National Nutrition Month

Summary Report

2024

Family Health Bureau
Ministry of Health
Sri Lanka

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Contents

1. Introduction

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

With the objective of assessing the nutrition status of children and pregnant mothers at national and sub national levels and disseminating the latest nutrition data among the health staff and other stakeholders to strengthen, stream line and target service provision, Nutrition Month activities were held island wide, in the month of June 2024.

2. Methods

National Nutrition Month 2024 [NNM 2024] was held in the month of June while the initial preparations were initiated in May 2024. Technical update sessions for all Medical Officers of Health [MOHs], other supervising staff categories and Public Health Midwives [PHMs] were conducted on 6th of May 2024 and a follow up session on 30th May 2024 with the participation of Maternal and Child Health unit health staff at district level, and all relevant consultants in both local languages.

PHMs were instructed to inform caregivers of all children under 5 years under care in her area and anthropometric measurement to be done during the month with the objective of achieving highest possible measurement coverage. All data collection format templates and the written guideline for data collection in all three languages were shared with them through the MOHs and Medical Officers of Maternal and Child Health [MOMCHs]. In year, 2024 in addition to the standard formats to collect data on anthropometry (CN Formats 1.0, 1.1 and 2) the CN Format 3 on Severe Acute Malnourished [SAM] children was expanded as CN Format 3 (SAM) and CN Format 3.1 (SAM) to capture a profile of SAM children in the country in order to streamline the current interventions for SAM. All Medical Officers of Health [MOH] were given instructions

to achieve the maximum coverage of children under 5 years under care by promoting parents' participation and improving accessibility.

All MOHs were advised to measure nutrition status of school children by PHI areas, making sure that at least one school with less than 200 children and one with more than 200 children in each PHI area are covered.

A separate assignment was given for assessing nutritional status of pregnant women in selected MOH and PHM areas.

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

3. Results

3.1 Nutritional status of children under 5 years of age

3.1.1 Reporting rates

All 356 MOH areas covering 6918 PHM areas in the country provided data with a national reporting rate of 100% [Figure 1].
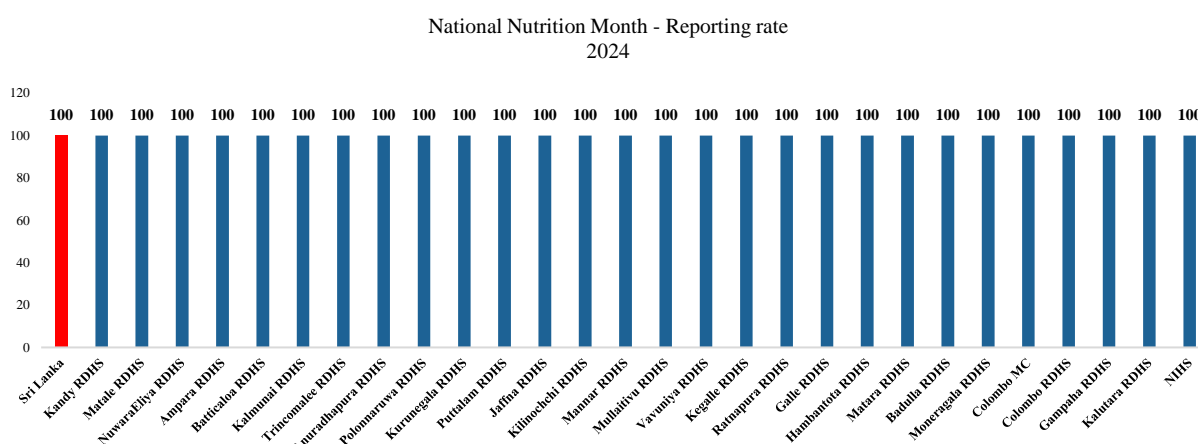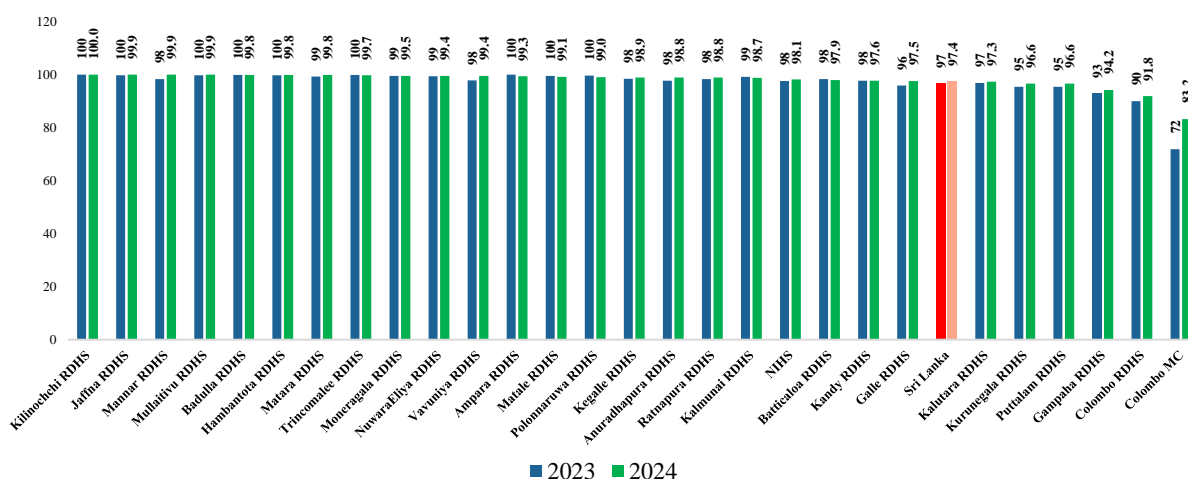

Source: eRHMIS 2024

Figure 1: NNM 2024: Reporting Rates of children under 5 years

3.1.2 Assessment coverage of children under 5 years

A total of 1,301,649 children under 5 years have been registered with Public Health Midwives in Sri Lanka of which 1,267,472 children were measured during the month of June with an assessment coverage of 97.4%. Highest coverages (100%) were achieved by the district of Kilinochchi [100%] followed by districts of Jaffna, Mannar and Mullaitivu [99.9%]. Lowest assessment coverage was reported from Colombo Municipal Council area, which was 83.2% [Figure 2].
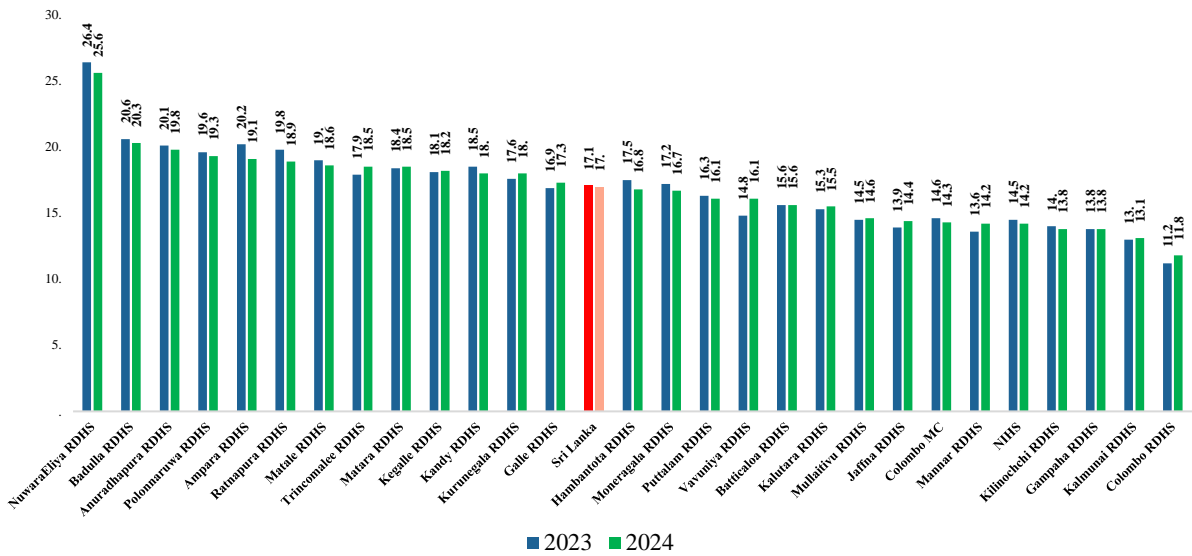

Source: eRHMIS 2024

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

3.1.3 Children under 5 years with underweight

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

Percentage of children under 5 years with underweight which was reported to be 17.1 % in Sri Lanka in 2023 has remained almost the same at 17% according to the nutrition month data 2024. Highest underweight percentage was reported from Nuwaraeliya district even though it has slightly reduced from 26.4% in 2023 to 25.6% in 2024. Many of the districts have reported a slight reduction in the underweight prevalence except in Trincomalee, Matara, Kurunegala, Vavuniya, Colombo RDHS area, Mullaitivu, Jaffna, Mannar, Kalutara and Galle which reported a slight increase compared to 2023 NNM reporting [Figure 3].
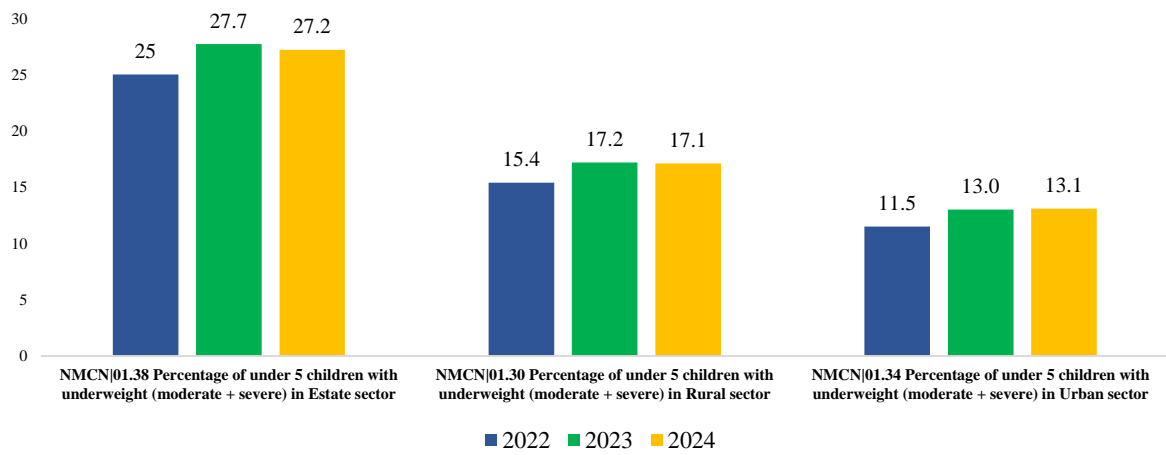
Source: eRHMIS 2024

