, strategies, legislation and guidelines etc related to IYCF in all activities of their organizations. Ensure that basic education and training of all relevant health workers adequately address all components of IYCF and other child nutrition components in a manner to not only provide adequate knowledge but also to develop skills to support child nutrition with emphasis on IYCF practices.

Private Medical Practitioners - abide by the national policies, guidelines on IYCF while paying more attention to promoting IYCF in their general practice.

UN agencies

UNICEF- supporting to strengthen the capacity of government systems to deliver evidence-based essential nutrition interventions for children and mothers and provides strategic support to further expand the coverage and enhance the quality and equity of integrated package of nutrition interventions in relation to IYCF, management of SAM, micronutrient supplementation, growth monitoring and promotion and nutrition research.

World Health Organization - supporting to strengthen the health system on the principles of equity, fairness and responsiveness with emphasis on the poor and marginalized. Provision of technical support, development of norms and standards, provision of support for capacity building, research, monitoring and evaluation and building sustainable institutional capacity in relation to IYCF.

World Food Programme - supporting the government in economic and social development through food aid as targeted interventions (i.e. food supplementation) to address food insecurity and as emergency assistance with the aim of eliminating the need for food aid and building self reliance in accordance with the recommendations of the United Nations.

The World Bank - supporting the government of Sri Lanka to improve the standards of performance of the public health system to enable it to better address the health challenges like the increasing burden of Non Communicable Diseases and under nutrition in Sri Lanka. The World Bank supports with financing, policy advice, and analytical services.

Food and Agricultural Organization - supporting the government in their efforts to ensure that people have regular access to adequate high-quality food by supporting policies and political commitments that promote food security and good nutrition; by ensuring that up-to-date information about hunger and malnutrition challenges and solutions are available and accessible.

Non Governmental Organizations - Community mobilization and empowerment in collaboration with government health and other relevant systems (i.e. agriculture, lives stock, social welfare) while abiding by the national policies, strategies and guidelines.

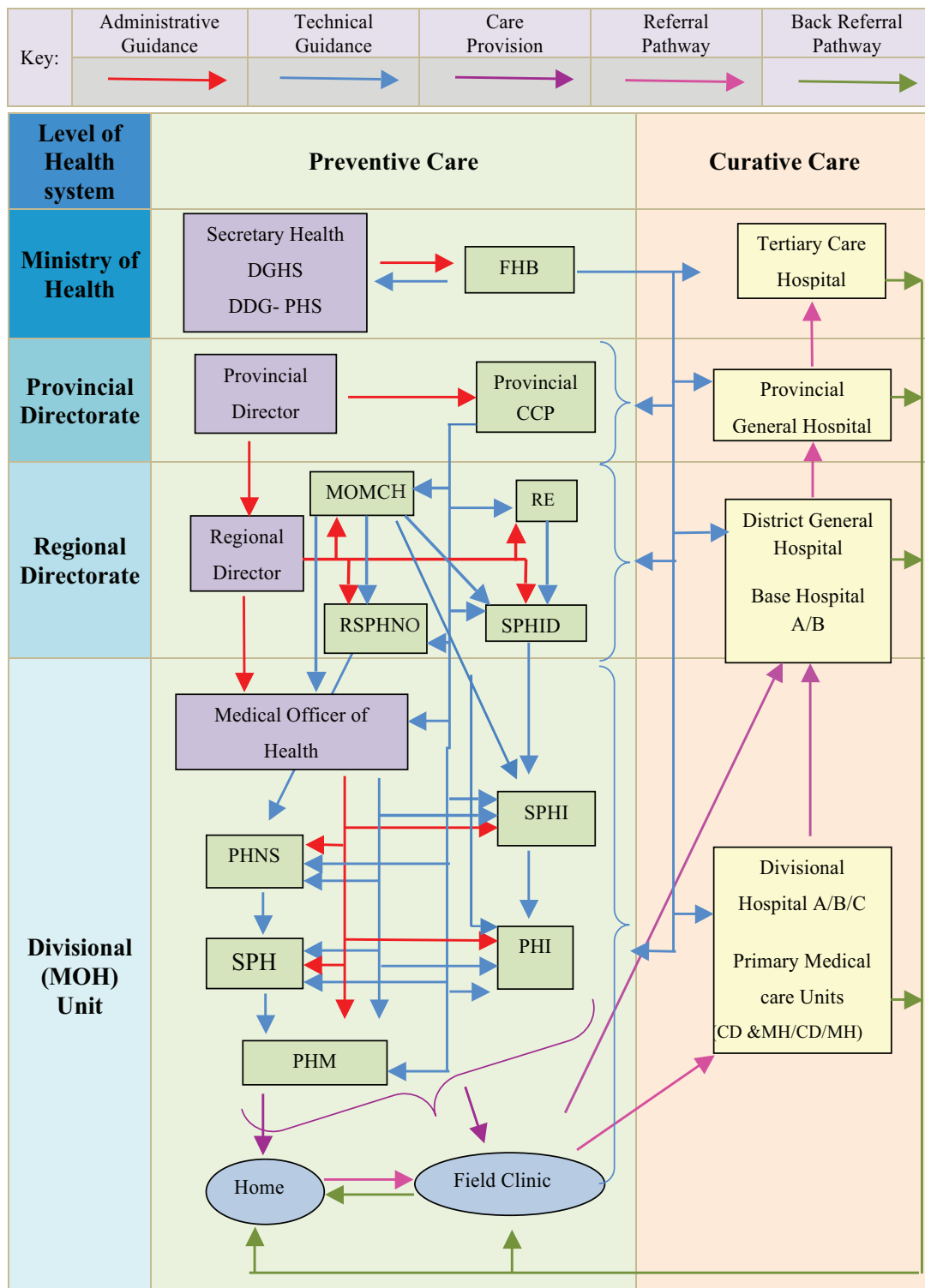
Employers - Ensure maternity entitlements and provide support for breastfeeding by provision of a supportive work environment - i.e. provision of crèches, breastfeeding corners etc.

