National Nutrition Policy 2020-2030

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National Nutrition Policy

1. Introduction

Food and nutrition security exist when all people, always, have physical, social and economic access to nutritious food and consumed in sufficient quantities according to their individual preferences to meet the dietary needs.

The first National Nutrition Policy (NNP) was developed in Sri Lanka in 1986 and several revisions have taken place thereafter. Revisions of previous policies were incorporated in the NNP 2010 and it was a continuation of all nutrition policies. Despite many changes in the socio-economic status in the country and programmes that have been implemented to address malnutrition, wasting and stunting among under five children* are stagnant during past 10 years. Current evidence has highlighted the importance of targeted nutrition interventions under both nutrition specific** and sensitive***categories. The life cycle approach is recognized as the best model to deliver nutrition specific and sensitive interventions targeting all stages of the life course. These approaches need to be implemented through multiple sectors as the determinants for nutrition cannot be addressed by the health sector alone.

Daily utilization of diversified safe food in adequate quantity is essential for nutrition security of the population. It could be accomplished with social behaviour change communication for healthy dietary practices and proper income management at household level. A strongly committed political and social leadership is necessary to address nutritional needs of the community in terms of creating a supportive environment for sustainable behaviour change. Partnership building and coalition among health and non-health sectors, as well as establishing or utilizing available community-based platforms improving liaison for nutrition interventions have proven to be successful initiatives in nutrition related behaviour change. Requirement for use of new technologies, capacity building of raw food producers and resilience to various disaster situations including climate variability were identified measures to enhance production of food. Affordability of a nutritious diet needs to be ensured with ample resources for all households especially for underprivileged, through sustainable income generation mechanisms or in some situations via safety nets as well as through food production which meet the demand and control of market prices.

*Wasting and stunting among under 5 years old children is 15% and 17% respectively (DHS, 2016).

** and *** - See glossary for definition

The nutrition policy is intended to support the social and economic development policies of the government whilst being coherent with specific policies of non-health and health sector, supporting their implementation. The policy will also consider the maximization of healthcare delivery system for universal health coverage, focussing on primary health care.

All other nutrition related national and provincial health and non- health policies such as maternal and child health, non-communicable disease, elderly health, agriculture, national drinking water policy, trade and tariff policy etc. should be supportive and coherent with national nutrition policy. Implementation of health-related strategies of this policy should be in line with primary health care reform.

2. Policy background

2.1. Good nutrition is a human right and it is essential for improving quality of life as well as productivity of people in the country. Sri Lanka has achieved superior health performance, which is notable among South Asian countries and comparable to many developed countries. Population nutrition indicators show a fall back in spite of implementation of all relevant evidence-based nutrition actions, making nutrition a national priority. Over the past two decades undernutrition indicators such as low birth weight, stunting and wasting among under five years children have been stagnant while there is a rising trend in overweight and obesityamong subsets of Sri Lankan population. In addition, micronutrient deficiencies such as nutritional anemia among pregnant mothers and vitamin D deficiency among school children are also public health problems. This scenario of under nutrition, over nutrition and micronutrient deficiencies (hidden hunger) is termed as a "triple burden of malnutrition". Further disparities in malnutrition among districts, sectors such as plantation sector and vulnerable population groups such as urban poor are observed in the country.

2.2. All United Nations Member States adopted 17 Sustainable Development Goals (SDGs) in 2015, for 2030 agenda of Sustainable Development. Out of them SDG-2- zero hunger addresses nutrition directly. Achieving nine other SDGs; clean water and sanitation, affordable and clean energy, industry, innovation and infrastructure, reduce inequalities, sustainable cities and

communities, responsible consumption and production, climate action, life on land, partnerships for goals, facilitate to accomplish nutrition targets. The World Health Organization endorsed six global targets for improving maternal, infant and child nutrition by 2025 calling for the decade of action on nutrition*. Accordingly, the SDGs and global targets decade of action were considered in strategic framework for action of this policy.

2.3. Malnutrition has a multifaceted nature with many direct and indirect underlying causes. Improper dietary habits such as inadequate consumption of protein sources, fruits and vegetables, consumption of high carbohydrate and high fat diet, sedentary life styles are some direct contributory factors for this situation in the country. Approximately one tenth of the population is food insecure in the country. Hence affordability, availability and access to safe and healthy foods needs to be enhanced to reduce malnutrition** among vulnerable populations. Availability of safe and healthy food throughout the year is adversely affected by poor agricultural practices, lack of climate resilience in food production, lack of organized local food exchange mechanisms and unhealthy food imports. Inadequate accessibility and utilization of nutritious food are caused by food loss and wastage** throughout the supply chain, scarcity of healthy food outlets and unethical marketing of unhealthy food. Involvement of all partners who have the responsibilities related to nutrition is essential to address these issues.

2.4. Food safety is about preventing contamination of food with hazardous material* throughout the supply chain including production, handling, storage, transportation and ultimate preparation of food ensuring the quality of food. Presence of hazards may make food injurious to the health of the consumer acutely or chronically leading to negative response from consumers for nutritious food. Implementation of food safety activities is not at satisfactory level due to lack of adequate laboratory facilities, monitoring and evaluation of services.

*40% reduction of stunting and rate of wasting less than 5% among children under five years of age, no increase of childhood overweight under 5 years from the global baseline of 6% in 2012, reduce global prevalence of anemia among women in reproductive age group by 50% from 2012 baseline prevalence of 30.3% to 15.2% in 2025, 30% reduction of low birth weight and maintain global level of EBF in the first six months at 50% (Global Nutrition targets, 2025).

**Annual food waste in Sri Lanka estimates range up to 30% (FAO 2019)

*** See glossary for definition

2.5. Influence of society and peers, economic status, day to day priorities, availability of and access to services, cultural and social norms including myths and taboos and values as well as prevailing agricultural and market systems determine how people behave in addressing their nutritional needs. Social behavior change to address above needs through; advocacy, implementation of behavior change communication strategies, community mobilization and empowerment has to be considered. Sustainable mechanisms for enabling environments which support and encourage interpersonal communication, interaction with mass and social media are vital for behavior change through improved knowledge, attitude and practices related to nutrition. Global syndemic of obesity, undernutrition and climate change is a huge risk to human and double and triple duty nutrition actions and emergency response may change this situation.

2.6. The National Nutrition Council (NNC) chaired by His Excellency the President under the purview of the National Nutrition Secretariat coordinates and provides nutrition related policy decisions. Strengthening of administrative systems and governance, enhancement of institutional capacities including financing, infrastructure and human resource, proper functioning of National Nutrition Surveillance (NNS) system utilization of research evidence and surveillance data for programme planning, the implementation of Food Act and Breast Feeding Code, risk management throughout the food supply chain and active participation of non-government sector to enhance community nutrition have been acknowledged as some immediate necessities. Coordination and implementation of multi sector nutrition interventions through existing structure such as NNS, Provincial, District and Divisional systems to influence both demand and supply of nutritious safe food commodities needed to be strengthened to achieve nutrition targets.

*Sri Lanka is ranked 4th amongst Asian countries on pesticide use and one third of samples of vegetables analyzed contained pesticide residues (.Annals of Sri Lanka Department of Agriculture 2017. 19 (2): 188 – 208).

3. Rationale for the revision of NNP 2010

Every dollar spent on nutrition has been recognized to return 16 dollars in turn and Government of Sri Lanka emphasizes improvement of nutrition status of Sri Lankans as a national priority. Sri Lanka has adopted SDGs and set national targets within the global framework for improving maternal, infant and young child nutrition (MIYCN) by 2025 for the decade of action on nutrition. Considering the relatively stagnant nutrition indices among children under five years and current need of the country such as escalating diet related non communicable diseases, it was identified the need of revision of nutrition policy to achieve global nutrition targets and SDGs within the period.