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

The sector wise distribution of underweight also does not show a remarkable change when compared with year 2023 [Figure 4].
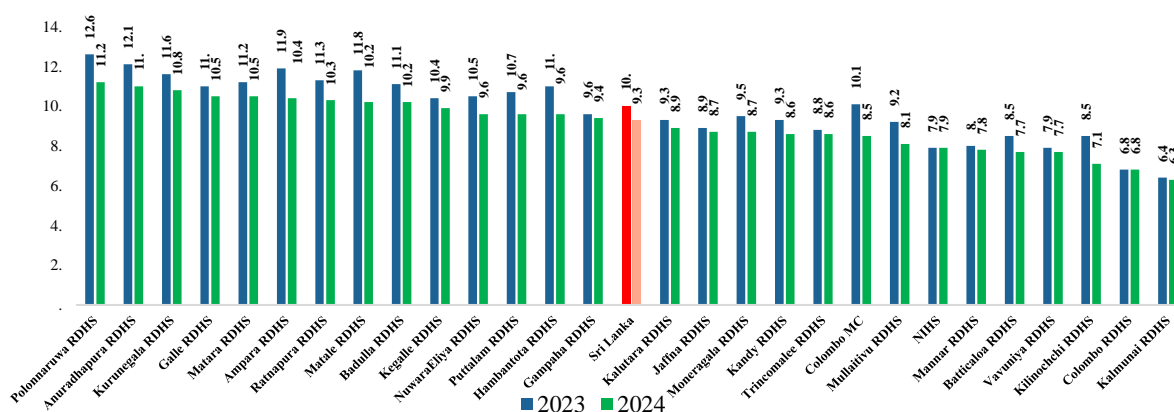

Source: eRHMIS 2024

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

3.1.4. Children under 5 years with wasting

Wasting is defined as low weight-for-length/height (< -2SD). It often indicates recent and significant weight loss, although it can also persist for a long time. It usually occurs when a child has not had food of adequate quality and quantity and/or they have had a severe episode of an illness, a prolonged illness and sometimes frequent illness episodes.

Percentage of wasting among children under 5 years which was reported as 10% in 2023 has reduced to 9.3% in 2024. The highest wasting percentage was reported from Polonnaruwa district which is 11.2%. However, it has reduced to 11.2% in 2024 from 12.6% in 2023. All districts in the country have shown an improvement in wasting among children under 5 years in 2024 compared to 2023 [Figure 5].

Source: eRHMIS 2024

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

Compared to 2023, wasting in 2024 has reduced in all three sectors including Estate, Rural and Urban Sectors [Figure 6].
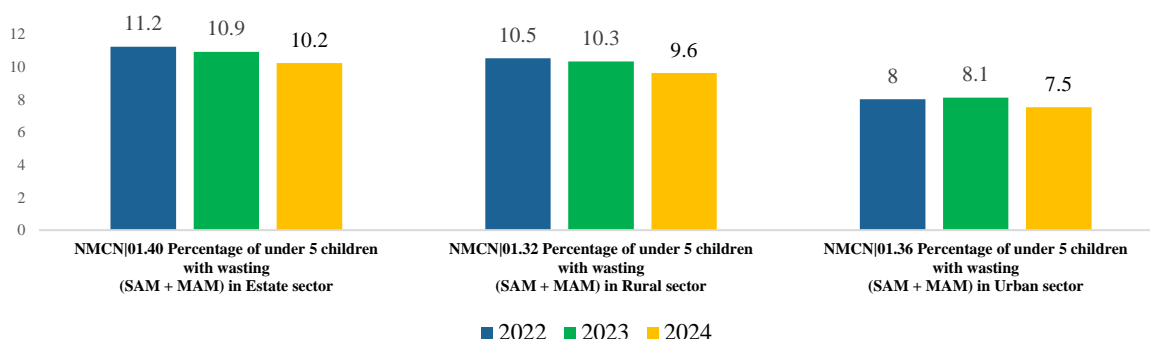
Source: eRHMIS 2024

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

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

Moderate acute malnutrition is defined as **weight for length/height between -2 SD and -3 SD.** In 2024, except in 5 districts (Gampaha, Mannar, NIHS, Colombo, Kalmunai) all other districts in the country reported a reduction in MAM or remained the same (Kegalle, Kalutara, Jaffna) compared to 2023 [Figure 9].
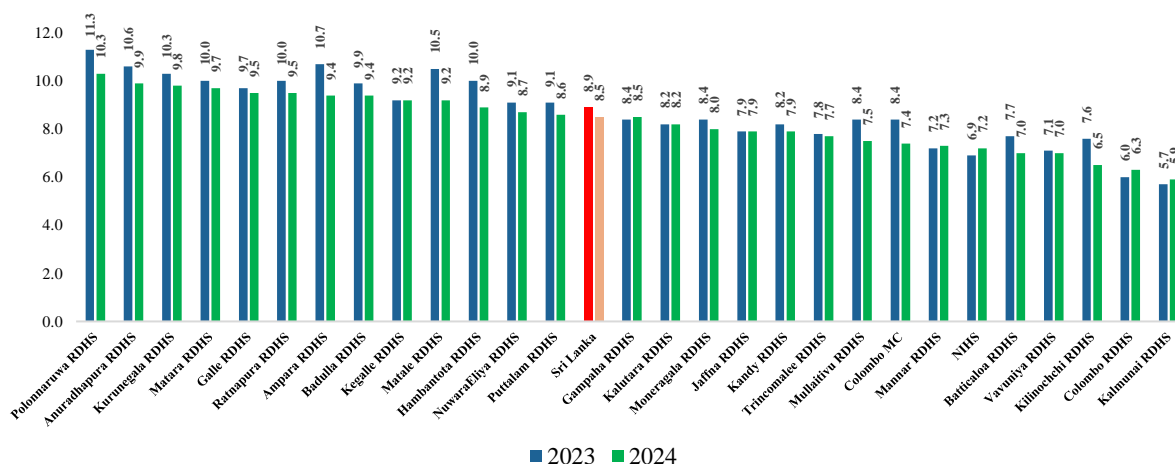
Source: eRHMIS 2024

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

Source: eRHMIS 2024

Figure 8: Percentage of children under 5 years with moderate wasting (MAM) by sector
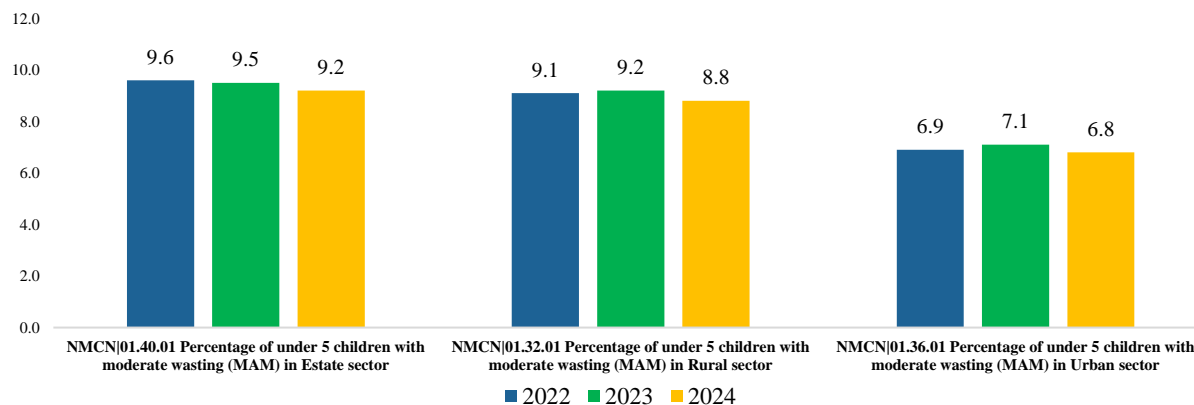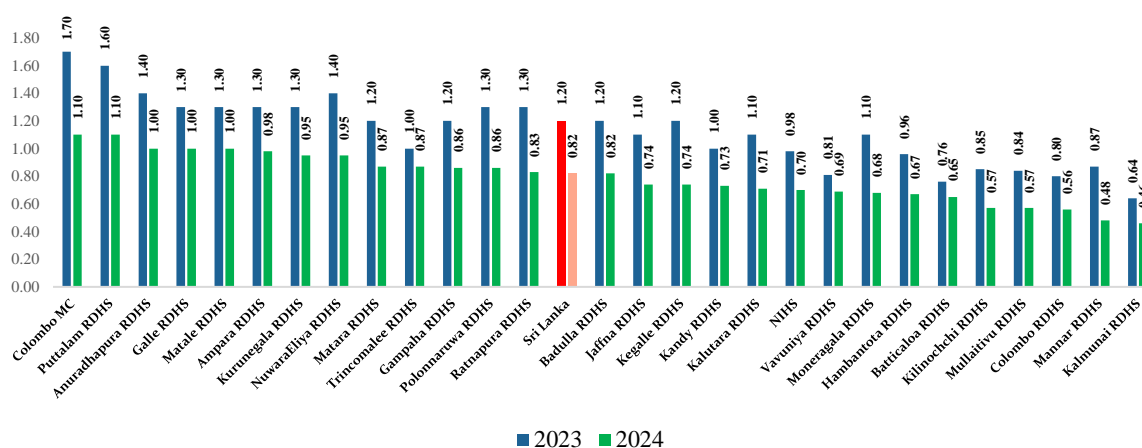
3.1.6. Children under 5 years with severe acute malnutrition [SAM]

Severe acute malnutrition is defined as **a very low weight for length/height (< -3SD).** A total of 10,323 SAM children [0.82%] were reported in 2024 compared to the 15,758 [1.2%] SAM children reported in 2023 [Annexure 1]. In 2024, all districts in the country reported fewer SAM children compared to 2023 [Figure 9].

