Emergency Nutrition Plan
2022- 2024

MINISTRY OF HEALTH

SRI LANKA

Contents

Emergency Nutrition Plan 2022- 2024

1. Introduction

The Nutrition status of Sri Lankans is likely to further deteriorate in the coming months due to the economic crisis and the impending food crisis. A trend study found that the performance of selected dietary metrics had remained stagnant well before 2021. Food production, distribution, cost, and accessibility have been affected by the concurrent economic crisis and COVID 19 outbreak. The average price of a nutritious meal has increased by 156% according to a rapid analysis done by the National Department of Planning and World Food Programme, and these factors will have a detrimental effect on nutritional status as a result of reduced affordability and accessibility. In addition, the response of the health service to the early detection and correction of nutritional problems has become increasingly challenging. The situation requires an immediate multisector response that are well-coordinated and monitored, bringing together all sectors involved.

The primary objective of the National Emergency Nutrition Plan is to prevent further deterioration in the nutritional status of Sri Lankans.

2. Nutrition status

The last national assessment on Nutrition status was in 2016 (Demographic Health Survey- DHS). The next DHS should have captured progress, which was due in 2021, could not be conducted due to the COVID 19 situation. Routine information through the MCH system provides service data of children under five, school children and pregnant mothers. For the emergency plan, data available through the routine e RHMIS system of Family Health Bureau will be utilized in the planning phase and for routine monitoring of the implementation of the plan.

The percentage underweight among under 5 children can be used as the baseline which was available from routine e-RHMIS system.

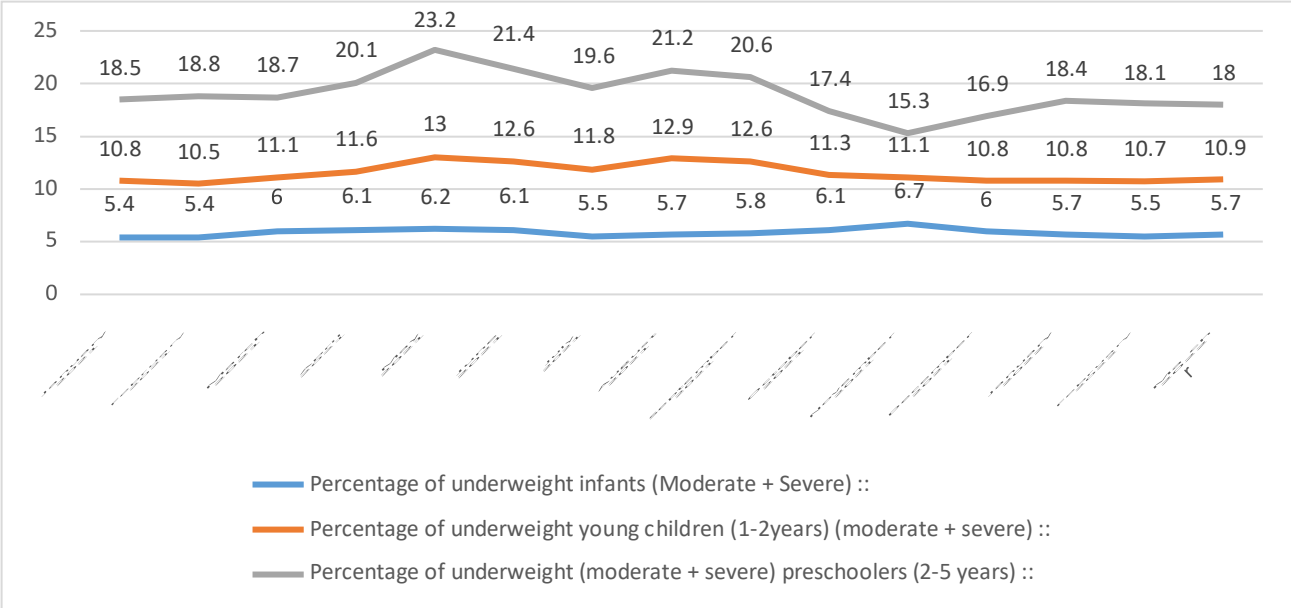

Figure 1 – Percentage underweight among infants, young children and preschoolers (January 2021-March 2022)

Similar nutrition status was seen in a recent study conducted by the MRI which revealed following.

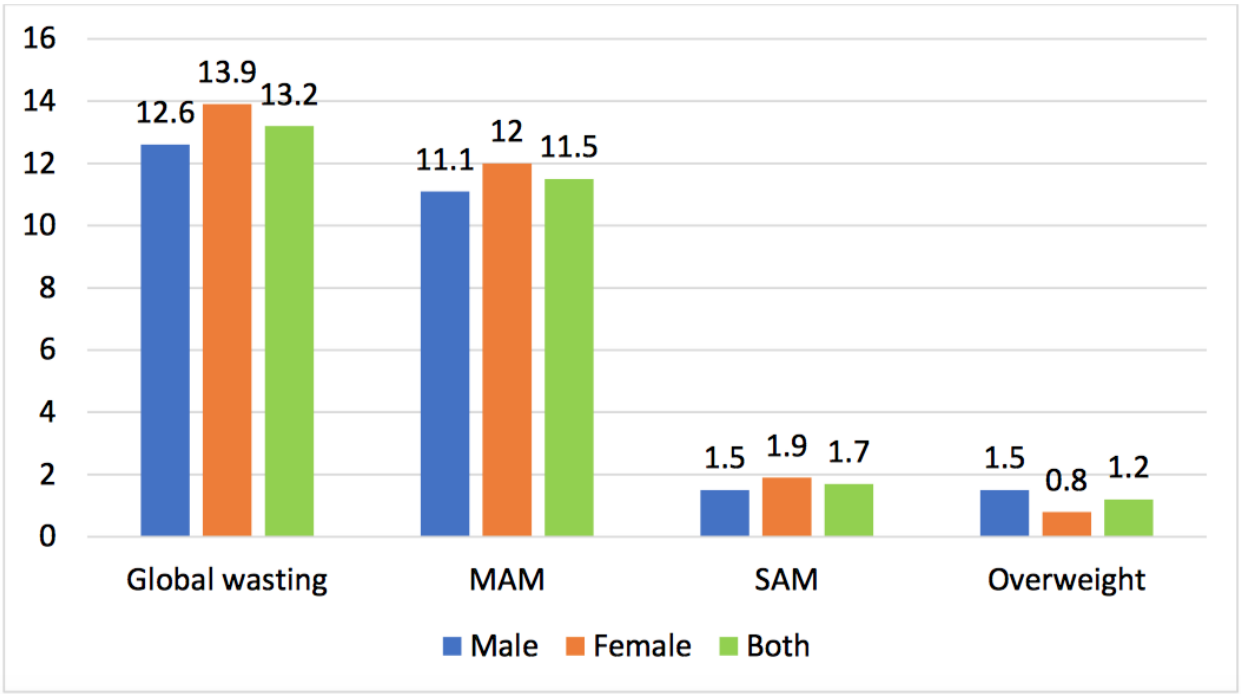

Figure 2 – Prevalence of wasting and overweight in children 6-59 months in age

The study conducted by MRI, Ministry of Health in the "pre economic crisis" period from September to December 2021 provides us with a useful baseline on key aspects of household level food security as it explores the nutrition status and gaps in the diet during this period. This sample which has not included infants below 5 months show a higher underweight percentage of 17.7 which is comparable with e RHMIS data for children 2-5 years of age.

The key findings of this survey are,

1) Calories obtained from carbohydrate, protein, and fat as well as the median fiber intake were within WHO recommended level

2) The median HH intake of vitamins was very far below the average requirement (AR) except for Vitamin K and the lowest intake was for Vitamin A and AR for it was 38.3%

3) The median HH intake of calcium (38.9%), potassium (59.9%) magnesium (75.3%) zinc (82.7%), and iodine (89.4%) were below the AR while intake of iron, sodium, and copper was over 100%.

3. Planning process for development of Emergency response plan for nutrition

- Consequent to understanding that nutritional outcomes need to be managed both for their key determinants and through service strengthening, the Maternal and Child Nutrition Subcommittee considered using an expert group consultative method to describe the key challenges currently faced.
- Available data was triangulated to formulate the key purpose of an emergency response in nutrition.
- A strategic framework was then outlined to address the three broad issues that needed nutrition-sensitive and more nutrition-specific approaches.
- The expert consultations were expanded to wider stakeholder consultation that is needed in a multi-stakeholder response.
- The Consultation highlighted the most appropriate and feasible actions in the emergency response as well as action required in the protracted phase. Through this process the basket of

interventions (wish list including all that is currently carried out irrespective of their effectiveness) were reduced as Service strengthening activities for Nutrition specific activities already carried out through health services were considered.

- The plan is expected to identify comprehensively the activities under each strategic area, key stakeholders, and focal responsibilities to drive the respective activities.
- The plan will also estimate cost implications for delivery and a monitoring and evaluation framework.