4. The policy process

The national nutrition issues were prioritized by a technical task team of experts representing all relevant sectors. Separate policy reviews were commissioned by an external consultant and civil society organizations. The technical opinions of both these groups were triangulated at a representative workshop of a wider group of participants that included middle level managers and, policy experts of relevant sectors and civil society organizations. Several consultations with all relevant stakeholders identified the content to be reflected in the policy revision. Draft of the policy was prepared incorporating expert views and policy was finalized in a consultative workshop representing all related sectors for nutrition action, followed by another consultative workshop to arrive at an agreement on implementation of the policy.

5. Vision

Optimum Nutrition for all Sri Lankans

6. Goal

To achieve and maintain nutrition well-being of all Sri Lankans, enabling them to contribute effectively towards sustainable development.

7. Guiding Principles

Following guiding principles will reflect the implementation of all strategies.

i. Inclusiveness of all

ii. Right to access safe and nutritious food.

iii. People centered policy

iv. Gender equity and sensitivity

v. Adoption of ethical and evidence-based practices

vi. Multi stakeholder involvement including non-government and private sector

vii. Public and private partnership

viii. Community engagement and empowerment

ix. Effective and efficient utilization of resources

x. Sustainable implementation of nutrition interventions

8. Policy Objective

To ensure nutritional needs of all Sri Lankans during the life course through evidence informed nutrition specific and sensitive actions in view of ending all forms of malnutrition by 2030.

9. Policy priority areas for action

I. Food* and nutrition security** for all citizens

II. Coordinated multi-sector collaboration and partnership.

III. Legal framework strengthening for protection of right to safe food and prevention of unethical marketing.

IV. Nutrition improvement throughout the life course.

V. Nutrition promotion in emergency situations and extreme weather conditions

VI. Research and strategic management of information

10. Key Strategic directions for priority areas

Strategic directions for each policy priority area are mentioned to guide policy implementation process.

10.1. Strategic directions for policy priority area I- Food and nutrition security for all citizens

Food and nutrition security are essential to improve community nutrition while hunger and malnutrition are the major outcomes of household food insecurity. Availability, accessibility, affordability and utilization of nutritious food are main dimensions of food and nutrition security. Food needs to be available in adequate quantities during all seasons with easy access for people. Poverty was acknowledged as one of the key constrains of food insecurity which is more exacerbated by rising prices of food. Differences in patterns of food expenditure across sectors, provinces and districts indicate the utilization of various foods, driven through socio-economic and life styles factors. Wastage and loss of produce without making its way to needy people, unavailability of healthy food outlets, unsafe food and unethical marketing are some hold backs for adequate utilization of nutritious food.

Residents of estate sector, urban poor, persons with acute illnesses or chronic diseases, poor pregnant women, LBW babies, undernourished children from poor households and the poorest wealth quintile of the population are recognized as most nutritionally vulnerable.

Key Strategic Directions for policy priority area I;

10.1.1. Enhancement of availability and socio-economic and legal access to quality and healthy food through nutrition sensitive food value chain.

10.1.2. Improvement of affordability of healthy food throughout the year for all communities.

10.1.3. Community empowerment and mobilization for optimum consumption of all nutrients through dietary diversification.

10.2. Strategic directions for policy priority area II-Coordinated Multi sector collaboration and partnership.

Strengthening health and non-health systems for provision of nutrition interventions, political commitment for nutrition, financing and accountability of nutrition programmes are the base of achievement of nutrition goals. Mobilization of all relevant stakeholders including government, non-government, development agencies and private sector to advocate for nutrition promotion through an extensive mix of communication channels is necessary to achieve desirable outcomes. Multi sector action plan on nutrition harmonize nutrition specific and nutrition sensitive actions is crucial to end all forms of malnutrition.

Key Strategic Directions for policy priority area II;

10.2.1 Strengthen health and non-health government systems for provision of direct and indirect nutrition interventions.

10.2.2. Reinstate a high level, cohesive and strongly led strategic coordination mechanism with sustained political commitment for effective implementation of Multi Sectoral Action Plan for Nutrition (MsAPN).

10.2.3. Establish effective coordinating systems including accountability mechanisms for collaborative multi sector nutrition actions at central, provincial, district and divisional levels

10.2.4. Planning, coordination and implementation of nutrition promotion at provincial, district and divisional levels.

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10.3. Strategic directions for policy priority area III-Legal framework strengthening for protection of right to safe food and prevention of unethical marketing

Food safety is supported by all relevant sectors of food production, an environment with adequate sanitation with regulatory authorities such as food control administration, trade and consumer affairs. Insecticides and pesticides in plant-based products, antibiotics and other chemical residues in fisheries and animal husbandry, genetically modified food are some examples for loss of

confidence in consumption of nutritious food. Facilities for chemical and genetic analysis of food and water quality analysis with proper implementation of regulatory mechanisms and establishment of a monitoring system need to be established ensuring safety of food and water consumed in the country.

Key Strategic Directions for policy priority area III;

10.3.1. Streamline food safety legislation systems throughout the food supply chain.
10.3.2. Control of unethical marketing through a robust legislative mechanism.
10.3.3. Strengthen monitoring mechanism for food quality and safety.
10.3.4. Improve enforcement of water quality, safety and sanitation regulations, standards and guidelines.
10.3.5. Empowerment of all stakeholders to carry out food safety activities and maintaining food quality.

10. 4. Strategic directions for policy priority area IV-Nutrition improvement throughout the life course

Poor nutrition status of pre pregnant women extends throughout and into the lifecycle of the offspring in a vicious cycle. It is evident that nutrition during the reproductive age influences fetal growth, birth weight and nutrition status of infants born to them. In most instances, these infants go through their childhood, adolescence, adulthood and older age with impaired growth and development with low productivity and quality of life. Nutrition during life cycle has been addressed with Maternal and Child Health Policy, Non Communicable Disease Policy, Elderly Health Policy apart from National Nutrition Policy. Malnutrition being a risk factor for non-communicable diseases has multiple implications at macro, community and household levels in the country. Ability to maintain proper nutrition throughout the life cycle is important not only to improve the quality of life of population but also for the social and economic development of the country.

Key Strategic Directions for policy priority area IV;

10.4.1. Provision of pre pregnancy care for the couple before planning their first child or to plan subsequent pregnancies and to enter pregnancy with optimum nutrition in a supportive environment.

10.4.2. Safeguard proper nutrition of all pregnant women throughout the pregnancy enabling delivery of a healthy baby with optimum birth weight while ensuring good health and nutrition of the mother

10.4.3. Strengthen mechanisms and provide necessary nutrition services for lactating/postpartum women and create enabling environment for early initiation of breast feeding and exclusive breast feeding for completed 6 months at all settings.

10.4.4. Building a strong foundation for all infants, young children and preschool children through nutrition interventions with a special emphasis on appropriate, nutritious, safe, locally prepared complementary food and continued breast feeding for two years and beyond and promotion of optimal Early Childhood Care and Development (ECCD).

10.4.5. Empower all primary school children to inculcate healthy dietary behaviors and physical activity with nutrition education through school curriculum and enabling school environment.

10.4.6. Promote optimal nutrition and development among adolescents and youth adopting adolescent and youth friendly approaches while addressing the social determinants.

10.4.7. Empowerment of adults to adopt healthy life styles including healthy diet with provision of comprehensive nutrition services.