Source: eRHMIS 2024

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

3.1.6.1 Profile of Severely Acute Malnourished [SAM] children reported in 2024

Out of the 10,323 SAM children reported in 2024, socio demographic information and feeding habits (24 hour dietary recall method) of 9,656 children (93.5%) were reported by PHMs which were then analyzed in order to identify the underlying causes for the SAM status among these children.

It was interesting to observe that the majority [69.6%] of SAM children were coming from households with no home risk factors. Only 2,331 [24.1 %] of SAM children were from families with the home risk factor of extreme poverty/food insecurity (z code 8). Of families in the extreme poverty/food insecurity group, 44.9% were receiving Aswesuma welfare benefit payments. Out of all respondents, 78.5% were reported to have a monthly household income Rs. 50,000 or less. Of families with an income of Rs. 50,000 or less, 30.8 % were receiving Aswesuma benefits.   Out of all the families with SAM children 12.6% were receiving any other food/cash benefit during the time of data collection.

Out of the total of 9,656 SAM children, illness was reported as one of the contributory factors for SAM status in 30.3% of children. Of these children 38.9% were having an acute illness, 30.4% having a chronic illness while 30.6% were having both acute and chronic illnesses.

It was noted that out of 9,656 SAM children, 92.6% were not getting a diet appropriate for age based on the 24-hour dietary recall taken by the PHM. Of those not receiving a diet appropriate for age, the most commonly cited issue [71.3%] was receiving an insufficient quantity for the main meal, followed by 60.6% who had a diet with inadequate energy density for their age and growth status. Nearly 60.4% did not have a satisfactory variety within the day's diet and 55.9% did not have the age appropriate number of meals per day. Several negative feeding practices that can cause reduced food intake (quantity, number of meals, variety) were also observed; 51.9%. had consumed unsuitable food items (biscuits, junk foods, chips, bites, sweets, sugar sweetened beverages) and 53.8% were consuming milk and milk products in addition to breast milk. In 41.5% children, too frequent feeding which has a negative effect on the quantity of food intake at main meals was observed. Negative feeding practices such as force feeding (33.3%) and child not getting adequate adult support for feeding (22.7%) were also observed.

Of the 9,656, majority 57.8% were male children. 44.5% of the SAM children were reported to have low birth weight i.e. birth weight below 2500g while 11.5% had a birth weight of more than 3000g. Of the low birth weight children 93.7% were not getting a diet appropriate for age, 32.1 % were having an illness contributing their SAM status (either acute or chronic or both) and 26.1 % were from households with extreme poverty (Z code 8).

In most of the children, primary care giver was the mother [78.4%] followed by grandparents [13.5%]. Considering mother's occupational status, 81.5% were not employed where as 5.0% were professionals. Looking at the educational levels of mothers, 36.8% had completed GCE Ordinary Level while 32.2 % were educated up to O/L. 21.9% of mothers have passed GCE Advanced Level and an additional 7.9% had completed their higher education.

Out of the 9,656 SAM children, 5,151 [53.3%] have been identified before the Nutrition Month (June 2024). Out of those who were identified before the Nutrition Month, 89.1% has been referred to a specialist by the MOH for further management and 83.2% have attended a specialized clinic. Out of those identified before the NM, 57% have received BP 100 from a health care institution.

3.1.7 Children under 5 years with stunting

Stunting is defined as low length/height-for-age (<-2SD). It is the result of chronic or recurrent undernutrition, due to frequent or chronic illness and/or inappropriate feeding and care in early life usually associated with poverty or poor maternal health and nutrition. Stunting prevents children from reaching their full physical and cognitive potential. It was noted that the overall stunting percentage has slightly increased from 10.3% in 2023 to 10.5% in 2024. The highest percentage of stunting was still reported from the district of Nuwaraeliya even though it has reduced to 24.5% in 2024 from 25.2% in 2023 [Figure 10]. The district of Badulla is the second highest with 14.1%.
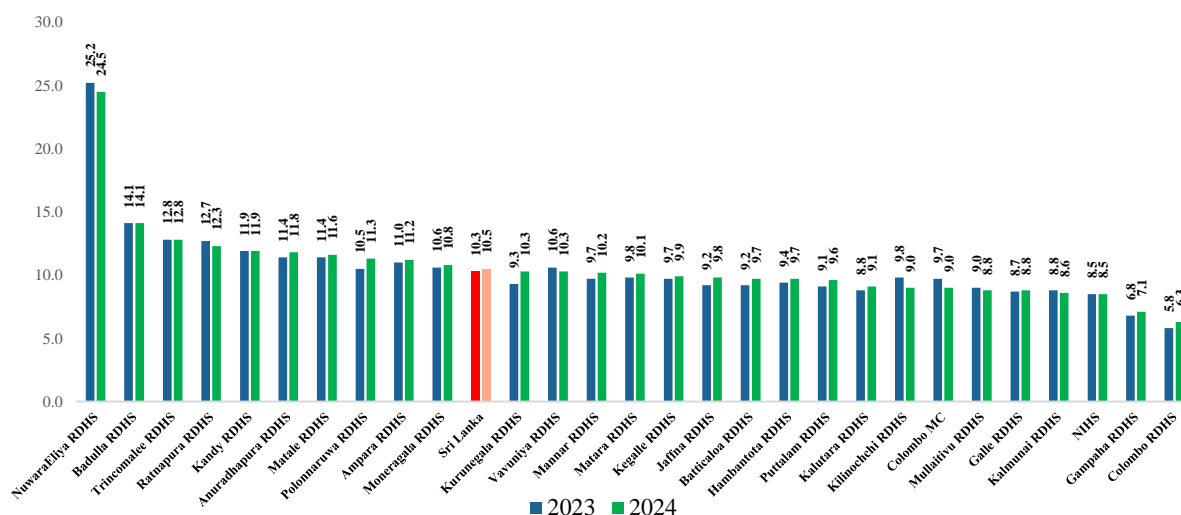
Source: eRHMIS 2024

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

In Estate Sector there is a slight reduction in stunting compared to last year while in other 2 sectors [Urban & Rural] stunting rates have slightly increased compared to 2023 [Figure 11]
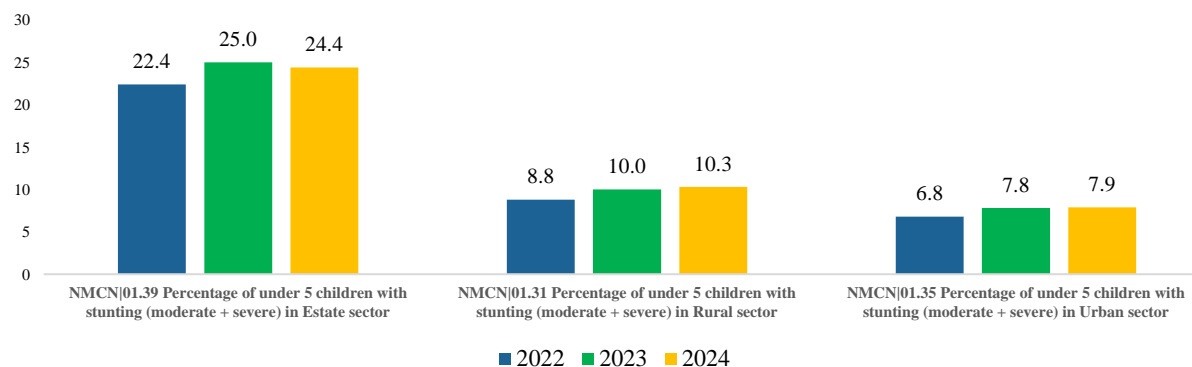
Source: eRHMIS 2024

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

3.1.8 Children under 5 years with overweight and obesity

Overweight and obesity (defined as weight for length/height > +2SD) has increased from 0.43 % in 2023 to 0.49% in 2024 among children under 5 years of age [Figure 12]. A significant increase is observed in NIHS Kalutara, Vavuniya and Colombo RDHS areas.
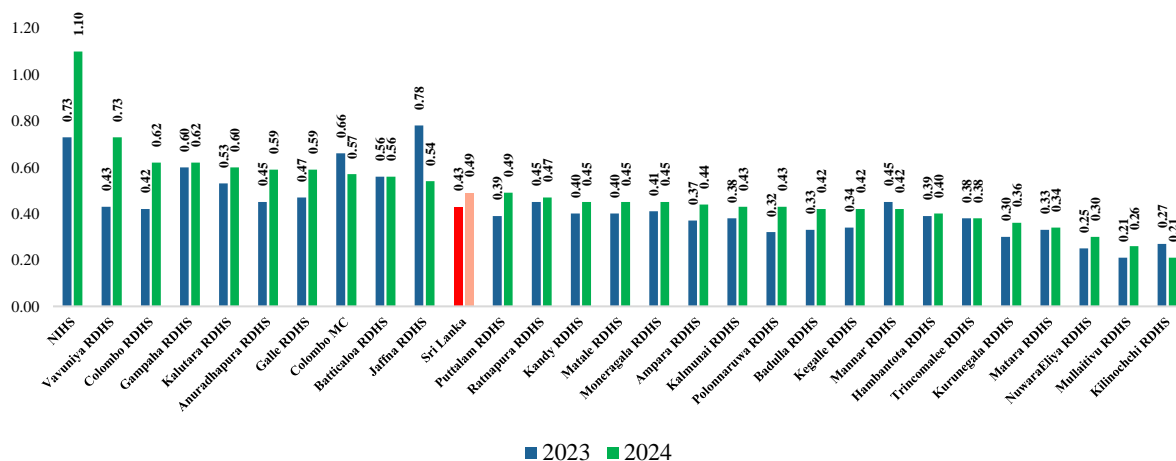
Source: eRHMIS 2024