4. Key Issues addressed in the plan

The Key issues faced, which need to be addressed to accomplish the objective of the plan i.e. for ensuring that further faltering of nutritional status does not occur during next two years are:

a. Inequities in food access/ affordability
b. Health systems gaps in addressing children with SAM, MAM- and in providing services to vulnerable populations (eg. Distribution problems due to lack of fuel, supply chain issues for BP 100, Thriposha and nutrition supplements, HR challenges in transport and data provision)
c. Gaps in communication and empowerment of people towards preventing nutritional problems that are still within their means

5. Strategic Framework

Under each of the three main issues to be addressed key strategic areas are outlined.

1. Proposed Strategies to address Food security for nutrition are

1.1. Targeting the poorer income households, pregnant mothers with food support / cash transfer schemes that are revised to capture current levels of inflation - food basket outlined
1.2. Targeting school children through continuing the school meal program – general/ foster schemes
1.3. Targeting under five children with SAM through foster schemes
1.4. Promoting community kitchens in Estate and urban undersettled areas and in selected rural areas through existing empowered groups
1.5. Multi nutrient security through promoting home gardening – refer abridged guide

1.6. Cash management skills development in targeted areas – Estate, Urban under settlement areas – resource pack available
1.7. Fresh water fish breeding
1.8. Introducing Village level sustainable self sufficiency model for food and nutrition security

2. Proposed Strategies to address the Health systems gaps in addressing children with SAM,MAM and to support nutrition adequacy of pregnant mothers are

2.1. Ensure adequate uninterrupted supplies of BP 100 and MMN supplements for SAM, MAM respectively
2.2. Restart Triposha program and target the supply to the most needed – obtaining assistance for raw material supplies
2.3. Ensure adequate uninterrupted supplies of Fe, folate, Calcium to pregnant mothers / MMN
2.4. Provide adequate fuel supply and communication allowances to public health staff to ensure uninterrupted services
2.5. Increase opportunities for nutrition assessments to identify early the children/ adults with nutrition problems – opportunistic screening
2.6. Urgent update on nutrition management guideline in the current situation for health staff. – compulsory online training for all primary health care staff.

3. Proposed Strategies to address communication and empowerment gap when addressing Nutrition Security

3.1. Mass media , social media and community engagement groups (mother support and other organized settings- schools, work places,) to sensitize on the potential nutrition challenge and what can be done –a. knowledge. b. Finding alternatives. c. Grow more to address multi micro nutrient gaps, d. share more
3.2. Activation of village level existing structures through involvement of civil society organizations – making use of village sufficiency economy model and integrating nutrition security related communication- target 50 villages in each district initially
3.3. Civil society, youth, NGO and private sector participation in above

The Emergency Nutrition plan has proposed activities under these strategic areas (***Annexure 1).***

6. Emergency Nutrition Plan

The Draft final version of detail plan is annexed (***Annexure 1)***.

The Plan which has considered relevance and feasibility is to be considered as an interim document and will be revisited by an expert paneltogether with key implementation stakeholders after a period of 6-9 months. This allows opportunity to consider the next phase of "Build Back Better "

7. Monitoring and Evaluation Plan

The national body overseeing the implementation of the Emergency Nutrition plan will need to be supported with data analysis /research in a very timely way

a. Conduct Cost of diet and affordability analysis, Conduct food security survey and share data among stakeholders.

b. Rapid nutrition assessment and data sharing among stakeholders at National and regional levels,

c. Nutrition vulnerability mapping for each locality

d. Food accessibility assessment to special vulnerable populations such as institutionalized elderly, disabled, children living in orphanages,

e. Mapping and sharing data of food producer, supply chain, vulnerable communities, prospective cultivatable lands at each local level (DS)

Based on the results to be accomplished the indicators for monitoring can be considered as

a. Measures of effectiveness and
b. Output / process indicators (for more frequent monitoring).

a. Measure effectiveness

Indices of concern to measure effectiveness of the Emergency Nutrition Plan

- Current status of Nutrition should not falter
- No worsening of wasting/ underweight (weight for age)

- Reduction of SAM weight for height < -3 SD

- No worsening of MAM weight for height – 2-3 SD
- No worsening of Fe deficiency aneamia – e.g. in pregnancy
- No worsening of Low birth weight - FHB
- Nutrition of elderly should not falter – indicator to be found

b. Output indicators

Improvements in food availability, access, and affordability

Improvements in service delivery, access, and reach

(specific indicators to be listed)

Key conditions required for implementation

a. A well- coordinated Multi Stakeholder Response is urgently required - A high level National Committee functions which is inclusive of all Key Stakeholders.

b. Food Security should not undermine the Nutrition Security and the key indicators in this document to monitor performance should be objectively used by the National Committee.

c. Emergency funding to support hunger to be used to implement the activities outlined in the plan.

d. Special consideration should be made to overcome challenges of mobility (transport/ fuel) which is impeding both supply and demand side intervention

Key issue – 1. Food Security

Strategy	Key activities	Responsible agencies	Time frame			Remarks / key assumptions if any
			First 6 months	7-12 months	13-24 months	
						Essential - High level multi sector coordination mechanism is required
1.1. Targeted cash transfers	1.1.1. Introduce a recommended food basket for donors to use when targeting needy families including estate and urban areas	Ministry of Samurdhi, MoPA, Ministry of Women's and Child Affairs, Elderly Secretariat, DS,	X	X	X	See proposal 1
	1.1.2. Targeted cash vouchers for pregnant mothers	MoH, Ministry of Women and Child Affairs, DS	X	X	X	
	Targeted cash vouchers to assist families with Severe malnutrition And close follow up on nutritional outcome	**MoH**	**X**	**X**		
1.2. Strengthen pre-school Meal Program	1.2.1. "Community sponsored" pre school programm	Ministry of Women and Child Affairs, MoH, DS, NGO, CSO	X	X	X	**See Proposal 2**
	1.2.2..Advocate to establish foster parenting system for identified underprivileged preschool to fulfill nutritional needs	Ministry of Women and Child Affairs, MoH, DS, NGO, CSO	X	X	X	

1.3. Strengthen School Meal Program	1.3.1."Community sponsored" pr school meal program. Funding program on named - based school meal program	MoE, MoH, DS, NGO, CSO	X	X	**X**	**See Proposal 2**
	1.3.2. Advocate to establish foster parenting system for identified underprivileged schools to fulfill nutritional needs	MoE, MoH, DS, NGO, CSO	X	X	X	
1.4. Promote establishment of community kitchens	Advocate for establishment of community kitchens through donors in Estate and urban under settled areas and in selected rural areas through existing empowered groups	MoH, MoP, PHDT, MC, UC, DS, NGO, CSO	X	X	X	
1.5 Promoting home gardening to avert impending/worsening micronutrient deficiencies	1.5.1. Preparation and dissemination of a guide on micronutrient security through home gardening	MoH, MoA	X	X	X	
	1.5.2. Promote home gardening by providing technical guidance by Field Agriculture Officers and field officers at GN level	MoH, Estate Management, PHDT, Ministry of Plantation, MC/UC, DS	X	X	X	See Proposal 3
	1.5.3. Empower communities through community mobilization by ground level CBO, CSO, NGO etc	MoH, MoA, University of Rajarata, CBO, CSO, NGO	X	X	X	

	1.5.4. Accelerate backyard Poultry Farming	Mo Livestock	X	X	X	
	1.5.5. Strengthen monitoring & evaluation mechanism for sustainability at District/provincial and national level	MoH, MoA, MoF	X	X	X	
1.6. Cash management competency development in the vulnerable	Cash management skills development in targeted areas – Estate, Urban under settlement areas utilizing the resource pack available	MoH, MoE, MoP, PHDT, MC, UC	X	X	X	See proposal 4
1.7. Promote freshwater fish farming	Accelerate freshwater fish farming in underutilized tanks in rural and estate sector	Mo Livestock, MoFisheries, MoF	X	X	X	
1.8 Introducing Village level sustainable self sufficiency model for food and nutrition Security	Advocacy on introducing "Village level sustainable self sufficiency model" in each DS area	Moh, MoA, MoPA, CSO, NGO	X	X		See proposal 5

Key issue – 2. Health System gaps

Strategy	Key activities	Responsible agencies	Time frame to start			Remarks / key assumptions if any
			First 6 months	7-12 months	13-24 months	
2.1 Ensure a steady supply of essential nutrition commodities and personal health records	Request from government agencies (Ministry of finance, & Trade etc) and donor agencies (WFP, UNICEF, WB) to support procurement of nutrition commodities (BP 100, MMN etc) and CHDR printing	MoH, Mo Trade, Commerce and Food Security, UN agencies, NGO	X	X	X	Refer proposal for MMN supplementation
2.2. Re-start Thriposha program and target the supply to the most needed	Request from government agencies (Ministry of finance, & Trade etc) and donor agencies (WFP, UNICEF, WB) to support procurement of sustainable raw material supplies	MoH, Mo Trade, Commerce and Food Security, UN agencies, NGO	X	X	X	Availability of raw materials ,
2.3. Ensure adequate uninterrupted supplies of	Request donor agencies (WFP, UNICEF, WB) to support	MoH, UN agencies	X	X	X	