10.4.8. Establish a conducive environment for optimal nutrition and access to appropriate nutrition services for all elders.

10.4.9 Implementation of appropriate interventions to improve nutritional status of vulnerable populations.

10.4.10. Prevention and management of disease related malnutrition.

10.5. Strategic directions for policy priority area V-Nutrition promotion in emergency situations and extreme weather conditions

Mapping of disaster-prone areas, prediction of disastersand supply of nutritious food with targeted nutrition actions during disasters are necessary to safe guard and improve community nutrition. Recurrent and prolonged droughts and floods are a frequent occurrence especially during particular period of time annually. Climate change resilience to food systems also needs to be considered for sustainability of food value chains. Food emergencies during pandemic situations should also be addressed with carefully planned mitigation measures to meet population nutrition needs.

Key Strategic Directions for policy priority area V;

10.5.1. Strengthen and streamline resilience mechanisms to facilitate disaster preparedness plans to provide nutrition needs for affected populations.

10.5.2. Provision of adequate support according to operational guidelines for relevant stakeholders including emergency relief staff and programme managers to ensure adequate and safe nutrition during emergencies and extreme weather conditions.

10.6. Strategic directions for policy priority area VI- Research and strategic management of information

Targeted nutrition actions based on evidence in improving nutritional status of the population are the most effective in overcoming malnutrition in the country. Strategic information systems and valid research evidence support decision making process for efficient and effective nutrition programmes in different organizational levels.

Key Strategic Directions for policy priority area VI

10.6.1 Strengthen strategic information management systems to create an environment for evidence-informed programmatic and policy decisions for targeted nutrition interventions by all stakeholders

10.6.2. Incorporate dietary behaviour surveillance in to the nutrition monitoring and evaluation

10.6.3. Support appropriate research to generate evidence-based information and utilize these evidence in advocacy, planning, implementation and periodic evaluations of time tested nutrition interventions.

11. Expected impact of the policy-

Ultimate expected impact of this policy is improved nutritional status among Sri Lankan population with the reduction of geographical and socioeconomic disparities and following impacts need to be achieved for this purpose.

1. Reduced malnutrition in terms of under nutrition, over nutrition and micronutrient deficiencies.
2. Achieving food and nutrition security in terms of availability, accessibility, affordability and utilization of healthy food.

Malnutrition among Sri Lankan population reduced in terms of;

11.1. Undernutrition

11.1.1. Stunting among children under 5 years of age reduced from 17.3% (2016) to 10% by 2030 (Source: DHS).

11.1.2. Wasting among children under 5 years of age reduced from 15.1 % (2016) to <5% % by 2030(Source: DHS).

11.1.3. Prevalence of low birth weight reduced from 15.7% (DHS, 2016) to 10% by 2030.

11.1.4 Low BMI among children 10-18 years of age reduced from 26.9 % (National Survey, MRI, 2018) to 18% by 2030.

11.2. Overweight and obesity

11.2.1. Not an increase of overweight among children under five years from baseline(Under 5 years overweight- 0.6% (NS- MRI, 2012) and overweight and obesity among adolescents 7.6% and 2.2% respectively(NS-MRI,2018) by 2030.

11.2.2. Prevalence of overweight among adults and elderly (18-69 years) reduced from29.3% (NCD Survey, 2015) to 15% and obesity further reduced from 5.9% by 2030.

11.3Micronutrient deficiencies

11.3.1. Reduce prevalence of anaemia among children under 5 years, adolescents, adults and pregnant women to less than 10% by 2030

11.3.2. Reduce prevalence of all micronutrient deficiencies among children under five years, adolescents, adults and pregnant women to less than 10% by 2030

11.4. Food security among Sri Lankan population increased in terms of;

11.4.1. Food insecurity among households reduced from 10.3 %(Food security survey DCS, 2014) to 5% by 2030.

11. 4.2. Household Food Insecurity Access Scale Score (HFIAS) reduced from 9.2 (Food security survey DCS, 2014) to 5 by 2030.

11.5. Food safety indicator

11.5.1. All food available in the country safe for consumption

12. Implementation

The National Nutrition Policy will be a guiding document for planning, implementation, monitoring and evaluation of nutrition related actions at the national, provincial, district and divisional levels. It incorporates a wide variety of nutrition specific and nutrition sensitive strategies involving public, private and industrial sectors. It will be implemented by the Government, with certain areas supported by United Nations, other development partners, Civil Society Organizations and private sector agencies with defined responsibilities. This policy will be implemented and effective until the end of 2030 and midterm review in 2025 provides chance to update if needed.

Sustainable and effective institutional mechanism is compulsory for efficient implementation of the policy. The Ministry of Health and Indigenous Medical Services lead the process of development of the Policy and responsible for planning, implementation, monitoring and evaluation of evidence based nutrition specific actions that are integrated to Health master plan. Implementation of nutrition sensitive actions is with the respective ministries as per their mandate.

Multi Sector Action plan for Nutrition (MsANP) 2018-2025 was developed by the National Nutrition Secretariat (NNS) which had been functioning at the Presidential Secretariat and was responsible mainly for coordination, monitoring and evaluation of nutrition specific and sensitive actions.

The National Nutrition Policy 2020 and Multi sector Action Plan for Nutrition need to be effectively coordinated, monitored and evaluated at National, Provincial, District and Divisional levels. At the National level, NNP 2020 will be coordinated by a high level coordinating body and National Nutrition Steering Committee (NNSC) comprising of high-level representatives of relevant ministries will make nationally important policy decisions and monitor the activities.

National Nutrition Policy 2020 delineates the strategic framework for action based on the policy priority areas and identified key strategic directions. It identifies key action areas, expected outcomes and monitoring indicators under each strategic direction. Provinces and agencies may develop their action plans based on the guidelines provided in this document.

The following multi-sector coordination platforms will ensure the effective coordination, monitoring and evaluation of implementation of MsAPN at national, provincial, district and divisional levels.

i. The National Nutrition Council **(NNC)** chaired by His Excellency the President to provide policy guidance and policy-level decision-making related to nutrition. The NNC meets twice a year and brings together the political authority including all related Cabinet of Ministers, the Chief ministers of provinces and Members of Parliament representing all political parties and heads of other stakeholders.

ii. National Nutrition Secretariat **(NNS)**

The National Nutrition Secretariat is the secretariat arm of National Nutrition Council which is positioned under the purview of Presidential Secretariat. The NNS is mainly responsible for coordination, monitoring and evaluation of MsAPN.

iii. The National Steering Committee on Nutrition **(NSCN)** is chaired by Secretary to the President. The NSCN meets quarterly and bring together the Secretaries of Ministries, chief secretaries of provinces, representatives of development partners, including UN agencies, Academia, Civil society, and Private Sector. The National Nutrition steering committee will review the overall progress of implementation and solicit multi sector support to improve nutrition related indicators. Specific policy suggestions will be presented at the National Nutrition Council for high level intervention.

iv. Technical Advisory Committee on Nutrition **(TACN)** will be the technical arm to support the functions of the Nutrition Steering Committee and established in order to provide technical facilitation to implement Multi Sector Action Plan for Nutrition (MSAPN) and other nutrition related policies and strategies. The Technical Advisory Committee on Nutrition brings together technical experts from various disciplines such as Government, UN and other development partners, academia, civil society organizations and private sector to provide technical guidance on nutrition issues.

v. The Provincial Steering Committee on Nutrition **(PSCN)** is chaired by Chief Secretary of the Province. The PSCN meets once in three months and bring together the Secretaries of provincial Ministries, heads of department of relevant government institutions, representatives of development partners, Academia, Civil society, and Private Sector working at the province.

vi. The District Steering Committee on Nutrition **(DisSCN)** is chaired by District Secretary of the District. The DisSCN meets once in two months and bring together the heads of department of relevant government institutions, representatives of development partners, academia, civil society, and private Sector working in the district.

vii. The Divisional Steering Committee on Nutrition **(DivSCN)** is chaired by the Divisional Secretary of the Division. The DivSCN meets once a month and brings together the heads

of department of relevant government institutions, representatives of development partners, academia, civil society, and private sector working in the division.