Commercial food and related industries (especially manufacturers and distributors of industrially processed foods intended for infants and young children) - Strictly abide by the BF Code, Codex Alimentarius standards, Food Act, relevant WHA resolutions and other regulations and reprioritize the marketing plans for reduced consumption of products by reducing /downgrading on milk products for infants and young children.



Annex

Annex 1 - Curative and preventive health sector framework in Sri Lanka



Reference: Annual Report on Family Health, Sri Lanka. 2014 (FHB, Ministry of Health)

Annex 2 - IYCF indicators

No	Indicator	Definition
1	% of newborns with breastfeeding initiation within 1 hour of life (early initiation of breast feeding)	$\frac{\text{Children born in the last 24 months who were put to the breast within one hour of birth} \times 100}{\text{Children born in the last 24 months}}$
2	% of infants under six months who are exclusively breastfed	$\frac{\text{Infants 0-5 months of age who received only breast milk during the previous day} \times 100}{\text{Infants 0-5 months of age}}$
3	% of infants 4-5 months of age who are exclusively breastfed	$\frac{\text{Infants 4-5 months of age who received only breast milk during the previous day} \times 100}{\text{Infants 4-5 months of age}}$
4	% of children 12-15 months of age who are breastfed (continued breastfeeding at 1 year)	$\frac{\text{children 12-15 months of age who received breast milk during the previous day} \times 100}{\text{Children 12-15 months of age}}$
5	% of children 20-23 months of age who are breastfed (continued breastfeeding at 2 years)	$\frac{\text{children 20-23 months of age who received breast milk during the previous day} \times 100}{\text{Children 20-23 months of age}}$
6	% of children 0-23 months of age who are fed with a bottle	$\frac{\text{children 0-23 months of age who were fed with a bottle during the previous day} \times 100}{\text{Children 0-23 months of age}}$
7	% of infants 6-8 months of age who receive solid, semisolid or soft foods	$\frac{\text{Infants 6-8 months of age who received solid, semisolid or soft foods during the previous day} \times 100}{\text{Infants 6-8 months of age}}$