Fe, folate, Calcium to pregnant mothers	procurement of Fe, folate, Calcium					
2.4.Provide adequate fuel supply and communication allowances to public health staff to ensure uninterrupted services	Establishment of sustainable fuel supply system dedicated only for health staff	MoH, Mo P& E	X	X	X	This is a critical requirement to benefit from the time tested public health system
2.5.Increase opportunities for nutrition assessments	Opportunistic growth monitoring of children/adults who are attending the OPD of every hospital for early identification of growth and nutritional problems	MoH	X	X	X	
2.6. Urgent up -date on nutrition management guideline in the current situation for health staff	Compulsory online training for all primary health care staff	MoH	X			

Key issue – 3. Gaps in communication and empowerment

Strategy	Key activities	Responsible agencies	Time frame to start			Remarks / key assumptions if any
			First 6 months	7-12 months	13-24 months	
3.1. Risk communication	Through Mass media, social media and community engagement groups to sensitize on the potential nutrition challenge and what can be done –a. knowledge. b. Finding alternatives. c. Grow more to address multi micro nutrient gaps, d. share more	MoH, Disaster Management Center, Mo Media, CSO, CBO, NGO, Private sector	X	X	X	Refer proposal 6
3.2 Empowerment on Resilience	Activation of "village sufficiency economy model" and integrating nutrition security related	MoH, Mo PA, CBO,CSO,NGO	X	X	X	Refer proposal 5

	communication- target 50 villages in each district initially					

Key

Mo – Ministry of
MoH- Ministry of Health
MoA - Ministry of Agriculture
MoE - Ministry of Education
MoPA - Ministry of Public Administration
MoF – Ministry of Finance
CSO – Civil Society Organizations
NGO – Non-Governmental Organizations
MC – Municipal Council
UC – Urban Council
DS – Divisional Secretariat

Annexure II – Proposal 1 - Proposal on Cash transfer schemes to support Nutrition security

Proposal on Cash transfer schemes to support Nutrition security	
Project Title:	Cash transfer schemes to support Nutrition security among the most vulnerable
Specific Problem to be addressed:	The affordability of a nutritious diet for the lower three income deciles is almost beyond reach. Currently provided social welfare schemes such as the samurdhi cover the lowest income decile where the amount is far below the value of the recommended food basket. Other schemes such as provided to pregnant mothers too need to take into account the current inflation rates and what can be provided verses the requirement.
General Objective:	To provide nutrition security to most vulnerable communities over a period of 6-9 months
Specific Objectives:	1. To provide the minimum requirement of food basket to all vulnerable pregnant mothers for 9M and lactating mothers for 6M 2. To provide cash/voucher assistance schemes for nutrition specific items in the food basket (annexed) to identified communities (Estate,/ urban under settlement,/ nutritionally deprived poor families identified through routine health program)
Implementation Schedule	1. Finalize schemes July- August 2022 2. Implement scheme for pregnant mothers – August 2022 - 2023 3. Identify vulnerable families – ongoing 4. Cash voucher scheme for targeted families – August 2022- May 2023
Direct and Indirect beneficiaries	Direct 3,000,000 are likely to benefit Indirectly many more would benefit from productivity gains through enabling partaking of nutritious meals
Methodology	1. Value of Cash transfer / voucher scheme is to be based on the food basket formulated and costed for average male, female, and children separately 2. Considering that the full amount may not be affordable to include the scheme needs to be coupled to a system of individual cost sharing through participation in work/ income generation assisted through private sector involvement. 3. Initial mapping to identify vulnerable communities to be supported – by 4. The concept of food basket, its cost and usefulness needs to be widely disseminated . The cash/ voucher support is for a limited period and this too needs to be communicated with the introduction of options to participate in forms of income generation 5. Monitoring of the schemes 6. The beneficiaries are to be introduced to cash management program

Annexure II – Proposal 1 - Proposal on Cash transfer schemes to support Nutrition security

	7. Private sector contribution to support in different ways of getting beneficiaries participation in work which will be for the period of support. This could well lead to newer models of work in community setting rather than in workplaces. 8. Initial nutrition assessment to be made at the commencement of the assistance scheme (Mid Arm circumference, weight for height of children)
Expect outputs	Approximately 3,000,000 people to be recipients of cash voucher schemes
Expected outcome	Nutrition status should not have faltered during the period of assistance
Total Budget Estimate	**As there would be different models of financing the overall estimate would be** **Rs 25,000 X 9 months X 750,000 families**

Annexure III – Proposal 1 - Sample menus with approximate portions for freshly cooked meals

		Preschool Children (2-5 years)	Primary School (6-10 years)	Adolescents (11-18 years)	Adults
1	Rice	½ to 1 cup	1 – 1 ½ cups	2 – 3 cups	1 ½ to 2 cups
	Dhal white curry	1 tablespoon	2 tablespoons	3 – 4 tablespoons*	3 - 5 tablespoons
	Stir fried sprats / Kunisso (if possible with suitable vegetables)	5 sprats / ½ tablespoon of kunisso	10 sprats / 1 tablespoon of kunisso	15 sprats/ 1 ½ tablespoon of kunisso	10 sprats / 1 tablespoon of kunisso
	Green leaves mallum	½ tablespoon	1 tablespoon	1 ½ tablespoons	1 tablespoon
	Medium sized locally available, low cost fruit	1	1	1 – 2	1
2	Chickpeas/ cowpea/ Green gram	½ cup	½ – 1 cup	2 - 2 ½ cups	1 ½ - 2 cups
	It is better to stir fry chickpeas/ cowpea/ green gram with curry leaves/ green leaves, vegetables (e.g. carrot, cabbage), garlic, pieces of coconut, eggs to add more nutrients				
	Locally available low cost fruit (medium sized)	1	1	1	1
3	Milk rice with green gram (mung kiribath)	½ to 1 cup	1 – 1 ½ cups	2 – 3 cups	1 ½ to 2 cups
	Stir fried sprats / kunisso	5 sprats / ½ tablespoon of kunisso	10 sprats / 1 tablespoon of kunisso	15 sprats/ 1 ½ tablespoon of kunisso	10 sprats / 1 tablespoon of kunisso

Annexure III – Proposal 1 - Sample menus with approximate portions for freshly cooked meals

	Locally available, low cost Fruit	Locally available, low cost Fruit, ¼ cup papaya	Locally available, low cost Fruit, ½ medium size guava	Locally available, low cost Fruit, 1 medium size guava	Locally available, low cost Fruit, ½ to 1 medium size guava
4	String hoppers* (Homemade)	3 – 4	4 – 6	7 – 12	5 – 10
	White egg curry / dhal curry	1 egg /1 tablespoon	1 egg/ 2 tablespoons	1 egg/ 3-4 tablespoons	1 egg/ 3-5 tablespoons
	Coconut sambol/mallum with Kunisso	1 -2tablespoons	2 tablespoons	3 – 4 tablespoons	3 - 5 tablespoons
	Papaya	½ cup	100g	250g	200g
5	Sweet potato (boiled)	½ to 1 cup	1 – 1 ½ cups	2 – 3 cups	1 ½ to 2 cups
	Omelette (with curry leaves/vegetables)	1 egg	1 egg	1 egg	1 egg
	Scraped coconut or coconut sambol	1 – 2 tablespoons	2 – 2 ½ tablespoons	3 -4 tablespoons	3 -5 tablespoons
	Gingelly roll (thalaguli)	1	1	1	1
6	Yellow rice	½ to 1 cup	1 – 1 ½ cups	2 – 3 cups	1 ½ to 2 cups
	Potato (Tempered)	¼ of medium potato	½ of medium potato	1 medium potato	1 medium potato
	Vegetable salad	½ to 1 tablespoon	1 -2 tablespoons	3 tablespoons	2 – 3 tablespoons
	Fish/ Chicken/ Lean meat (size of a match box)	½	1	2	1 – 1 ½
	Banana/ Locally available, low cost Fruit (medium size)	1	1	1	1
7	Egg roti or thosai (made with egg)	½	1	2 - 3	2

Annexure III – Proposal 1 - Sample menus with approximate portions for freshly cooked meals