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

3.1.9 Nutrition status of children under 5 years by age categories

3.1.9.1 Infants (under 1 year of age)

Underweight, wasting and stunting among infants up to 1 year have reduced in 2024 compared to 2023. Overweight/obesity has slightly increased compared to 2023 data [Figure 13].
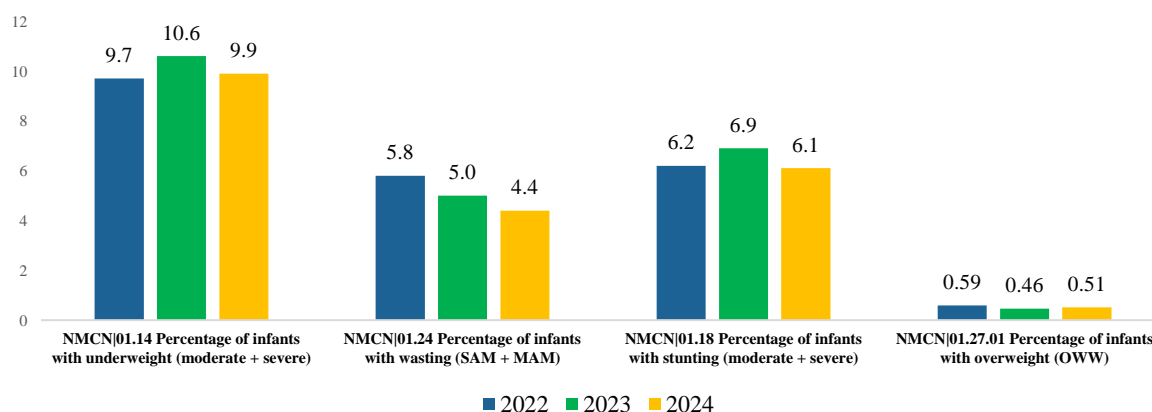
Source: eRHMIS 2024

Figure 13: Nutrition status of infants under 1 year

3.1.9.2 Children 1-2 years of age

The same is observed among 1-2 years age group. Underweight, wasting and stunting have reduced compared to 2023 and a slight increase in over weight/obesity could be observe [Figure 14].
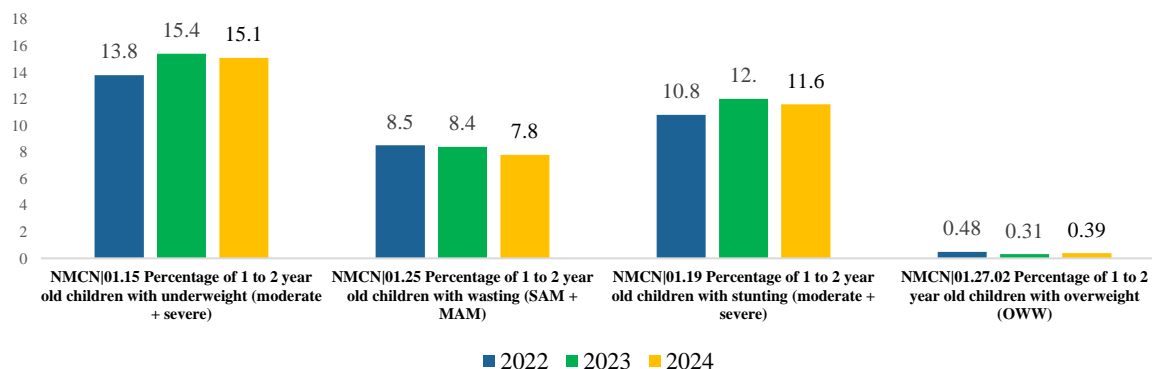
Source: eRHMIS 2024

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

3.1.9.3 Children 2-5 years of age

Among the preschoolers [2-5 years old], while underweight prevalence remains more or less the same, wasting has slightly reduced whereas stunting and overweight/obesity have slightly increased [Figure 15].
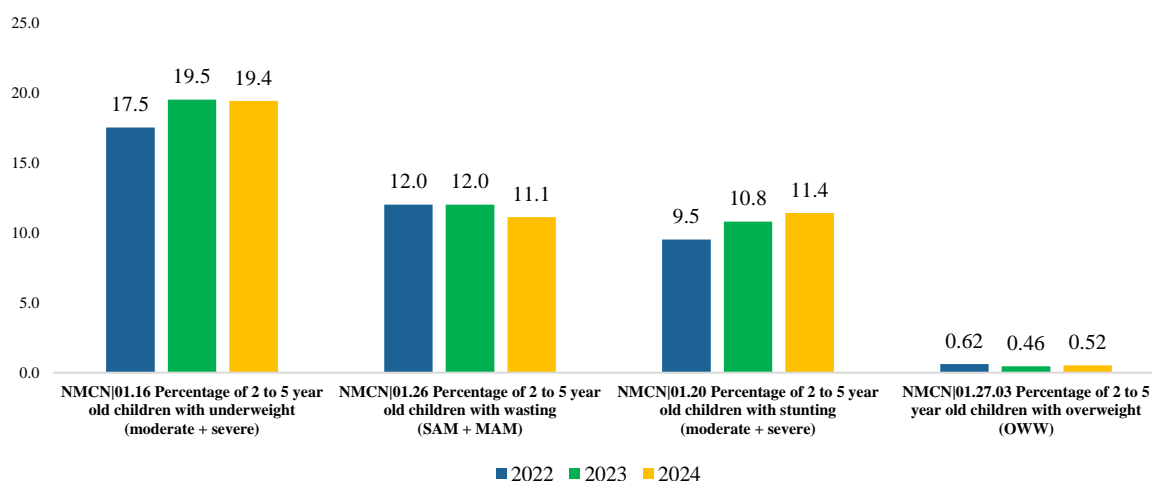
Source: eRHMIS 2024

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

3.1.10 Comparison of stunting and wasting 2023 and 2024 by MOH Areas

2023	Wasting	2024

Very low 0 - 2.5 (0)
Low 2.5 - 5 (7)
Medium 5 - 10 (190)
High 10 - 15 (145)
Very high 15 - 100 (4)
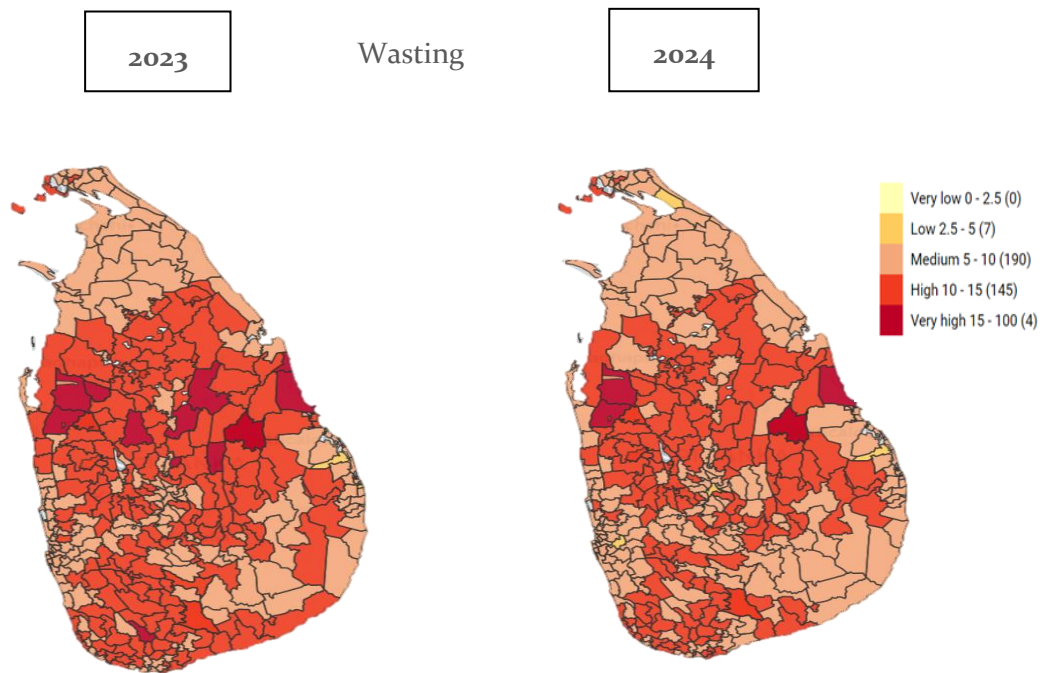
Source: eRHMIS 2024

Figure 16: Comparison of wasting among children under 5 years 2023 & 2024 by MOH area

2023	Stunting	2024

Very Low 0 - 2.5 (0)
Low 2.5 - 10 (159)
Medium 10 - 20 (176)
High 20 - 30 (9)
Very High 30 - 100 (2)
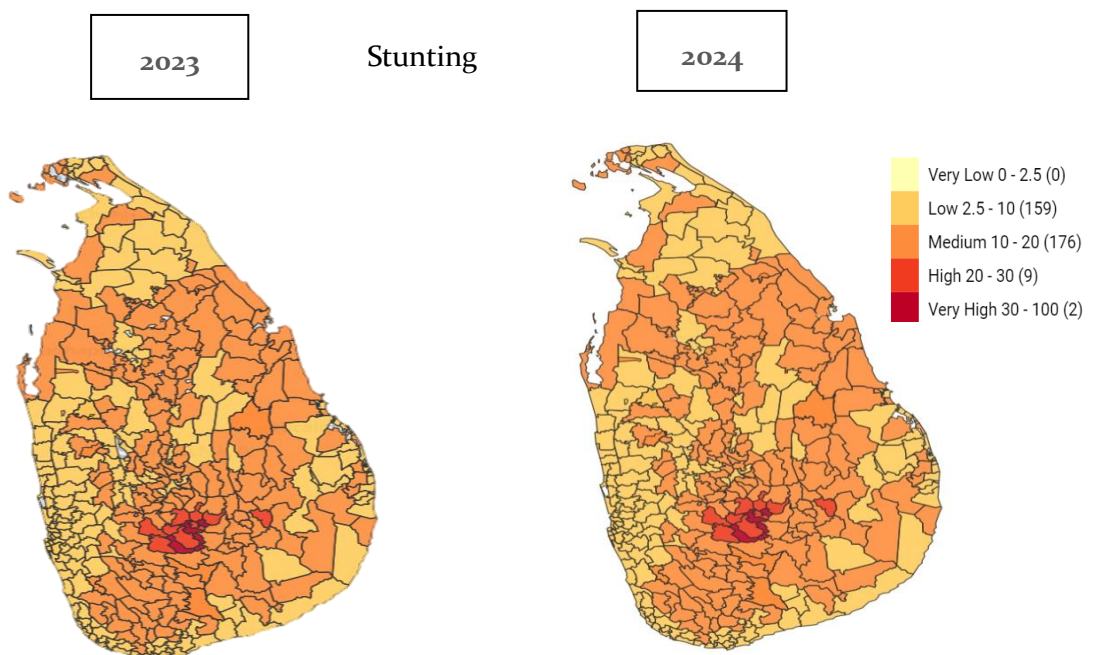
Source: eRHMIS 2024

Figure 17: Comparison of stunting among children under 5 years 2023 & 2024 by MOH areas

Maps were based on the WHO cut-off values for public health significance [Annexure 7.4]

3.1.11 Percentage of under 5 children with growth faltering in green/ light green zones

Faltering of weight (i.e. growth faltering) can occur due to acute deprivation of food or illness. Acute faltering will lead to wasting while continuation of it over a period of time may result in stunting. Therefore, improved early detection of growth faltering and timely interventions to reverse is a key intervention to prevent occurrence of all growth problems. In year 2024, only thirteen districts have been able to improve the identification and reporting rates of growth faltering of children growing in the 'normal' zone when compared to year 2023.