8	% of children 6-23 months of age who receive foods from 4 or more food groups (minimum dietary diversity)	$(\text{Children 6-23 months of age who receive foods from 4 or more food groups during the previous day} \div \text{Children 6-23 months of age}) \times 100$
9	% of children 6-23 months of age who receive the minimum meal frequency	$(\text{Children 6-23 months of age who received the minimum meal frequency}^* \text{ during the previous day} \div \text{Children 6-23 months of age}) \times 100$ * 2 meals for the 6-8 age group and 3 meals for the 9-23 age group, 4 meals for non breastfed children 6-23 months
10	% of children 6-23 months of age who receive a minimum acceptable diet	$(\text{Children 6-23 months of age who had at least the minimum dietary diversity and the minimum meal frequency during the previous day} \div \text{Children 6-23 months of age}) \times 100$
11	% of children 6-23 months of age who receive an iron rich food or iron fortified food or food that is fortified in the home	$(\text{Children 6-23 months of age who received an iron rich food or iron fortified food or food that is fortified in the home during the previous day} \div \text{Children 6-23 months of age}) \times 100$
12	% whose growth is monitored regularly according to the age; Infants	$\frac{\text{Infants weighed 9-12 times during the past year}}{\text{Infants under care}} \times 100$
	1-2 years	$\frac{\text{Children 1-2 years of age weighed 9-12 times during the past year}}{\text{Children aged 1-2 years under care}} \times 100$
	2-5 years	$\frac{\text{Children 2-5 years of age weighed 4 times during the past year}}{\text{Children aged 2-5 years under care}} \times 100$

Annex 3 - List of stakeholders involved in development of the document

DDG PHS II - MoH
Family Health Bureau - MoH
Health Education Bureau - MoH
Estate & Urban Health Unit- MoH
Environment and Occupational Health unit - MoH
Medical Research Institute- MoH
National STD and AIDS Control Programme - MoH
Nutrition Coordination Division- MoH
Non Communicable Disease Unit - MoH
Nutrition Division- MoH
Private Health Sector Development Unit - MoH
Regional Directors of Health Services
Hospital directors
Provincial Consultant Community Physicians - MoH
MOMCHs, MOHs, RSPHNOs, PHNSs of MoH
National Nutrition Secretariat of Sri Lanka
Ministry of Agriculture
Ministry of Child Development and Women's Affairs - Children's Secretariat
Ministry of Co-operatives and Internal Trade - Consumer Affairs Authority
Ministry of Disaster Management - Disaster Management Centre
Ministry of Economic Development
Ministry of Education
Ministry of Education Services
Ministry of Fisheries and Aquatic Resource Development
Ministry of Indigenous Medicine
Ministry of Labour Relations and Manpower
Ministry of Livestock and Rural Community Development
Ministry of Local Government and Provincial Councils
Ministry of Mass Media
Ministry of Public Administration
Ministry of Plantation Industries
Ministry of Technology & Research - Industrial Technology Institute
Ministry of Water Supply and Drainage
Plantation Human Development Trust
Department of Community Medicine, Faculty of Medicine, Colombo
Dept. of Food Science and Technology, Faculty of Applied Sciences, University of Sri Jayawardenapura
Selected academia from the speciality of Paediatrics

Sri Lanka College of Paediatricians
College of Community Physicians of Sri Lanka
Sri Lanka College of Obstetricians and Gynaecologists
Sri Lanka Medical Association
College of General Practitioners of Sri Lanka
Nutrition Society of Sri Lanka
Perinatal Society of Sri Lanka
World Health Organization
UNICEF
World Bank
World Food Programme
Sarvodaya

Annex 4 - Summary findings of the preliminary assessment

Assessment tool used for the preliminary assessment was “Infant and young child feeding – a tool for assessing national practices, policies and programmes – WHO, 2003”. Preliminary assessment was conducted under three headings;

- I. IYCF practices
- II. IYCF policies and targets
- III. IYCF programmes.