	Sambar with several vegetables (brinjal, pumpkin, long beans, onion, mugunuwenna etc.)	½ to 1 tablespoon	1 -2 tablespoons	3 tablespoons	2 – 3 tablespoons
	Locally available, low cost Fruit (medium size)	1	1	1	1
8	Fried rice with vegetables (carrot, beans/ long means, cabbage) -prepared without artificial flavor enhancers	½ to 1 cup	1 – 1 ½ cups	2 – 3 cups	1 ½ to 2 cups
	Dhal/ chickpea curry	1 tablespoon	2 tablespoons	3 – 4 tablespoons* more animal proteins	3 - 5 tablespoons
	Egg	1	1	1	1
	Watermelon	½ cup	1 cup	2 – 3 cups	2 cups
9	Rice	½ to 1 cup	1 – 1 ½ cups	2 – 3 cups	1 ½ to 2 cups
	Mixed vegetable curry (pumpkin, long beans, green leaves, brinjal etc.)	½ to 1 tablespoon	1 -2 tablespoons	3 tablespoons	2 – 3 tablespoons
	Piece of fish (match box size) or tempered sprats	½ match box sized piece of fish / 5 sprats	1 match box sized piece of fish/ 10 sprats	2 match box sized pieces of fish/ 15 sprats	1 – 1 ½ match box sized piece of fish/ 10 sprats
	Banana (medium size)	1	1	1	1
10	Roti (with added vegetables) – 1 roti about 4 inches in diameter	¼ to ½	½ - 1	1 ½ - 2	1 – 2
	Stir fried canned fish/ mackerel (match box size)	½	1	2	1 – 1 ½
	Curd	¼ -½ cup	½ cup	1 cup	½ cup

Annexure III – Proposal 1 - Sample menus with approximate portions for freshly cooked meals

- 1 cup = 200ml
- 1 Tablespoon = 15ml

*10-18 year olds need more energy and other nutrients including animal proteins

Annexure III – Proposal 1 - Sample menus with approximate portions for freshly cooked meals

Notes

- Diverse diets in different days provides different nutrients.
- It is recommended to include whole grain cereals or their products (e.g. pittu or string hopers with finger millet, less polished or parboiled rice), green leaves, at least two locally available low cost vegetables and a fruit in a meal.
- Rice and cereals can be substituted with jackfruit, breadfruit, manioc and other yams.
- If possible, include seasonal, locally available low cost vegetables and fruits in different colours (e.g pumpkin, banana flowers)
- Soya can be used as a plant source of protein and fresh water fish is a good source of animal protein.
- Small fish such as sardinella species or tuna species (e.g. hurulla, salaya, linna, bolla, kumbalawa) contain protein and also healthy fats.
- To save cooking fuel, it is advisable to have mixed vegetable curries or salads, one pot dishes with vegetables, pulses (eg. Chickpea, dhal) and source of animal protein (eg. Fish, sprats,eggs)
- Use less salt, sugar and oil for cooking.
- Don't re-use oil used for deep frying.
- Avoid commercially prepared ultra-processed food which contain food additives (e.g. colouring agents, preservatives).

For food safety

- Wash hands with soap and water before handling/ preparing food.
- If food handlers are having symptoms and signs of respiratory illnesses, they should wear a mask when preparing food.
- If food handlers are having symptoms of diarrheal illnesses, they should refrain from preparing food.
- Use clean water and clean utensils and equipment to prepare food
- Cover food at all times to prevent insects and rodents from reaching food
- Inform area Public Health Inspector and obtain the necessary certifications
- Request to bring clean plates and cups
- Give food for children under supervision of an adult.

As extreme care should be taken when preparing food for infants to ensure safety and hygiene, it is not advisable to provide food for them through mass distribution programs. Precooked ready-to-eat cereal products are not suitable for children less than 1 year of age as they contain more fiber.

Annexure IV – Proposal 1 - Recommendations for food baskets/packs for needy families

Requirement of food items in grams/day according to age groups and gender							
Food items (g)	**Adult male**	**Adult female**	**Adolescent male**	**Adolescent female**	**Child 1 year old**	**Child 5 years old**	**Pregnant**
Rice	300	250	390	350	90	160	230
Sprats	30	15	30	30	15	30	30
Dried fish	30	15	30	15	8	15	30
Egg, hen	50	50	50	50	50	50	50
Dhal	150	90	150	90	45	60	90
Potato	100	100	100	100	50	100	100
Big Onion	50	30	NA	NA	NA	NA	NA
Coconut (scraped)	60	50	60	30	20	30	60
Coconut oil	15	10	20	10	10	10	15
Green leaves	100	100	100	100	50	50	200
Vegetables	200	200	300	200	100	100	200
Fruit	100	100	300	200	100	200	300
Sugar	25	25	25	25	NA	NA	25

Weekly or monthly requirement of different food items for a family can be calculated according to the daily requirements given above.

e.g. Rice required for a family of 4 including mother, father, adolescent girl and a one-year-old child under is approximately 1kg per day (300g +250g+350g+90g)

Annexure IV – Proposal 1 - Recommendations for food baskets/packs for needy families

It is recommended to include following items to fulfil the daily nutrient requirement of a person;

1. Less polished/parboiled rice

-Yams (e.g. sweet potato, potato, manioc) or starchy food (jack fruit/ breadfruit) or wheat flour (except for children under 5 years of age) can be provided as a part of daily required quantity of rice i.e. 100g of rice can be replaced with 100g of wheat flour for a required 300g of rice for adult male.

2. Pulses (e.g. dhal, green gram, chickpea)

3. Eggs and sprats or kunisso or dry fish (if possible fresh water fish or small sea fish)

4. locally available, low cost vegetables and fruits/ Seasonal vegetables and fruits

5. coconut and coconut oil

Apart from that considering the local food culture may include following items;

-. Onion, garlic and green chilies

-Spices (chillie, tumeric, curry powder, salt)

- Tea leaves and sugar (except for children)

Annexure V - Proposal 2 - Proposal on Foster schemes to support the Nutritionally vulnerable

Proposal on Foster schemes to support the Nutritionally vulnerable	
Project Title:	Nationally designed Foster schemes to support vulnerable preschools, schools and children identified with severe acute malnutrition
Specific Problem to be addressed:	Government school meal program for primary school children in 10,000 schools is faced with challenge of inadequate financing for continuity . Even the amount per capita child provided is inadequate in todays context of ever increasing food prices. The discontinuation runs not only the risk of nutrition faltering but also will lead to more drop outs from school education. The drop outs are obviously going to be in the schools of most economically and socially vulnerable communities. The school meal menus are already identified by health and nutrition experts and were recently revised to suite the economic downturn. The system is already in place for providing cooked meals for school children. Earlier a cash transfer enabled locally produced items to be sourced from the communities themselves. Assistance to provide dry rations and cash to get locally produced vegetable and fruit would be relevant The child health program through the Medical Officer of Health MOH and through public health midwives identify children with malnutrition through their clinic system and during home visits. The severely affected children need hospital admission where correction is made but they too need continuation with nutrition supplementation and correction of nutrition specific practices within the family. This proposal is only intended to be complementary to the Government program in the event of inability to support the full requirement.
General Objective:	To provide full coverage in providing the school meal for primary schools and preschools in targeted areas and support under five children who are severely malnourished through foster schemes
Specific Objectives:	a. To support the school meal program for primary schools through a foster scheme where the smaller schools which are attended by vulnerable communities can be targeted. (about 3000 schools)

Annexure V - Proposal 2 - Proposal on Foster schemes to support the Nutritionally vulnerable

	b. To support all government managed preschools that have less than ... children (#...) c. To support severely malnourished children detected through the child growth monitoring program to be nutritionally supported through a foster scheme for a period of 6 months (estimated # of SAM =)
Implementation Schedule	ASAP
Direct and Indirect beneficiaries	All Primary school children All children in selected preschools Severely malnourished Under five Children
Methodology	Enlist identified primary schools and preschools with number of children Cost the required support per identified school/ preschool for a month , 6 months Publicize the scheme for fostering Establish a foster coordination mechanism with the support of Ministry of education and Ministry of Women, Child Affairs and Social Empowerment Register children who are Severely malnourished in a central data base A foster scheme mediated through Child Protection Authority may be relevant , which should also ensure privacy/ anonymity of the child and foster , but ensures that the support and benefit is gained and the foster receives a feedback of the outcomes assisted. For the foster scheme the food basket calculated can be used follow up mechanism would be through the Public health midwife of the area in which the child resides.
Expect outputs	All targeted schools are covered through central / foster schemes
Expected outcome	The school attendance by the students continues with low absenteeism and drop out School meal is provided daily over the next one year Nutritional improvement seen in the severely malnourished
Total Budget Estimate	**Cost per primary school child X number of children in school X number of days** **Cost per preschool child X number of children in school X number of days** **Cost of food basket for the child per month X 6 months**

Annexure VI - Proposal 3 - Proposal on Addressing Micro-nutrient Security through Nutrition Sensitive Home Gardening