The Provincial, District and Divisional Steering Committees will be key bodies monitoring the implementation of the District Nutrition Action Plans at local level. They will ensure that local nutrition problems are addressed through a multi sector coordination.

viii. Strategic Information Management unit, Ministry of Health

Strategic Information Management (SIM) unit of the Nutrition Division in the Ministry of Health will be a focal point for monitoring outcome of the policy and it will contribute to the high level coordinating body for monitoring.

Implementation of National Nutrition Policy will be guided by a strategic framework for action which identify key action areas, expected outcomes, monitoring indicators and targets to be achieved by 2030, under each key strategic direction. It also recognized possible responsible sectors and collaborative organizations for implementation.

The Strategic Framework for action – National Nutrition Policy

Policy Priority Area I: Food and nutrition security for all citizens					
Strategic Direction	**Key action areas**	**Expected outcome/s**	**Monitoring indicators and/or Targets by 2030**	**Main responsible organization /s**	**Collaborative organizations**
1.1 Enhancement of availability and socio-economic and legal access to quality and healthy food through nutrition sensitive food value chain.	1.1.1. Establish nutrition sensitive agriculture, livestock and fisheries production through sustainable food systems. 1.1.2. Increase the food production, productivity and availability; a). Introduction of high yielding, nutritious and diversified agricultural products including seasonal, traditional and underutilized crops. b). Strengthening horticulture sector with special emphasis to fruits, nuts, vegetables and other field crops. c). Strengthening home stead/garden agriculture	1.1.1. Availability of adequate, quality agricultural food commodities, livestock and fish. 1.1.2. Accessibility to quality and healthy food throughout the year. 1.1.3. Availability of regulations and monitoring mechanism/s for quality and healthy food. 1.1.4. Availability of post harvesting technologies, appropriate transport and storage. 1.1.5. Enabling environment for healthy eating established. 1.1.6. Prevention of food loss in terms of quantity and quality from	1.1.1. Increase agriculture productivity of nutrition sensitive products according to the percentage of population increase per year from the baseline (2020). 1.1.2. Annual Requirement of commonly utilized foods in metric tons (MT) for 2020. a) Rice - 1,663,200 b) Pulses - 415,800 c) Fish - 418,857 d) Chicken - 147,420 e) Soya 29,484 f) Beef 29,484 g) Mutton 29,484 h) Pork 29,484	- National Nutrition Secretariat (NNS) - Agriculture - Livestock - Fisheries - Trade	- Health - Indigenous medicine - Consumer affairs - Ministry of finance

	integrating local breeds of livestock especially in rural and estate sectors. d) Intensify and increase the productivity of aquaculture and livestock sectors. e) Increase land use efficiency, adequate irrigation facilities and cropping intensity. 1.1.3. Upgrade and implement standards for quality food and to reduce the cost of production including; a). Upgrade infrastructure for quality food production. b). promotion of eco-friendly inputs for food production. c).Empowerment/ training for farmers, livestock producers and fishermen throughout the supply chain. d). Awareness building on all stakeholders on quality food	throughout the food value chain.	i) Root vegetables 491,400 j) Green vegetables 491,400 k) Green leaves 737,100 l) Other vegetables 638,820 m) Fruits 1,965,600 n) Nuts (Peanuts etc) -189,000 o) Egg (Number) - 7,560,000 p) Milk (Kilo litres) 756,000 q) Coconut* (number of Nuts) 3,931,200 r) Coconut oil** (Kilo Litres) 49,140 s) Other oil (MUFA)**– Kilo Litres 98,280 t) Sugar and Juggary 294,840 1.1.3. Production of livestock increased by at least 20% from the baseline.		

	production and reduction of post-harvest food loss at all stages of food value chain. 1.1.4. Monitor yield and quality of food, forecast production and import the deficiency. 1.1.5. Nutrient enhancement of food by promoting fortified staple/essential food including bio-fortification.		1.1.4. Fisheries production is increased at least by 20% from the baseline. 1.1.5. Percentage of home gardens established by size and type at Divisional level increased by 50% from the baseline. 1.1.6. Number of households consumed products from their own gardens increased by 50%. 1.1.7. Number of farms certified for GAP. 1.1.8. At least 10 commonly consumed food items reformulated. 1.1.9. Reduction of food loss from 40% to 20% by 2030.		

1.2. Improvement of affordability of healthy food throughout the year for all communities.	1.2.1. Improve affordability of quality and healthy food through; a) Monitoring and controlling the price and tax of food commodities. b) Income generation and/or provision of social security among disadvantageous populations. c) Behaviour change communication among community to consume nutritious diet with proper income management. 1.2.2. Adopt measures to ensure; a) The proper functioning of the food commodity markets implementing guidance on healthy food items. b) Facilitate timely access to market information, including on	1.2.1. Affordability of quality &healthy food to all citizens is ensured. 1.2.2. Prices of essential food commodities are stabilised. 1.2.3. Enabling environment for healthy eating established according to guidelines.	1.2.1. Gini co-efficient 39.8% 2016 reduced to 30%. 1.2.2. Indicator of food prize anomalies reduced by 50% from the baseline. 1.2.3. Consumer price index reduced from 131.8 (DCS, 2018, food & non-alcoholic beverages) to 110.	-Finance -Trade -Consumer affairs -Social empowerment -Health	- Agriculture - Livestock - Fisheries

	food reserves, in order to help limit extreme food price volatility. c) Public distribution of essential and/or healthy food commodities at subsidized prices.				
1.3. Community empowerment and mobilization for optimum consumption of all nutrients through dietary diversification.	1.3.1. Empowerment of the community to utilize diversified nutritious food through improving market access, local food exchange and awareness of public on availability of food in the proximity of area. 1.3.2. Ensure provision of appropriate and scientific information on balance diet to community including media personal. 1.3.3. Development of Social Behavior change	1.3.1. Consumption of diverse diet improved to prevent and control malnutrition.	1.3.1. Increase the consumption of Vegetables from 130g to 250g/day and fruits from 100g to 200g/day. 1.3.2. Percentage of population consuming 5 servings of fruits (2 servings) and vegetables (3 servings) per day (as per FBDG**) is increased from 27.5% to 70% (STEPS, 2015). 1.3.3. Availability of updated SBCC strategy. 1.3.4. Number of social	- Health - Indigenous Medicine - Education - Media	-Social empowerment

	communication (SBCC) strategy and implementation to encourage consumption of healthy diets. 1.3.4. Reduced food wastage at retail and consumer levels.		marketing campaigns implemented for promotion of healthy eating. 1.3.5. Food wastage reduce by 50% of the current level.		