Source: eRHMIS 2024

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

3.1.12 Percentage of under 5 children with any growth problem

Children who were having **one or more** of given growth conditions were considered for this indicator as an approximate assessment of the burden for care provision; the conditions considered this year were growth faltering 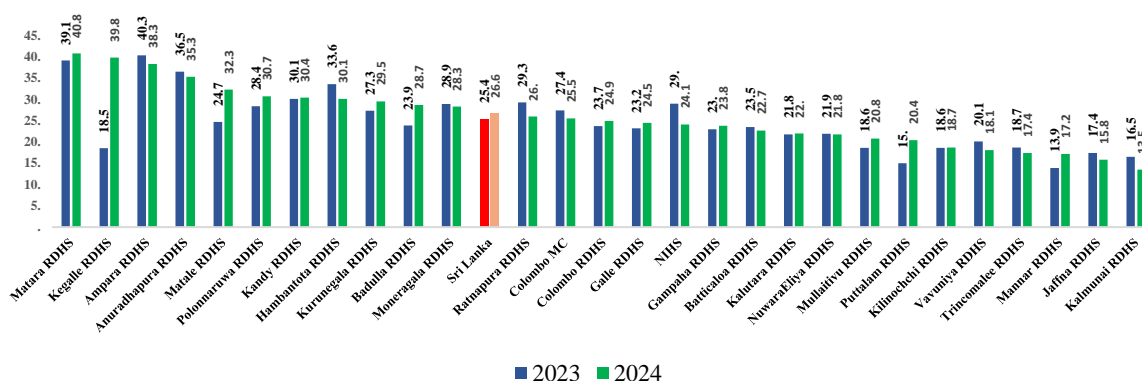in the green zone of the weight for age chart, underweight, stunting, wasting and overweight/obesity. In year 2024, 46.8% of children had any one of the above stated growth conditions to which growth faltering in the green contributes by a major proportion.
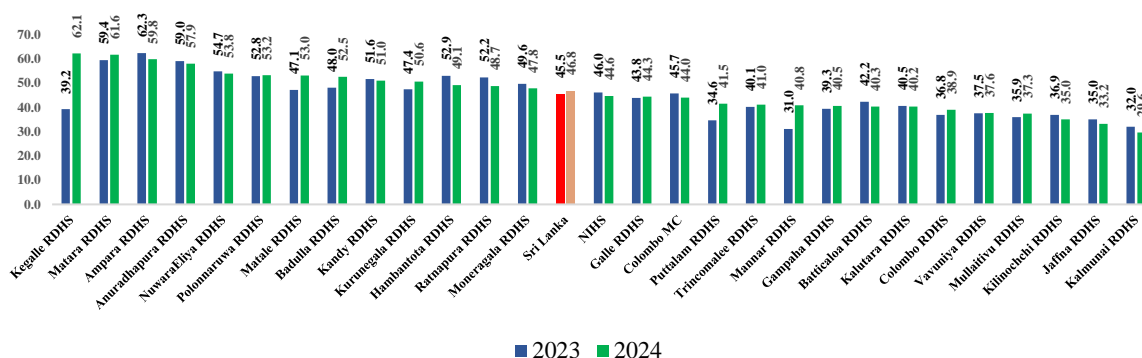
Source: eRHMIS 2024

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

3.2 Nutritional status of pregnant women

A comparison of routinely collected data on maternal nutrition was done using the electronic Reproductive Management Information System [eRHMIS] of FHB

3.2.1. Pregnant women with low Body Mass Index
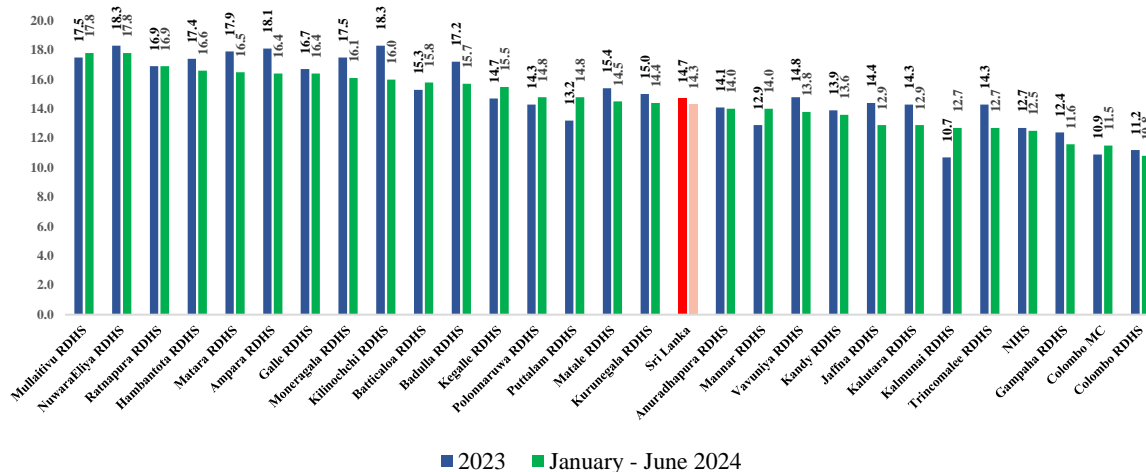
Source: eRHMIS 2024

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

According to routine data (eRHMIS), low body mass index [BMI] less than 18.5 kg/m² among pregnant women also have slightly reduced from 14.8% to 14.3% in 2024 in the country.

3.2.2. Pregnant women with Anaemia
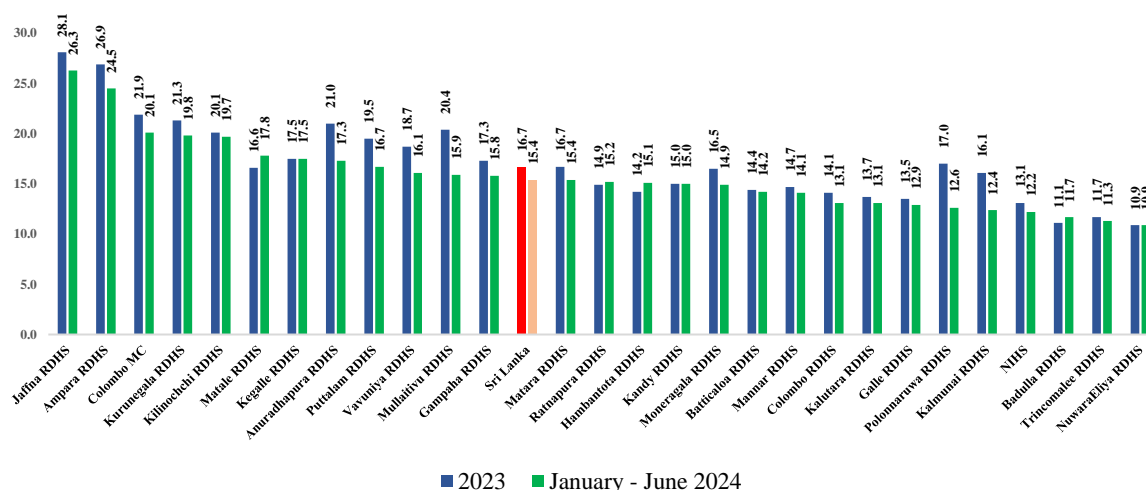
Source: eRHMIS 2024

Figure 21: Percentage of pregnant mothers with Hb less than 11g/dl before 12 weeks of POA
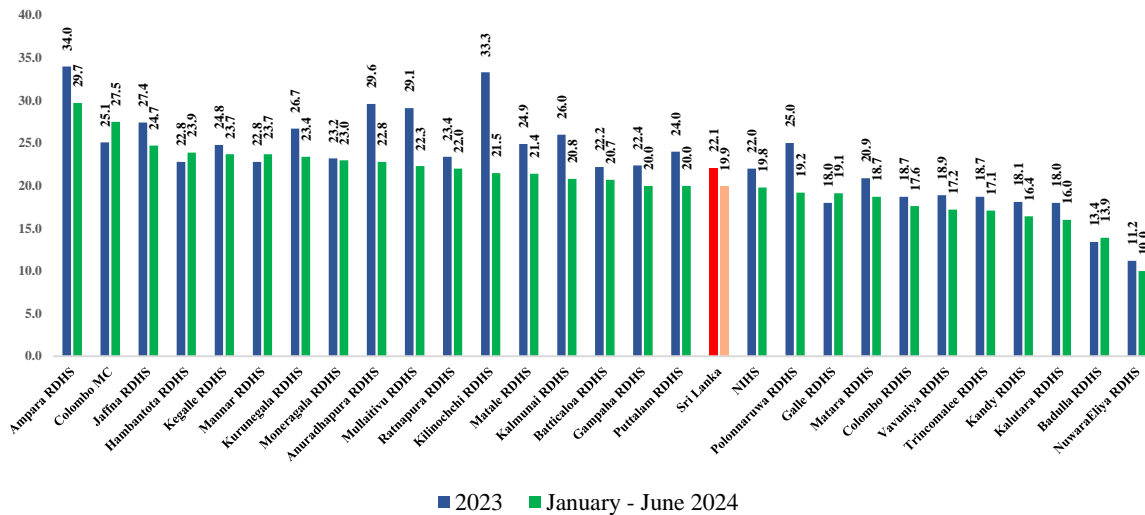
Source: eRHMIS 2024

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

Anaemia of pregnant women at the booking visit has also reduced from 16.7% in 2023 to 15.4% in 2024. At 26-28 weeks, anaemia rate of 19.9% was reported in 2024 which has reduced from 22.1% in 2023.