Proposal on Addressing Micro-nutrient Security through Nutrition Sensitive Home Gardening	
Project Title:	Addressing Micro-nutrition Insecurity through Nutrition dense Home Gardening
Specific Problem to be address:	Micronutrient deficiency is attributed mainly to dietary patterns of households with low consumption of fruits, vegetables, fish, meat, etc. Vegetables and fruits are considered the most sustainable and cost-effective dietary sources of micronutrients. Current economic crisis led to poor purchasing power to buy variety of food items rich in micronutrients such as Iron, Zinc, Selenium, Vitamin A, C, E, etc. Home gardening can provide greater access to nutritious and healthy food to overcome problem of micronutrient gap in our diet. Food insecurity and suboptimal nutrition are linked to hidden hunger or micronutrient deficiencies such as anaemia, Vitamin A, C, D, E deficiencies etc.
General Objective:	To promote and empower nutrition sensitive home gardening to achieve household micronutrient security in 50 % of households in Sri Lanka
Specific Objectives:	▪ Educate public using the brief guide prepared – means of achieving micro nutrient security through home gardening ▪ To utilize all field officers at GN level to take the message of nutrition-based home gardening, provide technical assistance and a follow up mechanism on household level adoption of home gardening ▪ To utilize all CBOs and CSOs at GN level to act as "Community Mobilizers" to give necessary support throughout the process ▪ To monitor and evaluate at divisional/ District/Provincial and National level
Implementation Schedule	15th July 2022 to 14th July 2023
Direct and Indirect beneficiaries	50 % of households will improve their nutrition status /sustained their improved nutrition status by consuming micro nutrient rich diet and make a saving/ an additional income generation by selling excess harvest/plantlets/fertilizer etc
Methodology	▪ Preparation of a brief guide on achieving micro nutrient security through nutrition dense home gardening.(Refer draft annexed) ▪ Agriculture stakeholders (public and private) need to initially provide adequate planting material stock at a reasonable price, (at least for the urban households) for the demand created. Ideally this market should be sustained as several home gardening cycles are required. ▪ Orientation of all existing field officers at GN level (Agricultural Research and Production Assistant (ku.Pa.Ni.Sa), Economic Development Officer, Samurdhi Officer,

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	Grama Niladhari and Public Health Midwife) on the need to address home gardening promotion to bridge the micro nutrient gap and utilization them to provide technical assistance to households for nutrition-based home gardening • Empower Community Based Organizations (Krida Samaja, Kantha Sanvidhana, Vadihiti Samithi, Kulaghana Samithi, Sanasa etc) and Civil Society Organizations (SUN PF, Sarvodhaya etc) by Health Promotion Department of Rajarata University to act as "Community Mobilizers" to promote home gardening. ▪ These "Community Mobilizers" would be visiting the households at least twice a month to identify challenges and help to find solutions to the challenges, encourage them to go to the next step etc., and to empower communities to engage in collective home gardening. ▪ Field Officers to visit once a month afterwards to top up the enthusiasm and provide necessary (pest control etc) technical assistance. Optimum use of M based / e based solutions to provide hand holding support for trouble shooting ▪Strengthen/establish a robust monitoring and evaluation mechanism at District/Provincial and at National level on nutritionally sensitive home gardening & disseminate evaluation reports widely to facilitate cross learnings •
Expect outputs	50 % Households in targeted villages produce and consume nutritionally rich home garden produce
Expected outcome	Sustainable nutrition sensitive home gardening mechanism is established in at least 50 % of households in targeted villages
Total Budget Estimate	**For discussion**

Budget

	Activity	**Budget**
1	Guide on brief guide on achieving micro nutrient security through nutrition dense home gardening would be shared through social media (whats app, face book, Viber)	There will be no added cost
2	Nine orientation programs of 1 hour via zoom for field Officers on the need to address home gardening promotion to bridge the micro nutrient gap for each province by MoH	
3.	Nine Orientation programs of 2 hours via zoom to empower Community Based Organizations and Civil Society Organizations by Health Promotion Department of Rajarata University for each province	
4.	Cost of seeds packets of three varieties of vegetables to 1,000,000 of urban households (Break down given below)	X

Cost of seeds packets of three varieties of vegetables to 1,000,000 urban households

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(Urban population of Sri Lanka is 3.94 M)

Item	Description	Cost of one seed packet (Rs)	Cost For three varieties (Rs)	No of urban households	Total cost (Rs)
1	Seed packets of three selected vegetables	X	X X 3 =	1,000,000	

Annexure VII - Proposal 3 – Guideline on Home Gardening

කෙටි මාගෙර්ප්දේශයක්: ගෙවතු වගාවෙන් ක්ෂුද්‍ර පෝෂක සුරක්ෂිතතාවයට මගක්...

එලවලු , පලතුරු,මාළු, මස් ආදිය ඉතා අඩුවෙන් පරිභෝජනය කරන ආහාර රටාවක් සහිත නිවාස ඒකක තුල ක්ෂුද්‍ර පෝෂක ඌනතාවය සුලබව දැකිය හැකිය. එලවලු හා පලතුරු තිරසාර මෙන්ම ලාභදායී ක්ෂුද්‍ර පෝෂක ප්‍රභව ලෙස සැලකේ.

වතර්මානයේ පවතින ආර්ථික අබර්දුය හමුවේ අත්‍යවශ්‍ය ක්ෂුද්‍ර පෝෂක වන යකඩ, සින්ක්, සෙලීනියම්, විටමින් A, C, E අඩංගු ආහාර මිල දී ගැනීමට නොහැකි තත්ත්වයක් උද්ගත වී ඇත.

අපගේ ආහාර වේලෙහි ක්ෂුද්‍ර පෝෂක ඌනතාව මහ හරවා ගැනීමට ගෙවතුවගාව මහත් රුකුලක් වනු ඇත.

ඔබගේ ගෙවත්ත සැකසීමේ දී පහත කරුණු පිළිබඳව අවධානය යොමු කිරීමට සැලකිලිමත් වන්න.

එළවළු හා පළතුරු	**වගර්ය**	**5-6 සාමාජිකයින් සහිත පවුලකට**
විටමින්,ක්ෂුද්‍ර පෝෂක **හා තන්තු වලින් අනුන එළවළු**	චම්බටු බණ්ඩක්කා මාළු මිරිස් තක්කාලි රාබු කරවිල,පතෝල ,වැටකොළු	පැළ 7-8 පැළ 7-8 පැළ 5-6 පැළ 5-6 3 x 1 m^2 පාත්තිය වැල් 3-4
විටමින් A සහ C, **යකඩ, ෆෝලික් අම්ල, සින්ක් සහ තන්තු වලින් අනුන එළවළු**	දඹල, පැණි දඹල අවර බුෂිටාවෝ මෑ, මෑ කරල්	වැල් 1-2 වැල් 1-2 වැල් 10
විටමින් A, C, **යකඩ, ෆෝලික් අම්ල, සින්ක් සහ තන්තු වලින් අනුන පලා වගර්**	ගොටුකොළ, කංකුං, මුකුණුවැන්න නිවිති, තම්පලා කුරිඤ්ඤං අහුණ තෙබු කතුරුමුරුංගා මිටි මුරුංගා	3 x 1 m^2 පාත්තිය වැල් 1 පැළෑටි 6-7 වැල්1 වැල්1 පැළෑටි 4-5 ගස් 1 ගස් 1
විටමින් A, C **හා තන්තු වලින් පොහොසත් පළතුරු**	පැෂන්ෆෘට් කෙසෙල්, අන්නාසි මිටි ඇඹරැල්ලා ගස්ලබු පේර උගුරැස්ස	වැල් 2 පඳුරු 4-5 ගස් 1 ගස් 2-3 ගස් 1 ගස් 1
අල වගර්/ සංචිත මුල් (තත්ත්වයෙන් උසස් කාබෝහයිඩ්‍රේට් අඩංගු වේ.)	මඤ්ඤොක්කා බතල කිරිඅල හොඬල, දන්දිල, රාජාල	පඳුරු5-10 1-2 (3 x 1 m^2) පාත්තිය පඳුරු10 වැල් 1

- **ඔබගේ ප්‍රදේශයට වඩාත් උචිත, ඔබේ පවුලේ රුචිකත්වය සහ අවශ්‍යතාවය අනුව පැළ තෝරා ගන්න.**
- **ඉහතින් සඳහන් කර ඇති පරිදි අත්‍යාවශ්‍ය ක්ෂුද්‍ර පෝෂක ලබා දෙන පැළ තෝරා ගන්න.**
- **අඹණ්ඩව එලදාව ලබාගැනීමට මුල් වගාවේ මැද භාගයේ දී නැවත වගා වටයක් ආරම්භ කරන්න .**
- ඔබගේ ප්‍රාදේශීය ගොවිජන සංවධර්න නිලධාරිතුමා ගෙන් හෝ කෘ.ප.නි.ස. ගෙන්උපදෙස්ලබාගන්න.
    - **ඉඩකඩ සීමාසහිත වූ විට වගා කරන ක්‍රම පිළිබඳව**
    - **අඹණ්ඩ සැපයුමක් සඳහා ඊළඟ වටයට අවශ්‍ය වගා කරන අමුද්‍රව්‍ය / බීජ කල් තබා ගැනීම පිළිබඳව**

ගන්නෝරුව ජාතික කෘෂිකාමර්ික තොරතුරු හා සංනිවේදන මධ්‍යස්ථානයේ සහ සෞඛ්‍ය අමාත්‍යාංශයේ පෝෂණ අංශයේ ප්‍රකාශන ඇසුරෙන් සකසන ලදී.