Policy Priority Area II- Coordinated Multi sector collaboration and partnership					
Strategic Direction	**Key action areas**	**Expected outcome/s**	**Monitoring indicators &/or Targets by 2030**	**Main responsible organization/ s**	**Collaborative organizations**
2.1. Strengthen health and non-health government systems for provision of direct and indirect nutrition interventions	2.1.1. Strengthen organizational capacities (Human, Financial, Infrastructure, Technical etc) in all sectors for sustained nutrition actions following a situational analysis.	2.1.1. Availability of adequate human, financial, technical and other resources in health and non-health government systems to deliver nutrition interventions.	2.1.1. Human resources in relevant organizations improved as per requirement in terms of number. 2.1.2. Human resources in relevant organizations improved as per requirement in terms of capacity. 2.1.3. Financial resources in relevant organizations improved as per requirement. 2.1.4. Adequate number of infrastructure facilities for provision of nutrition related interventions available in relevant organizations.	- National Nutrition Secretariat - Department of Management Services - National Planning	- All Ministries with nutrition related responsibilities - National Budget Department

2.2. Reinstate a high level, cohesive and strongly led strategic coordination mechanism with sustained political commitment for effective implementation of Multi Sectoral Action Plan for Nutrition (MsAPN).	2.2.1. Streamline an advocacy mechanism for regular consultation between political leadership and other stakeholders. 2.2.2. Incorporate National strategies and legislations related to nutrition into relevant policies.	2.2.1. Availability of sustainable coordinating mechanism for effective implementation of MsAPN. 2.2.2. Integration of Nutrition related policies aligned with national/international strategies/standards.	2.2.1. Availability of functioning coordinating and advocacy mechanism for promotion of population nutrition. 2.2.2. All relevant National and Provincial policies have incorporated nutrition component into their policies according to National strategies, standards and legislation.		- All sectors responsible for nutrition related activities - Donor agencies - Non-Government and Civil Society organizations - Private sector
2.3. Establish effective coordinating systems including accountability mechanisms for collaborative multi sector nutrition actions at central, provincial, district and divisional levels	2.3.1. Coordination of implementation of nutrition policies, strategic and action plans at Provincial, District and Divisional level. 2.3.2. Establish a strong coordinating mechanism to manage the multi-sector action plan for nutrition.	2.3.1. Effective and efficient implementation of multi sector action plan for nutrition.	2.3.1. Number of meetings held as per schedule; - National Nutrition Council (once a year). - National nutrition steering committees (once in 4 months). - Technical advisory committee on nutrition.	- National Nutrition Secretariat - District Secretariat - National Water Supply and Drainage Board	- All sectors responsible for nutrition related activities - Non-Government and Civil Society organizations - Private sector

	2.3.3. Multi stakeholder collaboration and strengthening partnerships with government, non-government, private sector and civil society organizations to combat malnutrition. 2.3.4. Strengthen inter-sectoral collaboration on water sanitation		- Provincial steering committees on nutrition(once in 3months) - District steering committee on nutrition (once in 2 months) - Divisional steering committee on nutrition(once a month) 2.3.2. Availability of nutrition review reports at central, district and divisional levels		
2.4. Planning, coordination and implementation of nutrition promotion at provincial, district and divisional levels.	2.4.1. Streamline planning and implementation of District and Divisional nutrition communication plans prepared according to national nutrition communication strategy. 2.4.2. Empower the grass root level community organizations for planning integrated nutrition	2.4.1. Streamline coordination mechanism to monitor food and nutrition promotion interventions conducted by government, non-government and private stakeholders strengthened. 2.4.2. Development and implementation of nutrition communication plans at Provincial,	2.4.1. Number of coordinating meetings for monitoring and evaluation of nutrition interventions conducted as per schedule at provincial, district and divisional level. 2.4.2. Number of nutrition communication plans prepared by district and	- National Nutrition Secretariat - Policy planning - Health - Provincial, District and divisional authorities	- All sectors responsible for nutrition related activities - Private Sector - UN agencies, - Non-Government and Civil Society organizations

	promotion align with government plans. 2.4.3. Mobilize private sector for committed implementation of legislations and nutrition policy responses. 2.4.4. Implement an evidence based nutrition interventions at the divisional level.	district and divisional levels.	divisional level as scheduled.		

Policy Priority area III: Legal framework strengthening for protection of right to safe food and prevention of unethical marketing.					
Strategic Direction	**Key action areas**	**Expected outcome/s**	**Monitoring indicator/**	**Main responsible organization/s**	**Collaborative organizations**
3.1. Streamline food safety legislation systems throughout the food supply chain	3.1.1. Introduction, review and revision of necessary legislations/regulations/standards related to food safety giving priority to food items those are highly consumed by the population. 3.1.2. Strengthening enforcement of existing and newly formulated legislations/regulations/standards. 3.1.3. Trend analysis of monitoring indicators related to food safety legislations/regulations/standards.	3.1.1. Availability of biologically, chemically, & physically safe food for consumption in the country.	3.1.1. Number of new legislations/regulations/standards on food safety introduced. 3.1.2. Number of legislations/regulations/standards on food safety revised as per the need. 3.1.3. Number of compliant food establishments out of observed unhealthy food establishment.	- Health - Consumer affairs authority	- Agriculture - Livestock - Fisheries - Sri Lanka Standard Institute - Department of government analyst - Food industries
3.2. Control of unethical marketing through a robust	3.2.1. Re-establish and implement the mechanism to regulate promotion of unhealthy food.	3.2.1. Availability of a functioning mechanism to regulate promotion of food and beverages	3.2.1. Percentage of non-compliance of marketing of breast milk substitutes/	- Health - Food manufacturers and distributors	- Media

legislative mechanism.	3.2.2. Couple Breast feeding code with Food act to enforce legislation on breast milk substitutes/ infant formulae. 3.2.3. Implementation of nutrient profile model to control advertisements of unhealthy food for children including commercially prepared infant foods. 3.2.4. Strengthening of food labeling and advertising regulations	including foods for children. 3.2.2. All the clauses of breast feeding code implemented. 3.2.3. Nutrient Profile model implemented .	infant formulae/ commercially prepared infant foods. 3.2.2. Percentage reduction of food advertisements not compliant with regulations. 3.2.3. Availability of national committee to monitor food advertisements.	- Consumer organizations	
3.3. Strengthen monitoring mechanism for food quality and safety	3.3.1. Inter-sectoral coordination for implementation of food safety monitoring mechanisms for local and imported foods. 3.3.2. Strengthen analytical capacity for nutrient assessment and biological, chemical, physical, genetic, radiological	3.3.1. Food safety monitoring mechanisms are strengthened. 3.3.2. Analytical capacity for biological, chemical, physical, genetic, radiological and nutritional assessments of food is strengthened.	3.3.1. Establishment of a new laboratory or upgrade of an existing laboratory as a national reference laboratory. 3.3.2. Availability of at least one laboratory per province with all recourses for food analysis and a branch	- Health - Finance - Provincial councils - Consumer affairs - Food safety coordination committees at national, provincial, and district level - Environment - Agriculture	All sectors responsible for food safety

	assessments of foods. 3.3.3. Enforcement of Soil Conservation act		of Department of Government Analyst.	- Department of Government Analysis	
3.4. Improve enforcement of water quality, safety and sanitation regulations, standards and guidelines	3.4.1. Formulation of potable water quality, safety and sanitation regulations. 3.4.2. strengthen water quality surveillance	3.4.1. Availability of safe drinking water including water supply projects, individual water supplies, reverse osmosis plants and bottled water. 3.4.2. Water quality regulations enforced.	3.4.1. Availability of water quality, safety and sanitation regulations. 3.4.2. District-wise reduction of percentage of unsatisfactory water samples, out of all samples tested.	- Health - Water Supply and Sanitation -Environment	Mahaweli Development
3.5. Empowerment of all stakeholders to carry out food safety activities and maintaining food quality.	3.5.1. Increase awareness on food safety including regulations among food producers / manufactures, distributors, handlers and consumers. 3.5.2. Capacity building of all relevant stakeholders and systems to implement food safety regulations.	3.5.1. Community is empowered on food safety activities. 3.5.2. Capacity of relevant stakeholders and systems on food safety improved.	3.5.1. Availability of strategy to improve food safety awareness. 3.5.2. Availability of strategy to improve capacity of stakeholders on food safety and hygiene.	- Food safety coordination committees at national, provincial and district level - Health	Community Based Organizations (CBO)