The summary findings for each of the above sections are given below;

Summary of the assessment of IYCF practices

IYCF Practice	Rate %	Rating
Early Initiation of breastfeeding (% of babies breastfed within one hour of birth)	92.3 (NFSA 2009)	Good
Exclusive breastfeeding (% of babies 0-<6 months of age exclusively breastfed in the last 24 hours)	75.8% (DHS 2006/7)	Good
Median Duration of breastfeeding (median duration in months of breastfeeding of children under three years of age)	29.3m (DHS 2006/7)	Very Good
Bottle feeding (% of breastfed babies 0-<12 months of age fed from bottles in the last 24 hours)	30.06 (NFSA 2009)	Poor
Complementary feeding (% of breastfed babies 6-<10 or 7-<10 months of age who received complementary foods in the last 24 hours)	91.6% (NFSA 2009)	Good
Minimum Acceptable diet (% of children 6 -23 months receiving minimum acceptable diet)	32.9% (NFSA 2009)	Poor

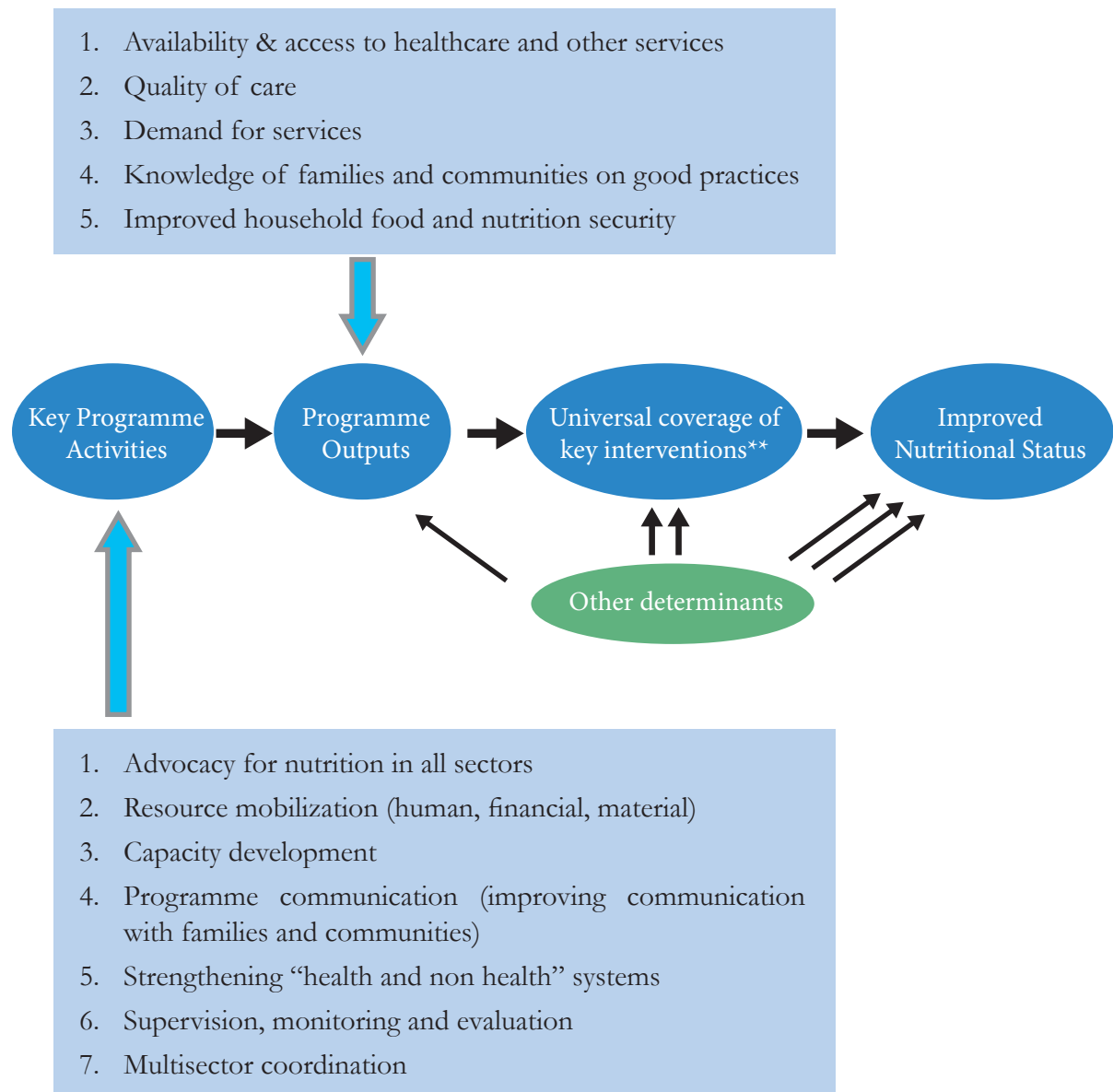
Summary of the assessment of IYCF Policies and Targets

