

National Nutrition Quality Standards for Residential Care for Older People

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National Nutrition Quality Standards for Residential Care for Older People

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Message from the Director General Health Services

Sri Lanka has a rapidly ageing population in par with proportions of elderly rising globally, currently representing approximately 12.5% of the total population. Health and nutrition status of elderly has a considerable effect on the healthcare cost in the country.

The family structure has undergone significant changes with the current economic and social changes taking place in the country and as a result there has been an increase in the number of elderly people living in residential care facilities. These elderly are greatly susceptible to nutritional difficulties than those who live in their own households, making nutrition care for institutionalized elderly even more important for the society.

Dietary and nutritional requirements of this population are different from the adult population. They may have changed their dietary behaviors and eating patterns over the years. In addition, eating disorders are a common ailment endured by the elderly due to aging. Therefore, these concerns need to be recognized to provide quality nutrition care services in a safe food environment.

The National Nutrition Quality Standards for Residential Care for Older People which were formulated by the Nutrition Division of the Ministry of Health, in collaboration with the World Health Organization and other relevant stakeholders, is an initiative to address the nutrition needs of the elderly living in residential care.

I would like to encourage all patrons at different levels to use this comprehensive publication to provide essential nutrition care for the institutionalized elderly.

Dr Anil Jasinghe

Director General Health Services

Ministry of Health

Sri Lanka

Preface

Ever increasing elderly population with the demographic transition occurring in the country, their nutritional problems are recognized as one of the key areas to intervene. Elderly living in the residential care institutions are more vulnerable for malnutrition compared to the community dwelling older people. Hence, National Nutrition Quality Standards for residential care institutions for older people were recognized as a timely need to address residents' nutrition issues.

Nutrition Division with the participation of many stakeholders in relevant sectors developed National Nutrition Quality Standards which has to be maintained by the respective institutions. This document is expected to utilize by all government and non government elderly care institutions to ensure the establishment and maintenance of quality nutrition care for older people according to the formulated standards.

Greatly appreciate the esteemed contribution by all relevant technical officers from the Ministry of Health, Elderly Secretariat, and other governmental and nongovernmental organizations and acknowledge the World Health Organization for their technical and financial assistance in preparing this document.

Sincere appreciation goes to staff of the Nutrition division with special thanks to Dr. Kanishka Athukorala, Registrar in Community Medicine, Mr. Tharmaseelan, Assistant Director and Ms. Sajeewani Mirihagalla without whom this endeavour would not be a success.

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National Nutrition Quality Standards for Residential Care for Older people

Introduction

Sri Lanka has an ageing population. Most of the older people are community dwelling and some have to live in residential care institutions. Food and nutrition contribute significantly to quality of life of older people and these institutions have a great responsibility meeting the physical and functional needs of residents.

Residential care facilities for older adults in Sri Lanka exist in various levels in terms of the size (small to large institutions) and a management structure (government, private or nursing homes). Many such institutions experience insufficient resources and are lacking proper care and nutrition support for residents.

Aim of the National Nutrition Quality Standards is to deliver quality, safe, nutritious food according to the health status of residents in institutions. It advocates for assessment of residents' food and nutritional needs, nutrition care plans and support services to meet the residents' needs and care givers to equip with the appropriate level of knowledge, skills and competence to address the food and nutritional needs of residents.

These standards focus on nutrition and nutrition related health outcomes of residents in elders' homes and other residential care facilities for older people (day centres, nursing homes etc.). They reflect the level of nutrition care and services that can be expected by older residents and their family members while highlighting the institutional responsibilities.

It provides guidance to deliver quality, safe, nutritious food according to the health status of residents in institutions. Indirect contributing factors to nutrition status such as physical activity, social and psychological aspects of an older person also considered in this document to realize favourable quality of life of residents.

Process of development of National Nutrition Quality Standards

Development of these standards included;

Stage 1

Review of global and local literature related to Nutrition Quality Standards

Stage 2

Drafting National Nutrition Quality Standards for Residential Care for Older People

Stage 3

Expert Consultation Process with the Technical Working Group

Technical Working Group consisted of experts from Nutrition Division, Directorates of Youth, Elderly & Disabled, Estate & Urban Health, Medical Research Institute, Health Promotion Bureau, Elderly Secretariat, Sri Lanka Standard Institute, representatives from Sri Lanka Medical Nutritionist Association, Managers of Government and Non Government elders' homes.