Policy Priority area IV: Nutrition improvement throughout the life course.					
Strategic Direction	**Key action areas**	**Expected outcome/s**	**Monitoring Indicators &/or Targets by 2030**	**Main responsible organization /s**	**Collaborative organizations**
4.1 Provision of pre pregnancy care for the couple before planning their first child or to plan subsequent pregnancies and to enter pregnancy with optimum nutrition in a supportive environment.	4.1.1. Streamline implementation of pre-pregnancy care package to address; a) Risk factors for establishment of Healthy dietary behaviors b) All necessary resources (human, financial and other) 4.1.2. Create supportive environment to enter pregnancy with optimum nutrition through; a). establishment of mechanisms focusing on empowerment of eligible couples, female children, and pregnant women b). Establishment of mechanisms to minimize social risk factors focusing on female children and eligible couples	4.1.1. Appropriate nutritional status among future parents is ensured through pre-pregnancy care. 4.1.2. Households with reproductive age women empowered to improve Pre pregnancy nutritional status.	4.1.1. More than 80% of the pregnant women received pre-pregnancy care (Source: eRHMIS). 4.1.2. Underweight among ever married women of 15-49 years reduced from baseline of 9.1% (DHS, 2016) to 5%. 4.1.3. Overweight among ever married women aged 15-49 years reduced from32%-(2016, DHS) to15%. 4.1.4. Obesity among ever married women age 15-49 years reduced from 13% (2016, DHS) to <10%. 4.1.5. Prevalence of anaemia in first trimester reduced from	- Health - Social Services - National Nutrition Secretariat (NNS)	- Indigenous Medicine - Community Based Organizations (CBO)

			I8.3% (FHB,20I9)to 9%		
4.2. Safeguard proper nutrition of all pregnant women throughout the pregnancy enabling delivery of a healthy baby with optimum birth weight while ensuring good health &nutrition of the mother.	4.2.1. Streamline implementation of maternal care package in relation to improve nutrition of pregnant women . 4.2.2. Provision of resources including adequate skilled staff, financial allocations and other resources to provide services in response with identified nutritional problems. 4.2.3. Strengthen the multi-sector activities for empowering households with pregnant mothers.	4.2.1. All pregnant mothers receive quality antenatal care. 4.2.2. Malnutrition among pregnant women reduced. 4.2.3. All households with pregnant women empowered to have proper nutrition.	4.2.1. 90% coverage of registration of pregnant women before 8 weeks. 4.2.2. Percentage of pregnant women who has normal BMI (18.5 – 24.9) at the booking visit increased from 57% (2017) to 75% (Source: eRHMIS). 4.2.3. Nutritional anaemia among pregnant women at 28 weeks reduced to 15% from the baseline of 30.3% (FHB 20I9, eRHMIS). 4.2.4. At least 90% of the pregnant women gained intended	- Health - National planning - Finance	- Indigenous Medicine - Social empowerment - Women affairs - Civil society organizations

			weight during pregnancy. (Source: eRHMIS). 4.2.5. Percentage of LBW babies reduced from 15.7% to 10% (Source: IMMR & triangulate with DHS)		
4.3. Strengthen mechanisms and provide necessary nutrition services for lactating/post partum women and create enabling environment for early initiation of breast feeding &exclusive breast feeding for completed 6 months at all settings.	4.3.1. a. Provision of necessary nutrition related services for all lactating/postpartum women with special focus on malnourished women b. Establish mechanism to monitor nutritional status of lactating/postpartum women at six months after delivery. 4.3.2. Empowerment of households with lactating/postpartum women to ensure optimum maternal nutrition and exclusive	4.3.1. All lactating/Post partum women received necessary nutrition related services. 4.3.2. Early initiation of breast feeding and improved exclusive breastfeeding for completed 6 months. 4.3.3. Mother and baby friendly initiative implemented	4.3.1. 90% coverage of nutrition assessment of lactating/Post partum women at six months after delivery achieved. 4.3.2. Prevalence of early initiation of breastfeeding improved and maintained at 98% (Source: eRHMIS/ DHS). 4.3.3. Prevalence of exclusive breastfeeding for completed 6 months increased	- Health - Other nutrition related sectors - Labour - Social empowerment - Women affairs - Private sector	- Indigenous Medicine - Civil Society - Finance - NGO

	breast feeding for six months; a). by strengthen social support systems b).by provision of nutrition information and behaviour change modifications considering beliefs, and myths. 4.3.3. Ensure implementation of Mother & Baby Friendly Hospital Initiative (M& BFHI). 4.3.4. Strengthen supportive environment for breast feeding at all settings. 4.3.5. Strengthen and enforce maternity benefits to all working women.	in all hospitals with maternity services. 4.3.4. Implementation of family friendly workplace initiative. 4.3.5. All lactating mothers enjoy maternity benefits to facilitate exclusive breast feeding for six months.	from 82% to 90% (Source: DHS, 2016). 4.3.4. 75% of health care institutions having the recommended carder. 4.3.5. Capacity building programs on nutrition among lactating/ postpartum women, BF and mother & baby friendly hospital initiative conducted at least for 90% of the service providers. 4.3.6. Mother and baby friendly hospital initiative implemented in 100% of health care institutions. 4.3.7. 40% of the work places		

			are certified as family friendly.		
4.4. Building a strong foundation for all infants, young children & preschool children through appropriate nutrition interventions with a special emphasis on appropriate, nutritious, safe locally prepared complementary food and continued breast feeding for two years and beyond and promotion of optimal Early Childhood Care &Development (ECCD).	4.4.1. Implement all relevant nutrition specific interventions including; a) Development and implementation of community oriented locally designed, customize actions for IYCF within the national framework to reach pockets of sub-cultures within population groups. b) Empowerment of the community for appropriate of Infant and Young Child Feeding practices (IYCF) c) Regular and qualitygrowth monitoring and promotion of all children under 5 years of age with a high coverage in all settings	4.4.1. Continued BF feeding for two years and beyond. 4.4.2. Improved minimum acceptable diet for infants and young children achieved. 4.4.3. Minimum meal frequency, for infants and young children improved. 4.4.4. Minimum, dietary diversity for infants and young children improved. 4.4.5. Practices of ECCD actions strengthened through	4.4.1. Prevalence of minimum dietary diversity*** among children 6-23 months increased from 88% (DHS, 2016) to 95%. 4.4.2. Prevalence of minimum meal frequency**among children 6-23 months increased from 86.9% (FHB 2016) to 90%. 4.4.3. Prevalence of minimum acceptable diet* among children 6-23 months increased from 80.9% (2016FHB) to 90%. 4.4.4. Stunting among under 5years old children reduced from	- Health - Indigenous Medicine, - Provincial preschool authorities - Children Secretariat - Water supply - Labour	

