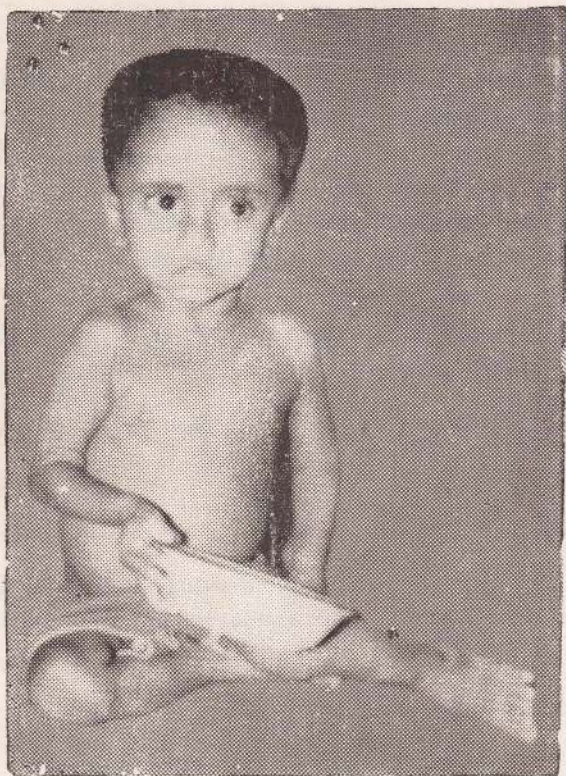


N<sub>1</sub> - Nutrition

# NUTRITIONAL STATUS OF THE PEOPLE OF JAFFNA DISTRICT - 1992



*Council of Non - Governmental  
Organisations - Jaffna District.  
100, Rasavinthodam, Jaffna.*



CLASS NO.	111
ACCN. NO.	

## *Chairman's Note*

We have pleasure in annexing the report No. 2 and report No. 3. submitted by the select committee appointed by the Council of Non - Governmental Organisation-Jaffna District together with the Report No. 1 submitted earlier. The reports present the Nutritional problem faced in this part of the Island, and we wish to stress the fact that soaring cost of food items has made it impossible for people to buy their required quantity. This has aggravated the situation in addition to the scarcity of food items.

We deem that the following scenario is sure to mobilise Universal support for our humanitarian effort.

**We unite and serve**

**Dr. T. Singarajah**  
Chairman

**Council of Non - Governmental  
Organisations - Jaffna District.**





Chairman's Note

We have pleasure in presenting to you the report of the  
Committee on the subject of the proposed  
amendment to the Constitution of the  
National Council of the American  
Library Association. The report was  
prepared by the Committee on the  
subject of the proposed amendment to the  
Constitution of the National Council of the  
American Library Association. The report  
was prepared by the Committee on the  
subject of the proposed amendment to the  
Constitution of the National Council of the  
American Library Association.

We hope that the report will be of  
service to the Association.

Very truly yours,

Dr. J. B. ...

Council of the  
American Library Association

# **CURRENT NUTRITIONAL STATUS OF POPULATION IN JAFFNA DISTRICT**

*Report No. 2 of The Committee Appointed By  
N. G. O. Council Jaffna.*

## **CURRENT NUTRITIONAL STATUS OF POPULATION IN JAFFNA DISTRICT UPDATE AS AT 20 - 12 - 1992**

Further to our report submitted to the NGO Council in May 1992.

The committee is submitting the update report on the Nutritional Status of the population. This report takes into consideration the following data

1. Cross sectional Nutritional Surveys done by Medical Officer of Health Jaffna Municipality.
2. Comparison of Monthly statistical report of MOH Municipality for 3rd quarter 1991 and same period in 1992.
3. A brief report submitted by Dr. N. Sivarajah regarding a survey done by a P. H. M. at ChanKanai in area of M. O. H. Manipay.

RDHS, Jaffna has not sent in his statistics at the time this report was prepared.

## **REPORT FOR M. O. H., JAFFNA MUNICIPAL AREA**

### **Nutritional study by MOH-Jaffna as at 14th December 1992 Nutritional Status of the population**

This has been pointed out in all our situation reports submitted so far and continues to be an urgent priority.