Stage 4

Modification of draft of the National Nutrition Quality Standards according to expert opinions

Stage 5

Pilot testing of the revised draft of the National Nutrition Quality Standards among managers and wardens of residential care institutions for older people.

Stage 6

Modification according to pilot test, consensus building with Technical Working Group and finalization of the National Nutrition Quality Standards

National Nutrition Quality Standards

National Nutrition Quality Standards identified seven standards to provide quality food and nutrition for residents;

1. Nutrition support and care services

Research evidences available in Sri Lanka suggest that institutionalized elderly are more prone to be malnourished compared to the community dwelling older persons (Rathnayake et al., 2014*; Fernando & Wijesinghe, 2010).** Nutrition assessment, nutrition care¹ and support² for elderly are essential elements in geriatric care services. Assessment of nutrition status on admission is necessary as a baseline to provide nutrition care and support followed by periodic assessment to monitor the improvement of individual's nutritional status. Provision of nutrition care services should address nutrition issues related to older people while supporting them to overcome their eating problems. A special emphasis should be paid to informed choices according their religious and cultural backgrounds when planning nutritional support and services.

2. Nutrition care plan³

The prevalence of Non Communicable Diseases (NCDs) are very high among the elderly while nutritional problems such as macro and micronutrient deficiencies are also common among them. Nutritious food, consistency⁴, serving sizes, method of feeding and monitoring of nutrient adequacy should be included in nutrition care plans for older persons. Therefore, the organization should have nutrition care plans for healthy older people as well as residents with malnutrition and acute or chronic diseases in line with professional recommendations.

3. Food environment

Hygienically prepared safe food and safe drinking water should be provided for the elders as they are more vulnerable to get infections due to impaired immunity. At the

* Rathnayake, K.M., Wimalathunga, M.P.P.M., Weech, M., Jackson K. G. & Lovegrove, J. A. (2014). *Undernutrition and dietary pattern in Sri Lankan institutionalized elderly*. Proceedings of the nutrition society. 14 -17

** Fernando, W.H.K.N & Wijesinghe, D. G. N.G. (2010). *Assessment of nutritional status and disease prevalence among elderly population in elderly homes in Kandy*. Tropical agricultural research. Volume 21(3): 229-237

1,2,3 & 4 - See glossary

same time, food environment with proper garbage disposal and safe vector control measures should be adopted to prevent food borne diseases.

4. Physical activity and entrainment

Physical activities and entertainment⁵ should be encouraged among older people to improve psychosocial aspects of life. Physical activity helps to prevent the loss of muscle mass due to sarcopenia, which is a common condition causing morbidity in old age. In addition, physical activity helps to improve joint functions and prevents gain in weight and also to facilitate activities of daily living. Physical activities are essential even for bed/ wheel chair bound older adults within recommended limits and capacity.

Entertainment activities are also recommended to improve their psychosocial wellbeing while indirectly improving nutritional status.

5. Feedback on services

Feedback⁶ provided by residents/ family members is needed for the improvement of service provision. The elderly residents, their families, friends, donors and the community are encouraged to offer their feedback on elderly care services and necessary modifications/ actions needs to be taken whenever possible.

6. Human resources

Knowledgeable and skillful staff in sufficient numbers is needed for an organization to provide good quality services to the elderly. Regular capacity development of care providers is necessary to cater the elderly with necessary care.