3.2.3. Low Birth Weight reporting
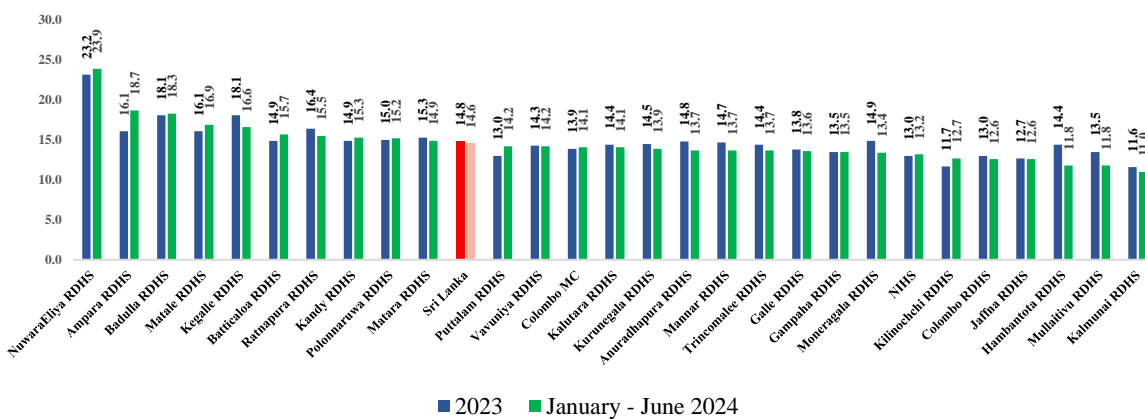
Source: eRHMIS 2024

Figure 23: Percentage of babies with low birth weight

Low birth weight [LBW] rate reported was 14.6% in 2024 slight reduction compared to the reported value of 14.8% in 2023. Highest LBW rate was reported from Nuwaraeliya which was 23.9%.

3.3. Nutritional status of school children

During the month of June 2024, a total of 211,904 school children in year 1, 4, 7 and 10 from 2,439 schools [students <200 1231 schools and students > 200 1208 schools] were examined Compared to last year number of students examined were 48,902 more than the number examined in 2023.

3.3.1. Wasting among school children

Compared to 2023, in 2024, an increase in wasting among all examined students [Grade 1, 4, 7 and 10] from 21.0% and 26.8% could be noted [Figure 24]. Same could be observed when compare wasting levels of Grade 10 students [Figure 25]. This increase in wasting needs to be further studied focusing more on data quality.
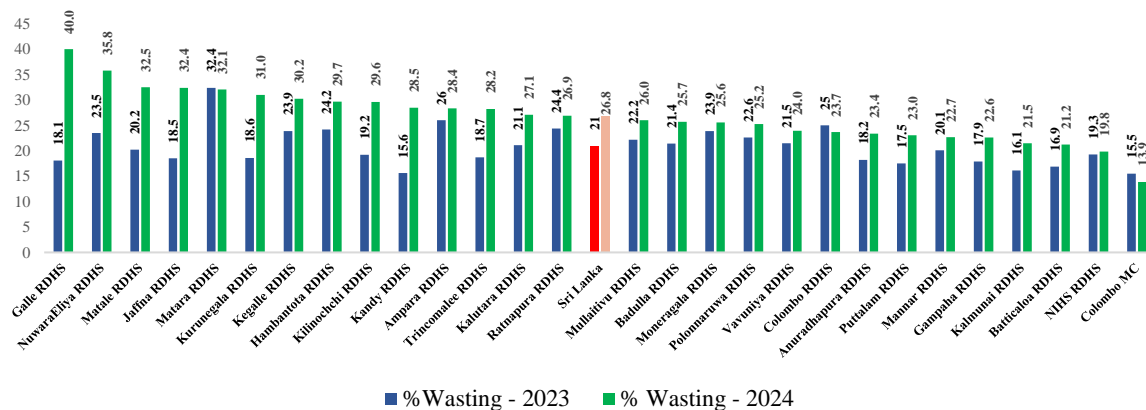
Source: eRHMIS 2024

Figure 24: Percentage of wasting status among students examined in 2023 and 2024

3.3.2. Comparison of wasting among Grade 10 students examined in 2023 and 2024
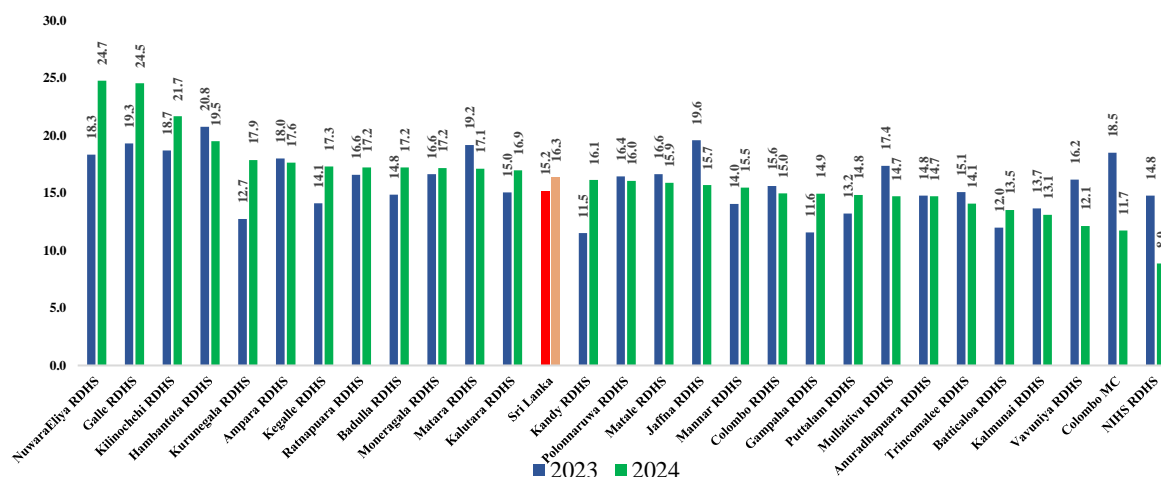
Source: eRHMIS 2024

Figure 25: Percentage of wasting status among Grade 10 students examined in 2023 and 2024

3.3.3. Obesity among school children

Obesity among school children also has increased from 2.7% to 3.1% [Figure 26]. Same was observed among Grade 10 students [Figure 27].
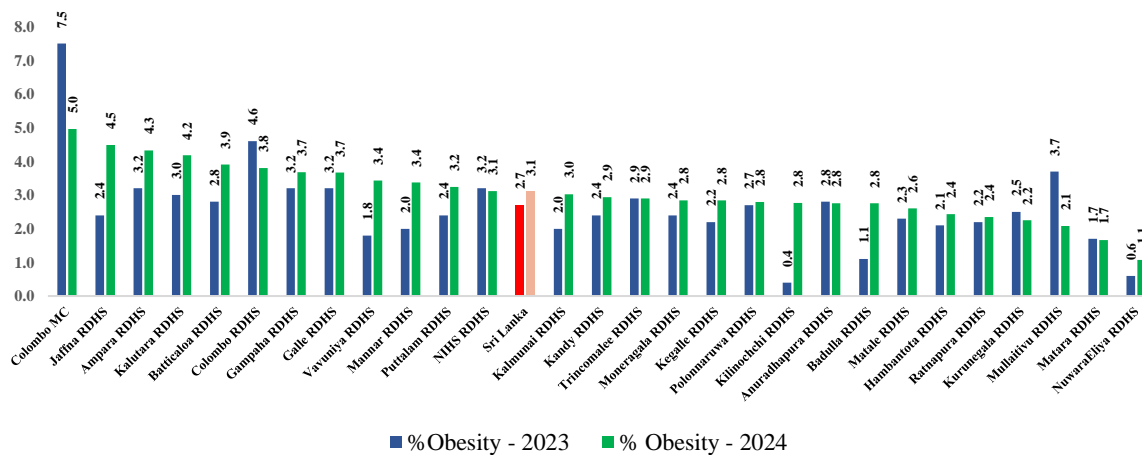
Source: eRHMIS 2024

Figure 26: Percentage of obesity status among students examined 2023 and 2024

3.3.4. Comparison of Obesity among Grade 10 students examined in 2023 and 2024
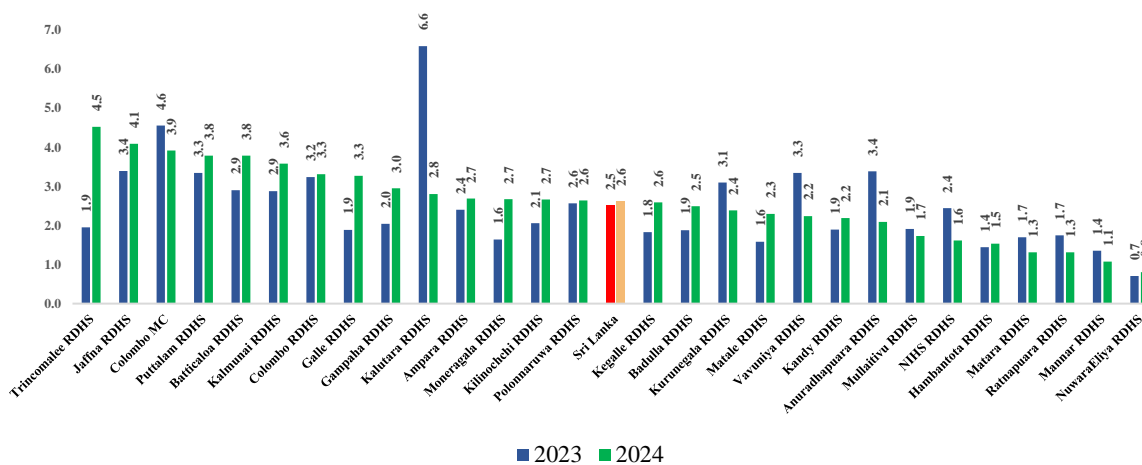
Source: eRHMIS 2024

Figure 27: Percentage of obesity status among Grade 10 students examined in 2023 and 2024