ගෙවතු වගාව පිළිබඳ තවදුරටත් තාක්ෂණික දැනුම කෘෂිකමර් අමාත්‍යාංශයේ පහත වෙබ් අඩවියෙන් ලබා ගත හැකිය.
https://drive.google.com/file/d/1UzzP_V5M51lpVqgj6H9s5YPuqFbJJwjS/view

Annexure VII - Proposal 3 – Guideline on Home Gardening

https://drive.google.com/file/d/1UzzP_V5M51lpVqgj6H9s5YPuqFbJJwjS/view

Annexure VIII - Proposal 4 - Proposal on Cash management support to communities at risk

Proposal on Cash management support to communities at risk	
Project Title:	Cash management support to communities at risk
Specific Problem to be addressed:	The economic crisis is posing catastrophic situations among low income groups and is challenging in particular lower middle income communities who are even in some form of employment. Difficulties are faced by people in understanding and practically managing available cash at hand, irrespective of whether it is directly earned or borrowed. The at riskpopulation has expanded and in addition to previously targeted lower socio economic group the lower middle income group too needs to be supportedwith relevant skills in cash management
General Objective:	To provide necessary knowledge & competencies to the identified and potentially vulnerable communities on managing the available finances
Specific Objectives:	1. To provide cash management/ financial literacy support to Estate and Urban under settlement populations, and employees in formal sector inclusive of middle income groups in formal sector 2. To educate secondary school and youth groups in organized settings ? on financial literacy
Implementation Schedule	15th July 2022 to 14th July 2023
Direct and Indirect beneficiaries	25 % of community members empowered will improve their nutritional status and expenditure on unhealthy food and addictive substances by modifying their cash management behaviours
Methodology	Impact of economic crisis expands beyond the identified vulnerable communities. As the target group is an expanded one, different stakeholders need to be involved in delivering knowledge and competancies of cash management and financial literacy. Customization of already available Cash Management module to the current context and target groups -annexure on available module outline/any other program outline document (Annexure 1)

	Development of district/provincial level trainer pool including health and non-health stakeholders (Training of trainers) Self learning tools for all in formal employment (awareness on available free Apps) Private sector engagement -to identify and create own resource pools and implement through their institutions and to support and extend their resource to other organizations/ communities that need cash management support Village level identification and support system to reach out to families that can benefit. Individual methods, group methods Follow up systems -economic development officers, Public Health Midwives, mother support groups, Plantation Family Welfare Officers, Samurdhi Officers, Sarvodaya Community Leaders, Community Development Officers of urban local authorities & pradeshiya sabhas, undersettlement development officers of Urban Settlement Development Authority, Women & Child Development Officers, and Grama Niladhari
Expect outputs	Every district/ village/ organization has a trained resource group Learning portal functioning All trained resource are engaged in delivering cash management by village
Expected outcome	Improved nutritional status, reduced substance use, improved savings (a range of indices can be used - % of houses reduced expenditure of alcohol, tobacco, drugs and betel quid % of houses reduced expenditure on salt, sugar, oil, snacks and sweets % of houses with improved vegetable, green leaves and fruit consumption

	% of houses obtaining at least one vegetable and green leafy vegetable from home garden % of households started saving and increased saving % of houses visited by economic development officers and made aware of cash management
Total Cost Estimate	**Cost of development – Use of already developed material (trainers handbooks in all three languages, 2 video clips, presentation slides)** **Cost of training – hybrid methods can reduce cost to some extend .** **Cost of continuous follow up –** this can be inbuilt into the ongoing work of the grass root level officials listed above. Additional expenseses would be necessary for expenses such as any refreshments provided at meetings. Organizational responsibilities for cash management programs can largely reduce the cost however time has to be given to implement. Extended community responsibility will also expand reach

Annexure IX - Proposal 4 - Brief outline of the Cash Management for better health and wellbeing package developed by the Estate & Urban Health Unit

Brief outline of the Cash Management for better health and wellbeing package developed by the Estate & Urban Health Unit

Root causes of most health outcomes seen are identified as poor management of income and low income; particularly in vulnerable communities in estate, urban under-settlements and rural sectors. Due to the poor cash management behaviours of these communities malnutrition, substance abuse, violence, school drop-outs and unskilled employment are operated as a vicious cycle and poverty spiral amongst these communities. With this backdrop, the Estate & Urban Health Unit of Ministry of Health in collaboration with the Central Bank of Sri Lanka, Scaling Up Nutrition People's Forum (SUN PF) and Alcohol Drug Information Centre (ADIC) Sri Lanka developed a package on 'Cash Management for better Health & Wellbeing'.

Objectives of the package:

1. To Improve nutritional status and healthy lifestyles among vulnerable populations
2. To reduce expenditure on alcohol, tobacco and drugs in these populations
3. To reduce interest levying activities (loan taking, installment basis purchases and credit card misuse) in these populations
4. To improve saving and investment habits among these populations

Components:

1. Cash Management Trainers Handbook (all three languages 2000 copies printed)
2. Cash Management Trainers handbook power point slides (to be saved in pen drives and given to trainers)
3. Cash Management module video clip (5minutes Sinhala and Tamil)
4. Avoid alcohol and tobacco for better nutrition and education in family video clip (5 mins-Sinhala & Tamil)
5. Cash management for better nutrition and education wall chart

Overview of Cash Management Training module:

Section	Themes of each section	Responsible partner
1	Relevance of cash management for better health, nutrition, education and happiness of the family	Estate & Urban Health Unit
2	Identification of needs and wants of the family and cash documentation	Estate & Urban Health Unit
3	Financial literacy – financial discipline, savings, loans, credit card use, investments	Central Bank of Sri Lanka
4	What includes a balanced meal and skill of obtaining nutritionally balanced, low cost meals prepared at home including one dish meal preparation	SUN PF
5	How to divert expenses for addictive substances for health and happiness in family	ADIC Sri Lanka
6	Action planning – discussion with participants on how to implement the obtained knowledge and skills in personal life and in the respective community	Estate & Urban

Annexure X - Proposal 5 - Proposal on Establishment of sufficiency economy based villages for sustainable nutrition security

Proposal on Establishment of sufficiency economy based villages for sustainable nutrition security	
Project Title:	Village level self-sufficiency model towards nutrition security
Specific Problem to be addressed:	Welfare schemes to provide social security needs to be coupled with sustainable income generating pathways as welfare schemes cannot be sustained for a long time, though vital during crisis. The changes towards establishing such a sustainable model must be initiated early for a managed transition. The country's biodiversity, geological and human resources have not been harnessed optimally to advantage in the recent past and the country adopted policies in line with dependence on food imports moving away from self-sufficiency. As a result, whilst economy being constrained, nutritional issues ranging from malnutrition to related non-communicable diseases are on the rise.
General Objective:	To achieve nutrition security through an agri support economic model at village level utilizing existing human and other natural resources to full potential.
Specific Objectives:	To establish a village level sufficiency economic model for nutrition security in selected villages throughout the country – (reference concept given below)
Implementation Schedule	September - Long term
Direct and Indirect beneficiaries	Communities in selected villages – approximately 50 villages in each of the 25 districts . A village / Grama niladhari area may have around 1000 population or more
Methodology	Understanding the current level of sufficiency of a village and the need by mapping Understanding the concept (refer annexure on concept of village sufficiency model for nutrition security) and introducing and capacity building of key stakeholders Training of trainers – on operationalizing and monitoring Skill building of the communities

Annexure X - Proposal 5 - Proposal on Establishment of sufficiency economy based villages for sustainable nutrition security

	Village level preparation, developing a plan for sufficiency throughout the year using crop rotation, frequent cycles etc Sharing of experience and best practices District Secretariat and divisional secretariat to give leadership to monitor the progress
Expect outputs	District Resource pool trained 1250 village level stakeholders made aware and trained 1250 villages establish the self -sufficiency model
Expected outcome	Village communities are empowered on self -sustenance towards nutrition security Nutrition status of selected village communities improve over a period of 18 months
Total Budget Estimate, financing arrangements	**Mapping: population, its needs, current production, what are needed more and what are the existing networks that can be linked for self-sufficient villages? Public and private locations that can be utilized or advocated for contribution for production/engagement – this needs to be included as routine work of the responsible stakeholders at village level** **Different villages will have varying requirements , i.e. constructing ponds, soil preparation, getting planting material, distribution across villages** **Private and Non Governmental support to be mobilized for the Villages that need financial support and technical advice for implementation**

Annexure X - Proposal 5 - Proposal on Establishment of sufficiency economy based villages for sustainable nutrition security

Concept

The village needs to map out the way to achieve sufficiency in nutrition largely through a local production. Not all villages would have the same composition for food production. Adjoining / nearby village can adopt a mechanism of exchanging or selling their crops to get what is not produced. Overall the model should take into consideration that all food groups (starch/ yams, pulses, green leafy vegetables, legumes, fruits , dairy products, eggs, fresh water fish, and other to be made available within the village.