7. Organizational governance

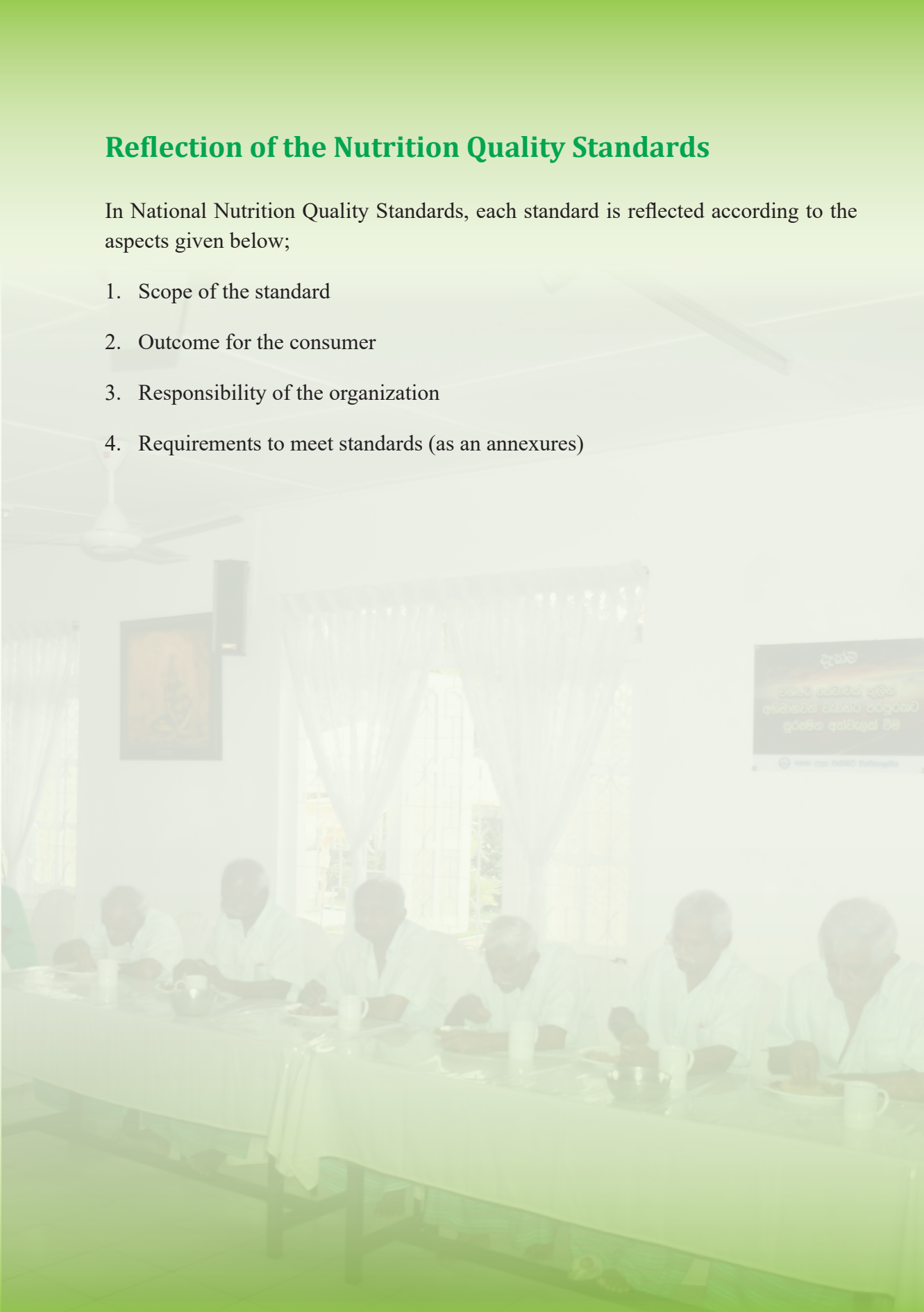
The relevant organization is accountable for their delivery of services related to the food and nutrition. Monitoring of the services for nutrition outcomes of residents are essential for a provision of quality care services with equity⁷ of nutrition care. Therefore, good organizational governance⁸ is responsive to needs of all stakeholders and the organization itself all the time, while having a farsighted policy for decision-making and a legal framework for the best interests of all stakeholders. Policy initiatives of the organization should reflect ideas, experiences, preferences, shortcomings and other human strengths in assuring that stakeholder interests are addressed.

5,6, 7 & 8 - See glossary

Reflection of the Nutrition Quality Standards

In National Nutrition Quality Standards, each standard is reflected according to the aspects given below;

1. Scope of the standard
2. Outcome for the consumer
3. Responsibility of the organization
4. Requirements to meet standards (as an annexures)



Standard 1: Nutrition support and care services

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Nutrition assessment • Nutrition support • Nutrition care services • Informed choices 	<ul style="list-style-type: none"> • “Nutrition challenges have been met adequately to improve quality of my life”. • I receive food according to my cultural and religious background” 	<ul style="list-style-type: none"> • Facilitate to assess residents’ nutrition status and requirement. • Facilitate nutrition care and support services provided for residents including referral for the needy. • Respect cultural/religious background of consumers in relation to food.

Requirements to meet this standard is annexed (Annexure no I).

Standard 2: Nutrition care plan/s

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Healthy older persons • Elders with acute diseases¹⁰ • Elders with chronic diseases¹¹ • Elders with dementia, hip fractures, elderly undergone surgery • Elders with specific eating problems 	<ul style="list-style-type: none"> • “I am getting food considering my physical and mental conditions”. 	<ul style="list-style-type: none"> • Have nutrition care plans with nutrient requirement⁹, feeding methods and consistency and serving sizes. • Supports consumers to receive food according to their health and nutrition status. • Has a culture of inclusion of residents in nutrition care planning whenever possible.