IYCF Policies and targets	Score	Rating
Development of national infant and young child feeding policies	9	Very Good
Appointment of national breastfeeding or infant and young child feeding coordinators and establishment of national committee(s).	8	Good
Baby-friendly Hospital Initiative achievements	12%	Fair
Implementation of the International Code of Marketing of Breast-milk Substitutes	8	Good
Enactment of legislation protecting and supporting breastfeeding among working mothers	5	Poor
Planning and implementing strategies to meet the new operational targets of the Global Strategy	2	Poor

Summary of the assessment of IYCF Programmes

IYCF Programmes	Score	Rating
National IYCF Programmes	6/10	Fair
BFHI	3.5/10	Poor
Pre- service education	4/10	Fair
In-service training	7/10	Good
Safe motherhood	7/10	Good
Community outreach	6.5/10	Fair
IEC	6.5/10	Fair
Contraceptive support	8/8	Very Good
HIV & Infant feeding	7/10	Good
IYCF during emergencies	8/10	Good
Research	6/10	Fair
M & E	6/10	Fair

Annex 5 – Programmatic pathway to improve nutrition status



** key evidence based interventions as listed out in Essential Nutrition Actions; Improving maternal, newborn, infant and young child health and nutrition, WHO, 2013

Bibliography

Annual Action Plans of the Family Health Bureau, MoH

Ministry of Health. (2007). Guidelines on Infant and Young Child Feeding for Sri Lanka, Family Health Bureau.

Ministry of Healthcare & Nutrition and Unicef. (2007). Management of severe acute under nutrition – manual for health workers in Sri Lanka.

Ministry of Healthcare & Nutrition & Unicef. (2008). Factors associated with complementary feeding in Sri Lanka.

Ministry of Health. (2008). Protocol for managing nutritional problems among under five children in the community. General circular letter no. 02-18/2008. Family Health Bureau.

Ministry of Health (2009). Guideline for feeding infants and preschool children including orphans and those not living with mothers during an emergency situation. Family Health Bureau.

Ministry of Health. (2009). Vitamin A supplementation – Revised schedule. Circular No. 01-05/2009. Family Health Bureau.

Ministry of Health. (2009). Promotion of milk powder within health institutions under the Ministry of Healthcare and Nutrition. General circular letter no. 02-12/2009. Family Health Bureau.

Ministry of Health. (2009). Support and ensure appropriate and adequate infant feeding during emergencies. General circular No. 01-11/2009. Family Health Bureau.

Ministry of Health (2010). Breastfeeding; Just 10 steps, 'The baby friendly way'. General circular no. 02-82/2010. Family Health Bureau.

Ministry of Health. (2010). Promotion of branded milk powder within health institutions and to the staff of the Ministry of Healthcare and Nutrition. General circular no. 01-15/2010. Family Health Bureau.

Ministry of Health (2012). "Change in the modality of management of children under the age of five years with severe acute malnutrition (SAM)" - Letter by DDG PHS II.

Ministry of Health (2012). "Facilitation of practice of National infant and young child (IYCF) recommendations on breastfeeding within government institutions; establishment of breast feeding rooms"- Letter by Secretary Health.