3.3.5. Overweight among school children

Overweight too has increased from 6.0% to 7.0% among the school children [Figure 28].Same could be observed among Grade 10 students [Figure 29].
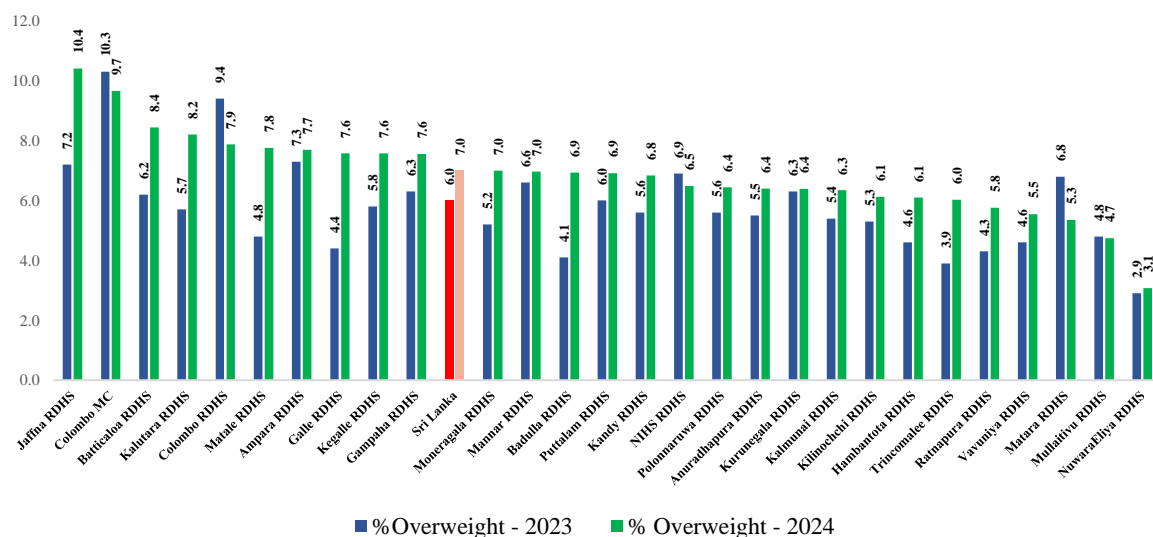
Source: eRHMIS 2024

Figure 28: Percentage of overweight status among students examined 2023 and 2024

3.3.6. Overweight among Grade 10 school children
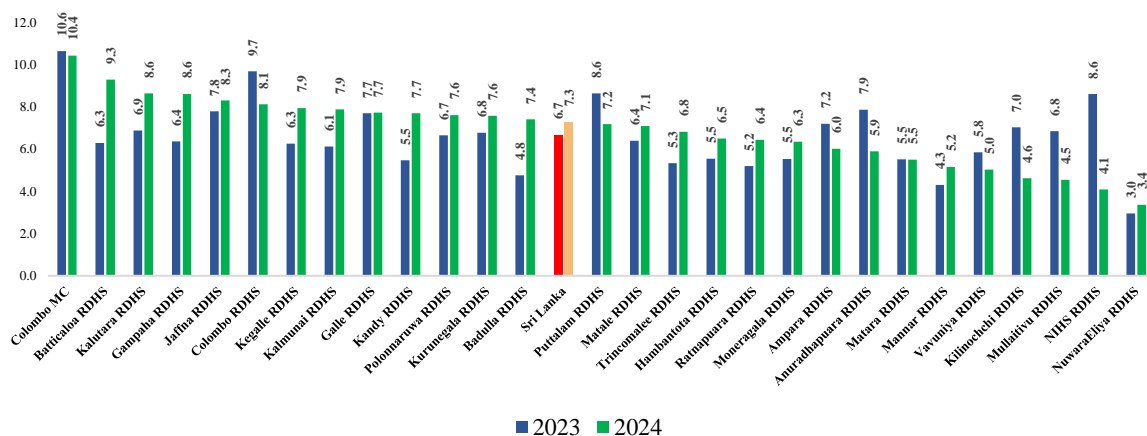
Source: eRHMIS 2024

Figure 29: Percentage of overweight status among Grade 10 students examined in 2023 and 2024

4. Summary

In summary, among children under five years of age, underweight has more or less remained the same in year 2024 when compared with year 2023, while wasting has reduced and stunting and overweight percentages have risen slightly. Early identification and reporting of growth faltering has seen a slight improvement year 2024 but needs further improvement [Figure 30].

Infants and children aged 1-2 years have shown a slight decline in underweight, wasting and stunting rates while this reduction is not seen in the 2-5 year old group.

Stunting rates among urban and rural sectors showing an increasing trend which needs more attention when planning interventions.

When comparing the geographical distribution of nutrition issues as shown in figures 14 and 15, areas which were highly affected in 2023 continue to be similarly affected in 2024 too, which needs to be given more attention.
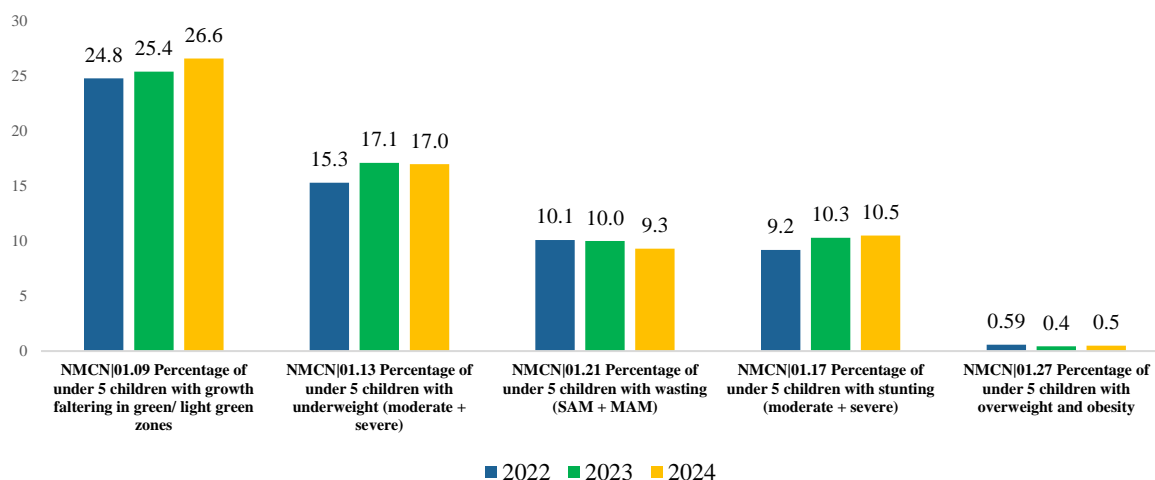
Source: eRHMIS 2024

Figure 30: Nutrition status of Children under 5 years

When the trends over the last 5 years are considered (2020 to 2024), underweight and stunting are on the increase, whereas wasting has reduced over the last 3 years. Overweight has gradually reduced until 2023 but has increased in 2024 [Figure 31].
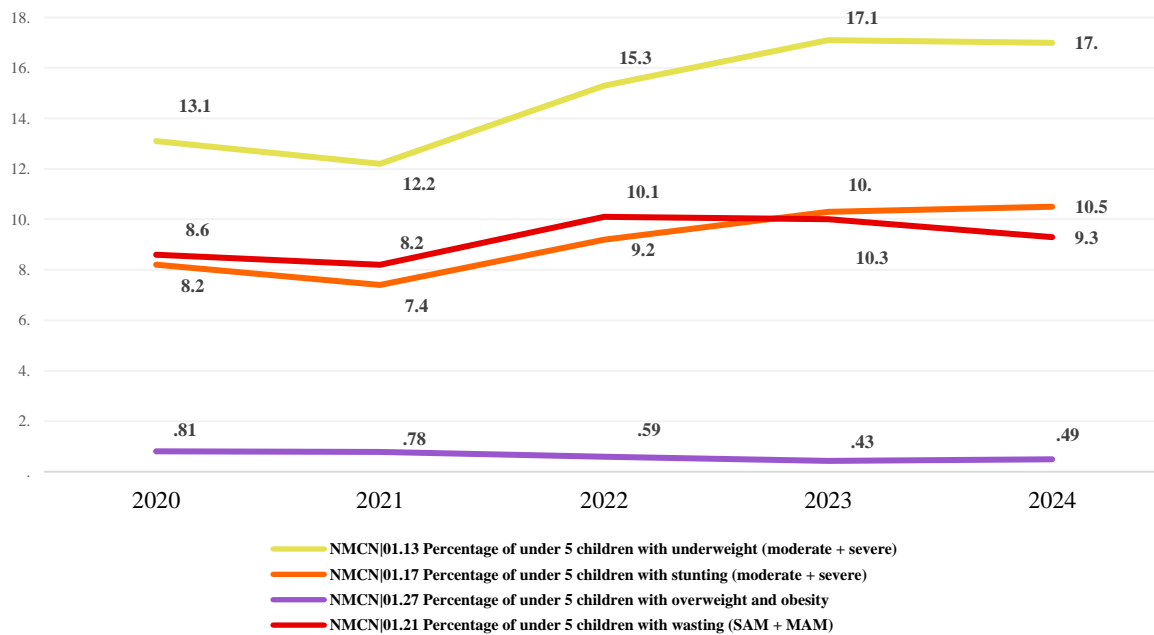
Source: eRHMIS 2024

Figure 31: Underweight, wasting, stunting and overweight trends of children under 5 from 2020 to 2024

The profile of the SAM children has revealed dietary shortcomings as a major finding among the SAM children. The SAM profile has revealed that 56% of SAM children were consuming unsuitable food items whereas 55.2% were consuming milk and milk products in addition to breast milk.

Considering the maternal nutrition status based on the routine data reported through eRHMIS, it was shown that indicators on maternal nutrition [low BMI, anaemia and LBW] have improved slightly compared to 2023 data. A detailed analysis of maternal nutrition status will be later presented by the Maternal Care Unit of the Family Health Bureau.

Nutrition status of school children need to be given more attention as both wasting and overweight/obesity have increased in 2024 compared to 2023.

5. Conclusions and recommendations

- Early identification and reporting of growth faltering need improvement. All districts should pay more attention to empower health staff with necessary knowledge and skills to improve early detection and reversal of growth (weight) faltering as a cost effective, practical and a sustainable measure of reducing wasting (both MAM and SAM), stunting and underweight. Identification of growth faltering early and providing individual counselling to address issues is a compelling need. E.g. improvement of age appropriate dietary practices including use of low-cost nutritious and healthy alternatives, counselling on feeding during illness etc.