Requirements to meet this standard is annexed (annexure no II).

^{9, 10, 11} - see glossary

Standard 3: Safe Food Environment

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Assessment of quality of purchased or donated food • Food safety measures. • Safe food environment <p>(For further details refer to the guideline for implementation of National Quality Standards for Residential Care for Older People).</p>	<ul style="list-style-type: none"> • “Safe food environment helps me to be healthy”. • “I am a partner in ongoing assessment of food environment to have safer food” 	<ul style="list-style-type: none"> • Make environment safe for food, water and intake of meals. • Accept residents in assessing food environment and menu planning whenever possible.

Requirements to meet this standard is annexed (Annexure no III).

Standard 4: Physical activities and entertainment

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Maintain active life style through physical activities. • Reduction of the sedentary time spent throughout the day. • Psychosocial wellbeing through entertainment. 	<ul style="list-style-type: none"> • “Participation in physical activities helps me to improve my health”. • “Physical and entertainment activities keep me happy”. 	<ul style="list-style-type: none"> • Facilitate elderly to engage in physical and entertainment activities according to their capabilities. • Elderly with disabilities, malnutrition etc. should be facilitated to get advises on physical activities. • Provide safe environment to carry out physical activities.

Requirements to meet this standard is annexed (Annexure no IV).

Standard 5: Feedback on services

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Positive and negative feedback on nutrition care services • Response to formal and informal, written or verbal feedback • Complaints resolution • Improvements of services using feedback 	<ul style="list-style-type: none"> • “I am encouraged and supported to give feedback” • “I am engaged in addressing my feedback with appropriate action”. 	<ul style="list-style-type: none"> • Encourage residents, their families, care givers, donors and community to provide feedback constructively. • An open disclosure¹² process is used to resolve the problem. • Residents/ family members are involved in resolving complaints whenever possible. • Appoint a person to handle complaints/ feedback. • Appropriate action is taken in response to feedback. • Feedback and complaints are reviewed to improve the quality of care and services (see implementation guideline for the assessment of feedback).

Requirements to meet this standard is annexed (Annexure no V).

¹² - see glossary

Standard 6: Human resources

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Sufficient workforce • Knowledge and skills of the workforce • Enabling environment for the work • Constructive appraisal of performance¹³ 	<ul style="list-style-type: none"> • “I get quality food and nutrition care from people who are knowledgeable, capable and caring”. 	<ul style="list-style-type: none"> • Sufficient, trained and skillful workforce should be recruited and maintained. • Create supportive environment for delivery of quality nutrition care and support

Requirements to meet this standard is annexed (Annexure no VI).

13 - see glossary

Standard 7: Institutional governance

Scope of the standard	Outcome/s for the beneficiary	Responsibility of the Institute
<ul style="list-style-type: none"> • Compliance with nutrition quality standards • Monitor effectiveness and efficiency¹⁴ • Accountability¹⁵ 	<ul style="list-style-type: none"> • “I am happy about the management procedures of the institution”. • “I am a part of the delivery of care and services”. 	<ul style="list-style-type: none"> • The institution’s governing body is accountable for the delivery of safe and quality nutrition care and services for residents and to all stakeholders.

Requirements to meet this standard is annexed (Annexure no VII).

^{14, 15} - see glossary

Glossary

- ¹ **Nutrition care** is a provision of adequate nutrients to elderly considering their physical, and mental status.
- ² **Nutrition support** is the provision of nutrition therapy, especially enteral or parenteral nutrition to ensure the nutritional needs of the residents.
- ³ **Nutrition care plan** is a plan of management in relation to the nutritional status and co-morbidities of the individual as decided by the medical professional/s. These elderly may receive a normal, special or therapeutic diet according to their nutritional status or co-morbid condition.
- ⁴ **Consistency of diet** may be solid, semisolid (eg; puree, blended porridge or soup etc.) or liquid (strained porridge or soup, milk or liquid supplements) diet.
- ⁵ **Entertainment** is fun activities which elderly people enjoy (eg: singing, dancing, reading clubs, arts and crafts etc.).
- ⁶ **Feedback** is the means by which organization enable the residents/family members/care givers to ‘close the gap’ in order to improve services.
- ⁷ **Equity** is the fairness to all residents with respect to access to the resources and services according to the individual need for maintaining wellbeing.
- ⁸ **Organizational governance** - A system by which an institution makes and implements decisions in pursuit of its’ objectives (Definition by the international standard on responsibility, ISO 26000).
- ⁹ **Nutrient requirement** is the amount of nutrients that are required according to the age, sex, level of activity and co-morbidities of the individual.
- ¹⁰ **Acute Disease** - A disease marked by the sudden onset of symptoms.
- ¹¹ **Chronic disease** - A disease that persists for a long time.
- ¹² **Open disclosure process** - the process of communicating with a patient and/or their support person (s) about a patient-related incident or harm caused during the process of healthcare.