Stakeholders/ businesses – Grama niladhari, Agriculture extension officers, Economic development officers , school principal, religious leaders, PHI, civil society organizations, business community, village level committees, youth organizations, school societies. Transport (three wheeler societies, Lorries and buses etc)

Household businesses – vegetable and fruit produce , vegetable seeds, plant material, egs, milk and milk products, food preservations for off season, fish, compost producers, bio fertilizer producers

The selection of vegetable and fruit crops – in keeping with micro nutrient security as given in the home gardening proposal but the self sufficiency model should accomplish more food groups to be included in the village.

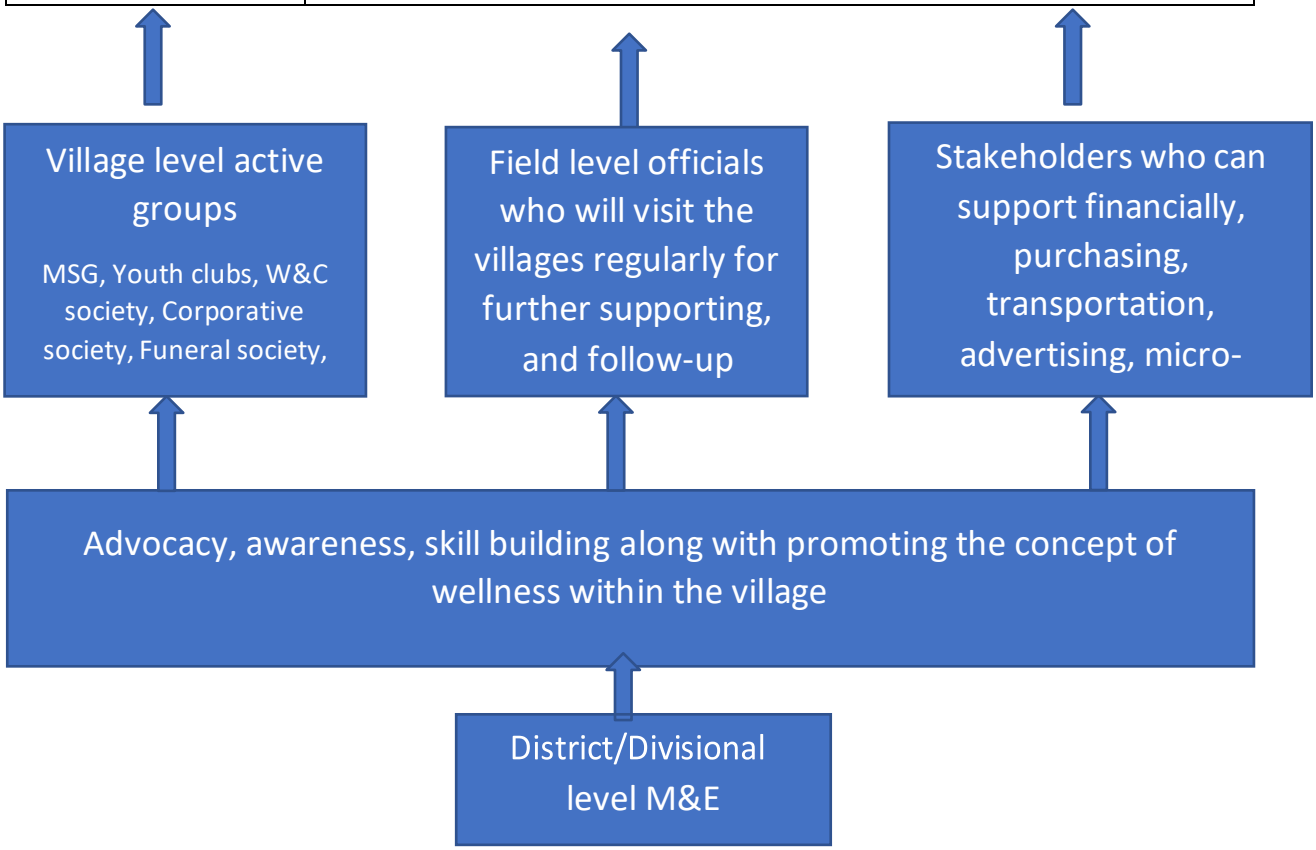
Annexure X - Proposal 5 - Proposal on Establishment of sufficiency economy based villages for sustainable nutrition security

The village members should also get a complementary training on cash management , as introduced in the proposal for cash management.

Framework of Self-Sufficient Village model

Mapping	Needs of the population according to the number of people in selected village
	What are currently produced
	What else need to be produced with quantities
	Where can these be produced – distribution of locations
	Current producers distribution
	Village level community groups who can be empowered and engaged
	Stakeholders who can be involved in supporting, empowering, purchasing, M&E

Nutritionally sufficient village – production, distribution, employment, financial resilience	Vegetables/Green Leaves/Fruits/Pulses
	Eggs/fish/meat/milk
	Plants/seeds/Fertilizer/pesticides/soil
	Post-harvest storing, transportation/distribution, preservation or manufacturing of different products



Annexure XI - Proposal 6 - Proposal on enhancing communication and mobilizing support to address nutrition security

Proposal on enhancing communication and mobilizing support to address nutrition security	
Project Title:	Enhancing communication and expanded support to address nutrition security
Specific Problem/s to be addressed:	1. Nutrition is not much focused upon even in a food security agenda specially in the present economic downturn in the country. 2. Nutrition and other wellbeing factors to remain healthy are all interconnected and this is not being adequately communicated. The expected expanded reach on the nutrition related risks and overcoming the challenge are now beyond the scope of health sector and require a whole of society approach. 3. Preserving wellness and remaining healthy and its consequences on nutrition status and in turn how poor nutrition affects health and wellbeing are all part of the same cycle 4. The key proposals put forward through the Emergency Nutrition plan requires intra sectoral, cross sectoral, community engaging forms of communication. Current mass media and social media which highlights the economic and social problems that people face do not adequately give possible , locally / individually/ household level manageable interventions that require some attitudinal / behavioiural changes to address above 3 issues.
General Objective:	To maximize multi stakeholder engagement in the emergency nutrition response giving universal coverage to required changes in knowledge, attitudes and behaviors for nutrition security
Specific Objectives:	1. To disseminate to all key stakeholders and different platforms of mass media, social media as appropriate to support a general awareness on nutrition security 2. To engage public, private, civil society, non governmental stakeholders to identify and take responsibility within their purview in investing towards, knowledge enhancement, attitudinal changes and behavioural changes for nutrition security and preserving wellness in the present economic crisis situation
Implementation Schedule	Immediate and sustained over a period of 9- 12 months (2022 July – 2023 July)
Direct and Indirect beneficiaries	Targeted vulnerable groups as well as the general community

Annexure XI - Proposal 6 - Proposal on enhancing communication and mobilizing support to address nutrition security

Methodology	Different stakeholders addressing nutrition security directly or indirectly through their networks of employment or other mechanisms need to the reached to participate in this program . Different portals can be used for this purpose. This is primarily to mobilize organizations willing to support in community / organization engagement towards nutrition security A very brief communication scope annexed gives an idea how nutrition security is interconnected with health and wellness and needs to be articulated in practical ways considering the economic hardship faced. Advocacy briefs are prepared on a. addressing micronutrient security through home gardening, b. food basket and its value (nutrition and cost), c. cash management competency building d. foster schemes that are required to support nutritionally vulnerable groups, school meals in small under privileged schools, multiple micro nutrient supplements to adolescent school children in vulnerable areas, e. village sufficiency model for nutrition security . It is important to create an information support hub for all stakeholders joining in, to support community engagement with updated messages through multiple schemes identified The engagement of different stakeholders is also to attract innovation in delivery , partnership and financing to address the issue at hand.
Expect outputs	Every district has key stakeholder group identified and engaged in nutrition security related activities
Expected outcome	Nutrition security is expected to be achieved through Universal coverage of vulnerable populations for targeted nutrition schemes General population level of awareness on nutrition security is raised and they are practicing enlisted behaviors supporting their health and wellbeing.
Total Budget Estimate	**Knowledge hub and risk communication**

Annexure XI - Proposal 6 - Proposal on enhancing communication and mobilizing support to address nutrition security

	Stakeholder sensitization - **Stakeholder responsibility and their involvement in foster schemes or in engaging communities towards favorable behavior change** **Progress monitoring by the Multistakeholder group**

Annexure XII - Proposal 6 – Health messages to be shared with general public

ආර්ථික අභියෝග හමුවේ අපි හැකිතාක් සෞඛ්‍යවත්ව සිටිමු

සෞඛ්‍ය අමාත්‍යංශයේ මහජන සෞඛ්‍ය අංශයෙන් නිකුත් කෙරෙන මෙම සරල සෞඛ්‍යවත් පිළිවෙත් කිහිපය ආර්ථික පසුබෑමකට ලක්වන මෙම අවධියේ පිළිපැදීම සඳහා ඉදිරිපත් කෙරේ.