Ministry of Health. (2012). Facilitation of practice of National infant and young child (IYCF) recommendations on breastfeeding within health institutions; establishment of breast feeding rooms. General circular no.1 – 48/2012. Family Health Bureau.

Ministry of Health. (2012). Guidelines on de-worming children and pregnant women in community setting. General circular letter No. 02-172/2012. Family Health Bureau.

Ministry of Health. (2012). Implementation of the Sri Lanka code for the promotion, protection and support of breastfeeding and marketing of designated products. General circular no. 01-15/2012. Family Health Bureau.

Ministry of Health (2012). National nutrition and micronutrient survey 2012 (anaemia among children 6-59 months and nutritional status children and adults). MRI.

Ministry of Health. (2012). New schedule for Multiple Micro Nutrients (MMN) supplementation for 6,12 and 18 month age groups. Family Health Bureau.

Ministry of Health. (2012). Sponsorship of foreign tours by manufacturers and distributors of designated products. General circular no. 01-32/2012. Family Health Bureau.

Ministry of Health. (2012). Sponsorship of foreign trips by manufacturers and distributors of designated products. General circular no. 01-50/2012. Family Health Bureau.

Ministry of Health. (2013). Zn supplementation in managing diarrhoea among children under five years of age. General circular 02-161/2013. Family Health Bureau.

Ministry of Health. (2014). Annual Report on Family Health, Sri Lanka 2014. Family Health Bureau.

Ministry of Health & Family Health Bureau. (2011). National strategic plan on maternal and newborn health 2012-2016.

National Nutrition Secretariat of Sri Lanka. (2013). Multi-sector Action Plan for Nutrition 2013- 2016.

Child Health Development Record, Ministry of Health

Sri Lanka. Ministry of Labour Relations and Manpower. Maternity Benefits Ordinance. No. 32 of 1939.

Ministry of Health. Medium Term Strategic Plan, 2013-2017, Family Health Bureau.

Ministry of Health. (2010). National Health Promotion Policy.

National HIV/AIDS policy: Sri Lanka – National STD/AIDS control programme.

Ministry of Healthcare & Nutrition. (2010). National Nutrition Policy of Sri Lanka.

Ministry of Health. (2012). National Policy on Maternal and Child Health.

National Policy on Early Childhood care and Development 2004.

Sri Lanka. Department of Census & Statistics. (2009). Demographic and Health Survey 2006/7.

Sri Lanka. Ministry of Healthcare & Nutrition. (2004). Sri Lanka Code for the Promotion, Protection and Support of Breastfeeding and Marketing of Designated Products - Amended Code 2002.

Sri Lanka. Ministry of Health. (2010). Nutrition and food security assessment in Sri Lanka 2009, MRI.

Sri Lanka. (2010). Ministry of Health. The National Policy and Strategic Frame Work for Prevention and Control of Chronic Non-Communicable Diseases 2010.

Sri Lanka. Ministry of Public Administration and Home Affairs. (2005). Maternity Leave- Chapter XII of the Establishments Code. Public administration circular No. 4/2005.

Sri Lanka. Ministry of Public Administration and Home Affairs. (2006). Paternal Leave - Chapter XII of the Establishments Code. Public administration circular No. 3/2006.

Sri Lanka. Shop & Office Employees Act. (1954). Ministry of Labour Relations and Manpower.

Sri Lanka. The Constitution of the Democratic Socialist Republic of Sri Lanka – (2011 rev. edn). Parliamentary Secretariat.

The Charter on the Rights on the Child

WHO (2003). Infant and young child feeding – A tool for assessing national practices, policies and programmes.

WHO (2006). Optimal feeding of low birth weight infants – Technical review.

WHO (2007). Planning guide for national implementation of the global strategy for infant and young child feeding.

WHO (2008). Indicators for assessing infant and young child feeding practices: Part I Definitions.

WHO (2013). Essential Nutrition Action: improving maternal, newborn infant and young child health and nutrition.

WHO & Unicef (2003). Global strategy for infant and young child feeding.