¹³ **Performance appraisal** is a general and periodic process that assesses an individual employee's job performance and productivity in relation to nutrition care for residents.

¹⁴ **Effectiveness and Efficiency** means that the organizational processes produce favorable results to meet the needs of stakeholders, while making the best use of resources. – Human, technological, financial, natural and environmental.

¹⁵ **Accountability** - The fact of being responsible for what you do and able to give a satisfactory reason for it.

¹⁶ **Feeding methods** include oral feeding, enteral (tube feeding or feeding through gastrostomy/ jejunostomy) and or parenteral feeding (intravenous administration of nutrition).

¹⁷ **Medical nutrition therapy** includes regular or special diet or oral supplements.

¹⁸ **Inclusiveness** provides the opportunity for stakeholders to maintain, enhance, or generally improve well-being considering their value to society.

¹⁹ **Participation** is freedom of expression by the residents/family members/guardians/care giver/any other relevant stakeholder either directly or through legitimate representatives for the best interests of them and the institution.

²⁰ **Responsiveness** is when the institution processes are designed to serve the best interests of all stakeholders within a realistic time period.

²¹ **Consensus Oriented** means carrying out discussions among stakeholders with diverse interests to reach a broad consensus.

Annexures

Annexure 1

Standard 1

1. Requirements to meet the standard

1.1. Nutrition assessment of residents shall be carried out on admission and periodically thereafter.

a.) *On admission–*

- i. The institute should maintain a health record and the care plan for each resident to assess the improvement in the nutritional status.
- ii. A rapid screening (for further details refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People) should be carried out by a trained staff member of the institution and documented in new comer's health record.

b.) *Comprehensive assessment –*

- i. Designated staff member from the institution should refer the new residents for a comprehensive nutrition assessment to be done by a professional, competent for nutrition assessment (Nutritionist, Medical officer) from the nearby hospital/ MOH office/ general practice.
- ii. Comprehensive assessment should be accomplished within two weeks of admission and prescribed nutrition care plan considering informed choices should be assisted.
- iii. An institution should facilitate the comprehensive geriatric assessment for the needy if requested by a health professional.

c.) *Periodical assessment*

- i. Periodical (or annual) assessment (if necessary) should be coordinated and facilitated by a designated person from the institution. This should be carried out by a professional (Medical Officer of Nutrition/Nutritionist).

- ii. In case of more frequent periodical assessments recommended by a health professional, an institution should coordinate and facilitate them.

1.2 Nutrition care and nutrition support services shall be provided for residents.

- i. All residents should receive nutrition care considering their physical and psychological status (for further details refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People). Resident's food preference (according to social, cultural, religious and personal background) also should be taken into account when providing meals.
- ii. In case of frailty or difficulties in feeding, nutrition support services may be decided by a multidisciplinary team including Consultant Medical Nutritionist, Medical Officer (MO), Nutritionist, Speech Therapist, Occupational Therapists and Public Health Nursing Officer (PHNO) etc. attached to the nearby health institutions.
- iii. Designated staff members from the institution should coordinate with the multidisciplinary team and facilitate their opinion in a best possible way for the resident.
 - In case of prescription of parenteral nutrition support (intravenous administration of nutrients), the institute should facilitate PHNO to provide necessary support.
 - Enteral support (tube feeding, feeding through gastrostomy/ jejunostomy) for needy residents may be provided by a trained person in the institution. Training can be arranged with the Public Health Nursing Officer in the closest hospital.

Annexure II

Standard 2

2. Requirements to meet the standard

2.1. Nutrition care plans shall be available according to health and nutritional status of elders as a regular diet or prescribed special diets or therapeutic diet.

2.2. Menu for residents shall be planned considering nutrients in food.

- i. Meals should meet the calorie, protein, other macro and micronutrients, fiber and fluid requirement.

Type of diet, frequency and method of feeding¹⁶ (oral/enteral/parenteral), medical nutrition therapy¹⁷ should be identified according to physical, medical and mental conditions of the persons prescribed by a professional (Consultant Medical Nutritionist /MO or Nutritionist).