ආර්ථික පසුබෑම හමුවේ සෞඛ්‍ය සේවාවන් පවත්වාගෙන යාම, සේවාවන් කරා පැමිණීම අසීරු වන නිසා හැකිතාක් සෞඛ්‍යවත් ව සිටීම වැදගත්ය.

පහත සඳහන් පිළිවෙත් වලට අනුගතව කටයුතු කිරීම සැමට සෙතක් වනු ඇත.

1. ඔබ දැනටමත් දියවැඩියාව, අධික රුධිර පීඩනය වැනි රෝග සඳහා දිනපතා ඖෂධ ලබාගන්නේ නම් ඒවා නොනවත්වා ලබාගැනීම අනිවාර්ය වේ. ළඟම ඇති රෝහලෙන් ඒවා ලබා ගන්න.
2. ඔබ බෝ නොවන රෝගියෙක් නම් නොවරදවාම සායනයට යා යුතුය.
3. ඔබ කිසිදිනක බෝනොවන රෝගවලට පරීක්ෂා කරගෙන නැතිනම් එම පරීක්ෂාවකට ළඟම ඇති රෝහලට යන්න.
4. ඔබ සෑමවිටම දුර ගමන් ගෙවා මූලික හෝ ශික්ෂණ රෝහලකට යාම අවශ්‍ය නොවේ. ප්‍රාථමික මට්ටමේ රෝහලකට ලියාපදිංචි වීමෙන් අවශ්‍ය විටෙක විශේෂඥ පරීක්ෂාවන් සඳහා යොමු කෙරෙනු ඇත.

ඔබ නිරෝගී යැයි හැගෙන්නේනම් පහත පිළිවෙත් පිළිපැදීම වඩා වැදගත් වේ.

1. දිනකට ජලය ලීටර් 3ක්වත් පානය කරන්න.
2. දිනපතා ප්‍රමාණවත් නින්දක් ලබාගමු (අවම වශයෙන් පැය 6ක් පමණ).
3. දිනපතා මිනිත්තු තිහක් වත් ශාරීරික ව්‍යායාමයක නිරත වෙමු. කෙටි ගමන්බිමන් සඳහා බයිසිකලයක් භාවිතා කරමු / ඇවිදන් යමු.
4. ව්‍යායාම කිරීම සෑම වයසකටම සුදුසු වේ. අස්ථි සෞඛ්‍ය වඩවයි. උදෑසන 10 ත් සවස 3 අතර විනාඩි 15 - 30 අතර කාලයක් හිරු එළියට නිරාවරණය වීම කළ යුතුය.
5. හැකි සෑමවිටම තම ගෙවත්තෙන් ලබාගත හැකි පෝෂ්‍යදායී ආහාර වේලකට හුරු වෙමු. ආහාර නාස්තිය අවම කරමු. ගෙවත්තේ විවිධත්වයක් ඇතිව වගා කරන පිළිවෙතකට දැන්ම සූදානම් වන්න. පමා නොකරන්න. දිනකට එක් එළවළුවක් හෝ පළතුරක් ඔබේම ගෙවත්තෙන් ලබාගැනීමට දිරිමත් වන්න.
6. සෑම අහාර වේලකට පසු හොඳින් දත් මදිමු. අඩු තරමින් මුඛය සෝදන්න. ඔබේ දත් මෙන්ම දිව සහ විදුරුමස ගැන පරීක්ෂාවෙන් සිට මුඛය ආරක්ෂා කරගන්න.
7. ජනාකීර්ණ ස්ථානවල මුහුණු ආවරණ පළඳිමු. මෙයින් ශ්වශන ආශ්‍රිත බෝවන රෝග වලින් වැළකීසිටීමට බොහෝ දුරට හැකි වේ.
8. විෂබීජ වලින් ආරක්ෂා වීමට හැකි සෑමවිටම දෑත් සෝදමු.
9. කැස්ස, සෙම්ප්‍රතශ්‍යාව, උණ, වැනි අපහසුතා ඇත්නම් අනිත් අයගෙන් දුරස්ව සිටින්න. විශේෂයෙන් වැඩිමහලු අයට ලෙඩ බෝවීම වළක්වන්න.
10. ආගමික කටයුතු සඳහා මුල්තැන දෙමු /අසීරු වුවත් සෑමවිටම සතුටින් ඉමු.
11. අන් අය සමඟ සහයෝගයෙන් සිටිමු.
12. දරුවන් සමඟ ගතකරන කාලය හා ඔවුන් වෙත ඇති අවධානය වැඩි කරමු.

රෝගී නොවීමට ඉහත කරුණු සිහියට ගෙන, නිවැරදි පුරුදු ඇති කර ගන්න

Annexure XIII - Proposal 7 - Proposal on Multiple micronutrient supplementation for school going adolescents in vulnerable areas

Proposal on Multiple micronutrient supplementation for school going adolescents in vulnerable areas	
Project Title:	Multiple micronutrient supplementation for school going adolescents in vulnerable areas
Specific Problem to be addressed:	Adolescence as a transitional period with rapid physical and psychosocial development is the last window of opportunity to improve growth and prepare for a healthy productive life. Nutrient demand is increased during adolescence and proper nutrition could improve school performance while reducing malnutrition in their future offspring. Due to the ongoing financial crisis their nutrition security is expected to be further affected causing especially micronutrient deficiencies. Micro nutrient deficiencies often known as the hidden hunger has nonspecific manifestations resulting in general malaise, low physical performance, low productivity and poor learning outcomes. Prevention of any impending gap in micro nutrients is important during the next one year when household level food security is likely to worsen.
General Objective:	To bridge any micro nutrient gap in adolescents through multiple micro nutrient supplementation
Specific Objectives:	To provide weekly supplementation of multiple micronutrient (MMN) tablets to vulnerable adolescents over a period of 6 months.
Implementation Schedule	1. Obtain financial support for the programme – July 2022 to August 2022 2. Raise awareness among relevant stakeholders – September 2022 to June 2023 3. Distribute MMN tablets to school going adolescents in identified areas – January 2023 to June 2023 4. Determine effectiveness of the program – June 2023
Direct and Indirect beneficiaries	Direct – School going adolescents in 6 nutritionally vulnerable districts ? Indirect – Community, Future generations describe eligibility criteria for receiving MMN tabletsIe:

Annexure XIII - Proposal 7 - Proposal on Multiple micronutrient supplementation for school going adolescents in vulnerable areas

	• Going to public schools in districts of Nuwara Eliya, Badulla, Monaragala, Mullaitivu, Kilinochchi and Vavuniya • Studying in grades 6 – 13 between the period of 2023 Jan 01- 2023 June 30th • etc
Methodology	Nuwara Eliya, Badulla, Monaragala, Mullaitivu, Kilinochchi and Vavuniya are recognized as nutritionally vulnerable districts in the country. Apart from that the estate sector and urban underprivileged households are also identified as nutritionally vulnerable. This supplementation program is intended to provide multiple micronutrients in a tablet form, weekly to school going adolescents in these areas for 24 weeks. 1. The program is dependent on donor support over the period of 6 months. Importation of MMN tablets to Sri Lanka Advocacy to professional colleges, donor agencies, private sector, international organizations to obtain funding. 2. Launch communication campaign to raise awareness among parents, teachers, and other relevant stakeholders. Development of communication plan and necessary Information, Education and Communication (IEC) materials for parents, teachers, and adolescents to communicate benefits of MMN supplementation 3. Training of Primary healthcare staff, MOH staff on mode of administration and safety of MMN tablets 4. Provide weekly micronutrient supplementation to school going adolescents-. Distribution of MMN tablets to identified schools, Program supervision to maximize compliance 5. determine the effectiveness of the intervention after 6 months through a Sample survey as appropriate
Expect outputs	Approximately 833, 969 adolescents are to be recipients of weekly MMN supplementation
Expected outcome	Micronutrition security during the period of supplementation
Total Budget Estimate	The overall estimate would be (without tax and shipping): Approximately LKR 120/child/week → LKR. 2,800/child for 24 weeks Approximate total cost for MMN tablets (without tax and shipping and not adjusted to the inflation) = LKR 2,335,113,200.00 (6,577,784 USD)

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Method of financing	To be discussed If total requirement cannot be singly sourced, pooled financing based on pledged estimates for named district/ named target school basis to be explored

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