- Stunting is more likely due to the persistence of growth faltering and longstanding deprivation of a balanced diet specifically a protein and micronutrient rich diet which may be the result of either deprivation of a nutritious diet or illnesses or both.

- Wasting has reduced in 2024. Dietary reasons were associated with the majority of SAM children (severe wasting), followed by acute/chronic illnesses. Health sector measures to prevent acute growth faltering which is the key intervention to prevent children from wasting should be further strengthened; Special care must be given to the low birth weight children to prevent them from becoming wasted and underweight after birth.

- Therapeutic feeding at hospital setting for SAM treatment (paediatric and clinical nutrition facilities and outreach clinics) should be streamlined and strengthened. Reaching the nutritionally vulnerable families with children with food aid may also have contributed to the reduction of wasting rates.

- Promotion of normal growth of children which is carried out through the Growth Monitoring and Promotion program of the Ministry of Health and monitoring of nutritional status of mothers and school children should be adequately supported. The availability of equipment to monitor and other facilities for public health staff should be ensured. Health staff should be equipped with necessary facilities to follow up these nutritionally vulnerable children more frequently according to the guidelines provided by the Ministry of Health.

- Vulnerable pregnant mothers, children under 5 years and school children need to be followed up frequently with domiciliary visits. Fuel/transport support for the public health staff is needed in order to monitor them closely and to intervene effectively.

- Conducting complementary feeding classes regularly for parents and caregivers by MOH staff and addressing growth faltering and early risk of overweight need to be given due priority by the health staff.

- Nutrition clinics at MOH level should be strengthened to address children with major growth problems who are in need of additional care.

- More attention should be drawn to strengthening early childhood care and development to ensure good parenting and responsive feeding.

- Provincial and district authorities should analyze MOH and PHM level data for action and improving the quality of data. Based on available data, vulnerable pockets to be identified and relevant information shared with non – health sector to target nutrition sensitive interventions to needy populations. In areas where there is an increase in wasting and stunting, further detailed analysis is needed by PHM area for identification of vulnerability factors specific to these areas.

- Considering the current situation of the country, with the period of high food inflation, measures to increase the variety of nutritious food in the daily diet of children is recommended.

- Tax concessions on essential food items required for good nutrition to enable a healthy and balanced diet for vulnerable children and pregnant mothers should be considered.

- Ensure sustainable funding mechanism for preschool and school midday meal programmes considering their importance in the current economic context.

- Actions to popularize locally available low-cost nutritious food items, including such items in the food aid packages and targeting the nutritionally vulnerable families for food aid are recommended. As a medium-term measure, efforts to improve home gardening, back yard poultry farming etc. can be implemented. At the same time more emphasis should be paid to strictly control promotion of nutritionally unsatisfactory/unhealthy food via implementation of strict legislations.

- Extreme caution should be exercised to refrain from including inappropriate food items such as commercial milk-based preparations and ultra processed food items in food aid programmes which can cause long-term irreversible damage both to health and the economy.

- The declining trend of over-weight and obesity among children under the age of five years seems to have reversed in 2024. Among school children also overweight is increasing. Imposing restrictions on excessively high calorie ultra processed food and carrying out intensified efforts to promote healthy lifestyles and healthy food behaviours is important.

- Support communication of correct media messages on optimum nutrition to the general public through electronic, print media and social media platforms.

6. Acknowledgement

- All Medical Officers of Health and their teams for their prompt response and successful completion of the task amidst many hardships

- All provincial and district directorates for their continuous support and leadership

- UNICEF Sri Lanka for assisting nutrition month activities with essential stationary.

- District MCH teams for their guidance, supervisions and close monitoring of whole task

- Director MCH and the team at FHB for the guidance

- All staff members in the Child Nutrition Unit and Monitoring and Evaluation Unit for providing the technical guidance, managing online database and timely analysis of data

7. Annexure

1. Number of children under 5 years with nutrition issues reported in each district 2024

RDHS	Number of under 5 children measured for weight	Number of under 5 children with underweight (moderate + severe)	Total number of children with SAM	Total number of children with MAM	Number of under 5 children with stunting (moderate + severe)	Number of under 5 children with overweight and obesity
Ampara RDHS	17302	3309	170	273	1955	77
Anuradhapura RDHS	60222	11935	629	1340	7079	358
Badulla RDHS	53536	10848	436	1040	7524	222
Batticaloa RDHS	47100	7332	304	799	4576	263
Colombo MC	20183	2878	226	485	1805	115
Colombo RDHS	76428	9041	428	1290	4809	475
Galle RDHS	60748	10528	619	1320	5366	360
Gampaha RDHS	115833	15994	994	2550	8232	720
Hambantota RDHS	43200	7278	291	752	4189	172
Jaffna RDHS	38905	5593	284	917	3787	207
Kalmunai RDHS	42100	5511	194	723	3619	181
Kalutara RDHS	50865	7883	362	977	4614	304
Kandy RDHS	85213	15376	622	1578	10093	386
Kegalle RDHS	46800	8523	344	911	4624	198
Kilinochchi RDHS	9782	1352	56	138	880	21
Kurunegala RDHS	98449	17701	930	2245	10177	355
Mannar RDHS	10524	1495	50	172	1072	44
Matale RDHS	32353	6028	322	609	3752	145
Matara RDHS	48739	9020	424	1000	4909	167
Moneragala RDHS	35687	5974	240	602	3855	159
Mullaitivu RDHS	8603	1255	49	146	761	22
NIHS	19082	2701	133	398	1616	205
NuwaraEliya RDHS	47735	12229	453	1089	11677	141
Polonnaruwa RDHS	29540	5715	252	612	3349	127
Puttalam RDHS	52905	8520	553	1107	5075	257
Ratnapura RDHS	65903	12470	549	1312	8086	310
Trincomalee RDHS	37519	6931	325	695	4799	143
Vavuniya RDHS	12216	1966	84	189	1258	89
Sri Lanka	**1267472**	**215386**	**10323**	**25269**	**133538**	**6223**

2. Comparison of number of school children measured in 2023 and 2024

RDHS	Students Examined in 2023					Students Examined in 2024				
	Grade 1	Grade 4	Grade 7	Grade 10	Total	Grade 1	Grade 4	Grade 7	Grade 10	Total
Ampara RDHS	227	235	365	355	1182	849	869	1020	980	3718
Anuradhapura RDHS	1703	1871	1321	1158	6053	1438	1519	1900	1817	6674
Badulla RDHS	806	934	1238	1162	4140	2327	2569	3184	3174	11254
Batticaloa RDHS	3169	2979	2528	2515	11191	2747	2340	2459	2248	9794
Colombo MC	410	478	423	395	1706	2489	2737	3426	2962	11614
Colombo RDHS	4231	5146	4083	4090	17550	3229	3870	2956	3351	13406
Galle RDHS	592	622	425	457	2096	2966	3268	2463	2511	11208
Gampaha RDHS	1825	2190	2745	2956	9716	3123	3721	3971	3624	14439
Hambantota RDHS	2610	2942	3237	3476	12265	2964	3312	3069	2740	12085
Jaffna RDHS	877	976	616	432	2901	582	588	767	734	2671
Kalmunai RDHS	2720	2594	2279	2086	9679	1912	1624	1579	1397	6512
Kalutara RDHS	813	885	549	600	2847	2189	2499	2020	1853	8561
Kandy RDHS	1787	2199	2663	2403	9052	2835	3219	3796	3103	12953
Kegalle RDHS	2108	2582	2692	2672	10054	2569	3101	2805	2789	11264
Kilinochchi RDHS	379	407	564	583	1933	555	496	590	563	2204
Kurunegala RDHS	2573	2853	3328	3348	12102	2999	3276	2489	2178	10942
Mannar RDHS	384	396	456	434	1670	661	606	549	466	2282
Matale RDHS	747	793	1231	1168	3939	704	759	1182	1002	3647
Matara RDHS	1827	1975	1773	1718	7293	3402	3541	3532	3193	13668
Moneragala RDHS	1211	1287	1173	1111	4782	1308	1288	1533	1387	5516
Mullaitivu RDHS	438	503	520	584	2045	463	432	561	462	1918
NIHS	469	643	796	860	2768	711	1023	986	1613	4333
NuwaraEliya RDHS	556	722	707	632	2617	1056	1213	1659	1370	5298
Polonnaruwa RDHS	1070	1216	1747	1573	5606	844	939	1096	985	3864
Puttalam RDHS	1236	1285	1169	1176	4866	1710	1815	1569	1295	6389
Ratnapura RDHS	1645	1893	2031	1960	7529	2202	2251	1835	1754	8042
Trincomalee RDHS	941	899	1103	1038	3981	1510	1252	1165	1216	5143
Vavuniya RDHS	314	309	467	349	1439	671	650	648	536	2505
Sri Lanka	**37668**	**41814**	**42229**	**41291**	**163002**	**51015**	**54777**	**54809**	**51303**	**211904**

3. Reporting rates of school health nutrition month activities

RDHS	2023	2024
Ampara RDHS	41.7	136.1
Anuradhapura RDHS	49.3	71.0
Badulla RDHS	39.2	94.1
Batticaloa RDHS	100.0	129.3
Colombo MC	8.5	41.3
Colombo RDHS	48.1	43.6
Galle RDHS	13.2	75.5
Gampaha RDHS	24.9	36.7
Hambantota RDHS	94.4	103.3
Jaffna RDHS	23.7	52.2
Kalmunai RDHS	93.8	89.8
Kalutara RDHS	23.5	57.8
Kandy RDHS	50.5	98.2
Kegalle RDHS	87.5	100.7
Kilinochchi RDHS	96.7	237.5
Kurunegala RDHS	41.4	53.5
Mannar RDHS	80.6	102.9
Matale RDHS	70.5	72.4
Matara RDHS	68.8	95.7
Moneragala RDHS	54.3	75.6
Mullaitivu RDHS	67.5	107.1
NIHS	50.0	92.1
NuwaraEliya RDHS	31.8	79.0
Polonnaruwa RDHS	67.5	68.6
Puttalam RDHS	48.2	81.0
Ratnapura RDHS	49.5	60.9
Trincomalee RDHS	77.4	101.4
Vavuniya RDHS	28.3	121.9
Sri Lanka	**49.0**	**73.4**

4. WHO Prevalence threshold levels

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

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