- ii. Monitoring of nutrient adequacy and fluid balance should be facilitated as necessary.

2.3. A diet for residents shall be prepared/ordered/ received considering content of nutrients, consistency and formulation.

- i. Diet should be provided according to the recommended menu, consistency of food and quantity according to the cultural and religious preferences of the residents.
- ii. Meals should be served at chosen times.
- iii. Donors should be informed on healthy food options according to the physical, medical and mental conditions of the residents.

2.4. Needy residents shall be fed according to recommendations.

- i. Professional recommendations should be carried out accordingly. Get professional support whenever necessary.
- ii. Facilitate the consultation with a speech therapist/ medical professionals for those who are having swallowing difficulties and other nutrition problems.

16, 17 - see glossary

Annexure III

Standard 3

3. Requirements to meet the standard

3.1. Assessment of quality of purchased / donor food (For further details refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People).

- i. Diversified food including all food groups daily
- ii. External quality of food including appearance (size, shape, colour, gloss, and consistency), odour, flavor and texture etc.

3.2. Food safety assessment during supply and storage of food, food preparation and handling (for further details refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People).

3.3. Safe food environment including safety of water, sanitation and pest control

(for further details refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People).

- i. Staff member of the institution should be assigned to assess the quality of supplied (raw/cooked) food.
- ii. Safe food environment including necessary resources should be facilitated.
- iii. Skillful staff should be engaged in food and environment safety activities.
- iv. Safe disposal of waste according to accepted local waste disposal mechanisms.
- v. Safe pest control measures are used to ensure the safety of food environment.

Annexure IV

Standard 4

4. Requirements to meet the standard

- 4.1. Awareness among older adults and the management of the institution on importance of physical activities and entertainment.*
- 4.2. Provide infrastructure and equipment within the institution for residents to engage in physical activities and entertainment.*
- 4.3. Facilitate physical activities for physically disabled elders within their capacity and/or recommendations.*

Annexure V

Standard 5

5. Requirements to meet the standard

5.1. Modes of feedback are facilitated (eg: feedback box/complaint box/suggestion notes etc.)

5.2. Timely response to feedback

5.3. Actions for improvement

5.4. Keeping records on complaints/feedback.

Annexure VI

Standard 6

6. Requirements to meet the standard

6.1. Adequate staff to provide nutrition care should be employed depending on the number of residents

Minimum standards for human resources;

- Care givers to resident ratio = minimum of 1 staff member:15 ambulatory residents.
- Depending physical and psychological status of the residents', minimum number should be increased.
 - One care giver for 3-4 dependent / assisted residents
 - Warden/Manager – at least 1
 - Cooks and assistants –sufficient to prepare food depending on the number of residents
- Any other workers as per necessity (e.g.: Security personnel, nurses etc.)

6.2. Institutional support for the workforce

- a). Institution supports workforce to gain knowledge and skills, to maintain their own health and to create enabling environment.

Ensure capacity building on;

- Assessment of quality of food in relation to external factors
- Food safety and hygiene measures
- Food Based Dietary Guidelines and foods recommended in the model food plate for Sri Lankans.
- Food preparation and cookery
- Basic nutrition assessment

- Feeding skills for especially needy residents
- Nutrition related basic training
- Any other nutrition related training

6.3. *Necessary facilities and supportive work environment for staff to preserve their physical, psychological and social wellbeing.*

6.4 *Constructive performance appraisal of the staff for maintenance of the quality of services related to Nutrition* (for further details refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People).

Annexure VII

Standard 7

7. Requirements to meet the standard

7.1 The institution's governing body should promote a culture of safe, inclusive and quality care services. with accountable service delivery related to food and nutrition care.

- i. Monitor implementation of requirements and outcomes.
- ii. Evaluation of the adherence to standards to continue best practices. (for sample assessment tool, refer to the guideline for implementation of National Nutrition Quality Standards for Residential Care for Older People)
- iii. Mechanism for information management and continuous evidence based improvement of services.
- iv. Efficient use of resources including human, technological, financial, natural and environmental.
- v. Effective risk management systems and practices.
- vi. Pursue equity and inclusiveness¹⁸ in planning and delivering of nutrition care and support services.
- vii. Participation¹⁹
- viii. Responsiveness²⁰
- ix. consensus oriented²¹
- x. Workforce governance, including the assignment of clear responsibilities and accountabilities.

18, 19, 20 & 21 - see glossary

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