**Nutritional Survey done on 10 th October 1992  
among pre-schoolers in western section of the city**

PHM Area	No. of children weighed	No. below 60% per age	Below 3rd % Quarter	80%
Wd.01	41	04	9.7%	18
Wd.03	113	04	3.5%	55
Wd.19	155	12	7.8%	75
Wd.20	238	27	11.3%	166
Wd.21	136	04	2.9%	91
Wd.12	84	02	2.3%	44
Wd.04	55	02	3.6%	22
Wd.07	83	01	1.2%	55
Wd.08	68	01	1.4%	27
Wd.02	65	01	1.5%	34
Wd.09	30	01	3.3%	20
Wd.07	68	00	00	45
Ref.C.G.Th.	138	13	9.4%	89
	1,274	72		141

## SUMMARY

% below 60% weight for age	5.7%	\$	% below 80% Weight for age	\$ 58%
(Third degree malnutrition)		\$	2 degree malnutrition	\$

**Table II**

Comparison of Nutritional status of Infants and pre-schoolers % below 80% of weight for age for 3rd quarter 1991 / 1992 ( based on MSR )

% below 80% weight for age	3rd Quarter 1991	3rd quarter 1992
Infants	27%	37%
Pre-schoolers group 1 1 - 2 yrs.	44%	57%
Pre-schoolers group 2 3 - 4 yrs.	54%	66%

**Nutritional status of pre-schoolers and Infants. J.M.C. area.**



**2. Brief Report on study from Chankanai submitted by Dr. N. Sivarajah of Faculty of Medicine, Jaffna.**

An interesting study was carried out by a Family Health worker (FHW) in the Manipay Health Area ( Chankanai ). She estimated the nutritional status of the Children (1 - 4 years old) in two refugee camps and a village in her area using the midarm circumference as a measure. She found that 60% of those in the village and 74.5% of those in the refugee camps were malnourished, shows that malnutrition has spread to the villages too.

**OBSERVATIONS**

It will be seen that the problem of malnutrition among pre-schoolers continues to be a problem needing urgent attention. The above statistics indicate the nutritional status of one of the main risk groups in the population. This is a good indicator of the state of the rest of the population.

The main reasons for the continuing deterioration of the nutritional status in the population are :

- i) Unemployment, under employment and displacement resulting in low or nil purchasing for extras needed to have a balanced diet.
- ii) The governmental subsidy or free issues for the displaced is not enough for the "Survival Needs". The deficiency make the situation worse.
- iii) Destruction of home steads and the environment of fear psychoses prevents people from making efforts of home gardens / Animal husbandry projects.
- iv) No effective supplementary feeding programmes or therapeutic programmes have been carried out either by governmental / Non governmental organisations. Prior to 1990 N G O O like Redd Barna, SCF, FORUT, Sarvodaya had been carrying out Nutritional progra-

mmes on a much larger scale (under FRSS Programmes). The need at present is more urgent than in 1990 period.

The Thripasha programme has not been carried out even for identified beneficiaries as at 1990 with the increasing need it is observed that all our efforts to effectively re-start the programme has been a failure to date.

V. Fishing / Agriculture activities are at a stand-still or minimal resulting in increased dependency among the population.

Vi. Damaged unusable toilets has worsened the situation prior to 1990 49% of the house - hold in RDHS Jaffna had toilets with no construction work since 1990 due to lack of cement the situation gets worse day by day.

The latrine subsidy programme of the D. H. S. is not implemented since 1990. Due to the above facts soil pollution increase worm infestations and bowel disorders creating a vicious cycle of events to the detriment of health status of the population.

## RECOMMENDATION

As given in our report 1. We would like to repeat the following recommendation for immediate implementation.

1. Residential feeding intervention for children severely malnourished (Acutely malnourished and those with 3 PEM) and follow up at home.
2. Refresher Courses for FHWS on the problem of malnutrition and nutrition intervention.



3. Make Thriplosa available at all clinics for malnourished children and pregnant and lactating mothers.
4. Ensure regular supply of vaccines and proper storage.
5. Continuous monitoring of nutritional levels and intervention whenever necessary.
6. Encourage
  - Goat rearing
  - Poultry rearing
  - Home Gardening and supply - seeds  
Fertilizer
7. Health Education Programme on
  - Worm infestation
  - Diarrhoea prevention
8. Assistance in
  - Fishing
  - Agriculture
  - ect.

## Annexure

Report 1. of the Committee.

## SELECT COMMITTEE APPOINTED BY COUNCIL OF NON GOVERNMENTAL ORGANISATIONS - JAFFNA DISTRICT

1. Dr. N. Sivarajah  
MBBS DTPH. MD.,  
Senior Lecturer in Community Medicine,  
University of Jaffna.
2. Dr. R. Theivendran  
MBBS. MSC ,  
Medical Officer of Health,  
Jaffna.

3. Dr. C. S. Natchchinarkiniyan.  
MBBS.  
Senior Lecturer in Community Medicine,  
University of Jaffna.
4. Mr. K. Balakrishnan,  
Assistant Director of Planning,  
Jaffna Secretariat.
5. Save the Children Fund (UK) Representative.
6. FORUT Representative.