	4.4.2. Streamline and strengthen implementation of legislations relevant to IYCF including Breast Feeding Code and Food Act. 4.4.3. Ensure all preschool children develop healthy dietary practices at home and preschools through relevant interventions including mid-day meal programme. 4.4.4. Strengthen multi sector involvement in ECCD to optimize psychosocial development as a contributor to optimum nutrition among children under the age of five years in all settings (household, day care, preschools etc.).	enabling environment.	17% (2016) to 10% (DHS). 4.4.5. Wasting among under 5years old children reduced from 15% (2016) to <5% % (DHS). 4.4.6. No increase in Overweight and obesity among under 5years old children from the base line in 2012. 4.4.7. At least 50% of preschools received the mid-day meal.		
4.5. Empower all primary	4.5.1. Streamline and expand provision of nutritious meals	4.5.1. Access to nutritious meals	4.5.1. Prevalence of wasting among 6-12 years old	- Education	

school children to inculcate healthy dietary behaviors and physical activity with nutrition education through school curriculum and enabling school environment.	at schools (School meal programme) to cover 1/3 of the daily caloric requirement. 4.5.2. Promotion of healthy dietary practices at home and schools including implementation of healthy school canteen guidelines. 4.5.3. Promote playing/ physical activity at all appropriate settings (Schools, home etc.). 4.5.4. School medical programme streamlined. 4.5.5. Improve water, sanitation and hygiene facilities at schools.	among school children improved. 4.5.2. All school children empowered to adopt healthy life styles. 4.5.3. Enabling school environment to achieve optimum nutrition and life style by providing all nutrition care services in schools. 4.5.4. Water, Sanitation and Hygiene (WASH) facilities are improved in all schools.	children reduced from 30.2% (MRI, 2016) to 15%. 4.5.2. Prevalence of stunting among 6-12 years old children reduced from 11.5% (MRI, 2016) to <10%. 4.5.3. No further increase in overweight and obesity among 6-12 years old children (Overweight- 6.1% and obesity- 2.9%- MRI, 2016). 4.5.4. 100% Coverage of mid-day meal / school milk programme for needy children in schools in targeted areas. 4.5.5. Prevalence of anaemia among primary school children reduced from 11.7 % (MRI,	- Child secretariat - Water supply - Health	

			2016) to < 10%. 4.5.6. Proportion of primary school children engage in playing/physical activities at least 60min per day increased by 50%from the base line. 4.5.7. All schools have an adequate safe water supply according to the national norms. 4.5.8. All schools are provided the toilet facilities according to national norms. 4.5.9. Proper garbage disposal mechanism is implemented in each school.		
4.6. Promote optimal nutrition and development among adolescents	4.6.1. Streamline implementation of school canteen policy and guideline to healthy food.	4.6.1. Monitor all school children during School health programme	4.6.1. Prevalence of wasting among 10-18 years old children reduced from	- Health - Education	- Water supply and Drainage

and youth adopting adolescent and youth friendly approaches while addressing the social determinants.	4.6.2. Expand school mid-day meal programme to all needy school children. 4.6.3. Improve physical fitness of all school children through enabling environment. 4.6.4. Establish and streamline Adolescent and Youth Friendly Health Services (AYFHS) centers to promote healthy eating, physical activity and psychosocial support among adolescents and youth. 4.6.5. Development and implementation of a canteen policy and guidelines for youth training institutions. 4.6.6. Provision of adequate water, sanitation and hygiene (WASH) facilities for all educational and	to provide nutrition interventions for needy children. 4.6.2. Canteen policies and guidelines in educational institutions implemented. 4.6.3. All needy school children receive the mid-day meal at schools. 4.6.4. Adolescents and youth engage in appropriate physical activities according to the health status and age. 4.6.5. Optimal nutrition status among youth achieved. 4.6.6. All youth empowered to inculcate	26.9% (MRI, 2018) to 18%. 4.6.2. Prevalence of stunting among 10-18 years old children reduced from 13% (MRI, 2016) to 10%. 4.6.3. No further increase in overweight and obesity among 10-18 years old children (Overweight- 7.6% and obesity- 2.2%- MRI, 2018). 4.6.4. All educational institutions are provided with WASH facilities. 4.6.5. No: of programs conducted by AYFHS annually. 4.6.6. Percentage of educational institutions covered with	- Higher Education - Vocational Training	

	work settings for youth.	healthy life styles. 4.6.7. Facilitate youth training institutions to promote healthy behaviors. 4.6.8. Global school health survey is conducted regularly.	awareness programmes to inculcate healthy life styles out of all institutions.		
4.7. Empowerment of adults to adopt healthy life styles including healthy diet with provision of comprehensive nutrition services.	4.7.1. Provision of necessary nutrition services for adults at all settings. 4.7.2. Implementation of canteen guidelines at work places. 4.7.3. Empowerment of adults to inculcate healthy dietary behaviours through supportive environment at all settings. 4.7.4. Formulation and implementation of national and local government policies and guidelines directed towards	4.7.1. Survey to identify risk factors for Non-Communicable diseases among adults (STEP) is conducted every four years. 4.7.2. Malnutrition among adults is reduced. 4.7.3. Implementation of work place canteen	4.7.1. STEP survey reports available regularly. 4.7.2. Prevalence of overweight among adults 18-59 years reduced from 29.3% in 2015 to 10%. 4.7.3. Prevalence of obesity among adults 18-59 years reduced from 5.9% in 2015 to 3%. 4.7.4. Percentage of adults consumes 5 portions of fruits and vegetables	- Health - Indigenous Medicine - Higher education - Sports - Urban planning	- Agriculture - Livestock - Fisheries

	improvement of population physical activity. 4.7.5. Formulation and implementation of legislations, policies and guidelines to prevent substance abuse. 4.7.6. Monitoring and evaluation of nutrition interventions targeted at adults.	policy streamlined. 4.7.4. Facilities for improvement of physical activity established at community level are established. 4.7.5. National and local government policies, legislations, and guidelines available for improvement of physical activity and to prevent substance abuse.	increased from 27.5% in 2015 to 60%. 4.7.5. Number of open gymnasium/ walking paths established annually in each district. 4.7.6. Percentage of insufficient physical activity among 18-59 adults reduced from 30.4% in 2015 to 15%.		
4.8. Establish conducive environment for optimal nutrition and an access to appropriate nutrition services for all elders.	4.8.1. Establishment of a comprehensive mechanism for nutrition care services for elders at all settings (Institutional, community) including nutrition assessment, nutrition support and care. 4.8.2. Implementation of appropriate,	4.8.1. Evidence based planning of comprehensive nutrition care and support services. 4.8.2. Implementation of appropriate, nutritional interventions	4.8.1. Nutrition status of at least 50% of the elderly population is regularly assessed. 4.8.2. All the elderly care institutions follow the National Nutritional	- Health - Elderly secretariat - Residential care facilities	

	comprehensive nutritional interventions for all elderly people. 4.8.3. National nutrition quality standards for residential care for elders developed and implemented. 4.8.4. Facilitate physical activity according to the capacity of the elders. 4.8.5. Establish regular monitoring mechanism of nutritional support and care services for elderly at all settings and all levels.	for all elderly people. 4.8.3. Availability of a monitoring mechanism for nutrition support and care services for elderly.	Quality Standards. 4.8.3. Districts review meetings for elderly nutrition care services.		
4.9. Implementation of appropriate interventions to improve nutritional status of vulnerable populations.	4.9.1. Mapping of nutritionally vulnerable individuals/ households/ populations (disadvantageous, estate, urban etc) at divisional level. 4.9.2. Planning and implementing of targeted direct and indirect nutrition interventions.	4.9.1. Nutrition among vulnerable populations improved. 4.9.2. Living standards and healthy environment (personal hygiene, prevention of indoor air pollution, safe water and sanitation including	4.9.1. Malnutrition among vulnerable persons improved by 50% from the baseline. 4.9.2. Proportion of population using safe drinking water services improved from 94% (GLAAS,	- Water supply - Local authorities - Health - Indigenous medicine	

	4.9.3. Support enhancement of immunity to prevent acute infections (Respiratory, alimentary tracts and other) among vulnerable populations through empowerment and **a**ccess to healthy diet and safe water, sanitation and nutrition supplementation.	garbage disposal) are enhanced to prevent and control acute infections among vulnerable.	2014) to 100%. 4.9.3. Respiratory infections among under 5 years old are reduced by 50% from the baseline. 4.9.4. Diarrhoeal diseases among under 5 years old are reduced by 50% from the baseline.		
4.10. Prevention and management of disease (acute and chronic) related malnutrition.	4.10.1. Strengthen nutrition assessment and counseling for outdoor patients with chronic diseases by nutrition specialists in hospitals. 4.10.2. Streamline mechanism to ensure optimum nutrition among inward patients and during rehabilitation period. 4.10.3. Community empowerment on	4.10.1. Mechanisms to prevent and control malnutrition among patients with acute and/or chronic illnesses are implemented.	4.10.1. Availability of mechanisms to prevent and control malnutrition among patients with acute and/or chronic illnesses.	- Health - Indigenous medicine	

	providing optimum nutrition during and after acute/chronic illnesses and palliative care at household/community level through SBCC and social safety net programmes.				

Policy Priority area V- Nutrition promotion in emergency situations and extreme weather conditions					
Strategic Direction	**Key action areas**	**Expected outcome/s**	**Monitoring Indicators &/or Targets by 2030**	**Main responsible organization /s**	**Collaborative organizations**
5.1. Strengthen and streamline resilience mechanisms to facilitate disaster preparedness plans to provide nutrition needs for affected populations.	5.1.1. Strengthen implementation of disaster preparedness and mitigation plans at all levels (national, provincial, district and divisional) in relation to nutrition. 5.1.2. Incorporate dash board system in all emergency response plans according to a colour code. 5.1.3. Streamline disaster response plans to supply nutritious food for all emergency affected areas	5.1.1. Nutrition interventions are adequately addressed in disaster management plans. 5.1.2. Buffer stocks of food and nutrition commodities, disaster relief teams, transport etc. needed for disaster prone areas are arranged ahead of time with early warnings. 5.1.3. Availability and expansion of resistant varieties of food plants for adverse weather conditions.	5.1.1. Nutrition actions are incorporated in all disaster preparedness and mitigation plans at central, provincial and divisional levels. 5.1.2. Climate change and extreme weather prediction and early warning mechanism established at divisional levels. 5.1.3. All members of the community in disaster prone areas are empowered on upcoming situations well ahead of time. 5.1.4. Availability of climate resistant varieties of food plants are	- DMC - Health - National Nutrition Secretariat (NNS) - Local authorities	- Agriculture (Paddy Marketing Board, Food Promotion Board). - Livestock - Fisheries - Environment - CBO

	5.1.4. Establish prediction and early warning mechanism for climate change and extreme weather conditions at divisional level with multi sector collaboration . 5.1.5. Early warning and community empowerment on climate change, extreme weathers and other disasters. 5.1.6. Introduce adverse weather resistant varieties of plant based food (Rice, Pulse, vegetables and fruits etc.) through proper research and		improved by at least 2 new varieties per year.		

	extension practices.				
5.2. Provision of adequate support according to operational guidelines for relevant stakeholders including emergency relief staff and programme managers to ensure adequate and safe nutrition during emergencies and extreme weather conditions.	5.2.1. Develop operational guidelines for emergency nutrition support for affected. 5.2.2. Identify nutrition emergency team for each district with logistic arrangement and plans for actions. 5.2.3. Ensure equitable distribution of basic nutrition needs with improved rapid response mechanisms through well-coordinated health and non-health sector involvement. 5.2.4. Ensure proper	5.2.1. Adequate safe food and nutrients ensured to all affected during emergencies.	5.2.1. Percentage of people received adequate food during emergencies out of all affected individuals.	- Health - Disaster Management - Local authorities	- Water supply and Drainage

	utilization of food and prevention of wastage during emergencies.				

Policy objectives VI - Strategic information management and research					
Strategic Direction	**Key action areas**	**Expected outcome/s**	**Monitoring Indicators &/or Targets by 2030**	**Main responsible organization/s**	**Collaborative organizations**
6.1 Strengthen strategic information management systems to create an environment for evidence-informed programmatic and policy decisions for targeted nutrition interventions by all stakeholders.	6.1.1. Regular, timely and continuous collection, analysis and reporting of data/information on all nutrition specific and sensitive interventions. 6.1.2. Nutrition surveillance system is used for making decisions to improve and protect community nutrition. 6.1.3. Awareness of the public on community nutrition outcomes. 6.1.4. collection and analysis of data on food commodities for balanced diet with the	6.1.1. Evidence on nutrition outcomes and predictions are communicated to relevant stakeholders and/or to the community	6.1.1. Strategic information management system established.	- National Nutrition Secretariat - Department of Census & Statistics - Health - Policy planning - Provincial, District and divisional authorities	- All sectors responsible for nutrition related activities - Private sector - UN agencies - Community based organizations

	predictions on use of expected seasonal yield, nutrition content and the retail price.				
6.2. Incorporate dietary behavior surveillance in to the nutrition monitoring and evaluation	6.2.1. Implementation of targeted SBCC interventions with behavior surveillance information. 6.2.2. Monitoring & evaluation of dietary behavior changes. 6.2.3. Periodic surveys conducted to identify nutrition outcomes and consumption patterns in the community. 6.2.4. Survey data conveyed to relevant stakeholders to guide action.	6.2.1. Dietary behaviors in the community are monitored and used in planning of nutrition interventions.	6.2.1. Dietary behavior surveys incorporated into a strategic information management system. 6.2.2. Number of periodic surveys conducted to identify nutrition outcomes and consumption patterns in the community. 6.2.3. Number of programmes implemented as per the dietary behavior surveillance.	- Health - NNS	- All sectors responsible for nutrition related activities
6.3.	6.3.1. Prioritize research areas and support	6.3.1. Most resistant dietary behaviors are	6.3.1. All necessary baseline surveys are	- Health	- Trade - Industries

Support appropriate research to generate evidence-based information and utilize these evidence in advocacy, planning, implementation and periodic evaluations of time tested nutrition interventions.	research-oriented activities to identify; a) Nutrition needs throughout the life cycle and evidence-based interventions. b) Market accessibility of food items (local and foreign) and pricing of food commodities. c) Purchasing power and affordability. d) Post-harvest losses and food wastage. e) Establish baseline for all necessary nutrition specific and sensitive monitoring indicators for implementation of National Nutrition Policy	identified to prioritize and implement nutrition interventions	carried out to monitor implementation of NNP. 6.3.2. Number of food consumption and market behaviour surveys conducted. 6.3.3. Baselines are available for; a) Vitamin D deficiency among population groups b) Domestic/Institutional food wastage (kg/year) c) Food loss along food supply chain d) Percentage of primary school children engaged in playing/physical activities at least 60min per day	- Indigenous medicine - Agriculture - Fisheries - Live stock - Department of census and statistics	

	f) Advertisements with unhealthy foods in audio visual media. g) Nutritional composition analysis and bio availability research on frequently consumed and non-conventional foods. h) Any other nutrition related research as per need.		e) Other relevant nutrition surveillance indicators		