30 th December 1992

Report No : 3

Since release of the 2nd report we have received the data from RDHS Jaffna in the state of Malnutrition of preschool children in Jaffna District. (Reference RDHS letter PHA/ 3 / 92 - 74 of 21 - 12 - 92)

The Summary is given below :

**1) Nutritional Survey of Refugee Camps. (All MOH areas)**

Total No. of Camps - 163	No of camps screened - 150
No. of Preschool children screened	- 6636
No. Malnourished	- 3176
% Malnourished	- 47.8%
1st Degree	
(Below 80% to 71%) Weight for age	- 22.6%
2nd Degree	
(70% - 61%)	- 16.3%
3rd Degree Below 60%	- 8.0%



## 2. Survey done in Child Welfare Clinics ( All health areas ) HEALTH STATUS OF PRESCHOOLERS - JAFFNA DISTRICT

Percentage of malnourished children seen at clinics ( Pre - school )	1986	1987	1988	1989	1990	1991
( 1—2 years ) • Number weighed	8437	12963	46799	15959	31236	38982
Number below 3 rd	1190	2930	16713	5028	8782	14775
Percentile % Malnourished	14.1	22.6	36	36.9	28.1	37.9
<b>Pre - School (2-5) Years</b>						
Number weighed	1514	7785	16784	10124	17644	8783
Numder below 3rd	266	1567	4835	3393	5133	3900
Precentile % Malnourished	17.56	20.12	29	33.5	29.0	44.4

This reflects the nutritional status of preschoolers attending the Clinics only.

### 3. Nutritional Survey of Preschool Children Attend Preschools in Jaffna District

Total No. of Preschools in the area	-	440	
No. of Preschools Screened	-	379	
No. of children screened	-	10526	
No. Malnourished	-	5575	52.9%
1st Degree (80% - 71%)	-	2972	27.8%
2nd Degree (70% - 61%)	-	1927	18.3%
3rd Degree below 60%	-	666	6.3%

### 4) Nutritional Survey in Day Care Centres - Managed by Voluntary Organisations

No. of Day Care Centres	-	25	
No. Surveyed	-	22	
No. of children screened	-	609	
No. Malnourished	-	417	68.4%
1st Degree 80% - 71%	-	261	42.6%
2nd Degree 70% - 61%	-	122	20.0%
3rd Degree below - 60%	-	35	5.7%

### Observation

The Statistics provided by RDHS covers the district. The findings are further proof of the deteriorating nutritional status of the population. The disastrous consequences of this could be as follows:

- 1) Short Term: Increased morbidity / mortality among the population particularly the risk groups ( of mothers, child - ren disabled and the geriatric population )
- 2) Long Term - effects of Physical Stunting, Mental retardation of the future generation of the community is inevitable if the trend is not checked.

Hence it is recommended the immediate action be taken as given in our reports No. I & II.



# **A REPORT ON THE CURRENT NUTRITIONAL STATUS OF THE PEOPLE IN THE JAFFNA DISTRICT**

## **Introduction:**

The members mentioned in annex 1 were requested by the Representatives of the Non Governmental Organisations ( NGO ) who met on 13 - 03 - 92 to submit a report on the current nutritional status of the people in the Jaffna District.

The committee decided to study the followup surveys and reports which were available in order to evaluate the nutritional status.

1. Nutritional survey conducted by the SCF ( UK ) at Ketpali Refugee Camp, Chavakachcheri.
2. Study of children and mothers in the refugee camps in the Jaffna Municipality. Conducted by the MOH Jaffna ( Dr. R. Theivendran )
3. Quarterly return of PHI's sent to RDHS Jaffna.
4. Data provided by the GA Jaffna on availability of food in the Jaffna District.
5. An analysis of birth weights of children born at GH Jaffna during the period August — October 1989 compared with the period Aug. — Oct. 1991 carried out by SCF ( UK ) and SLRC ( Jaffna Branch )

Since most of the studies have been concerned with children and mothers this report refers mainly to children and mothers.

## **1. Nutritional Survey at Ketpali**

This Survey was carried out in February 1992 among children in the Ketpali refugee camp. The refugee camp had

360 children under 5 years and 92% of them were included in the study. Weight for height / length was used as a criterion to measure the current nutritional status. 6.8% of the Pre-School children were below 80% of the standard weight for height and were considered malnourished.

When the weight for age of these children were considered the percentage malnourished was 67.7%. A summary is given in Table 1.

Table 1: Level of Malnutrition at Ketpali Refugee Camp

Age	% under weight	
	Wt / Ht	Wt / Age
Under 1 year	2.9%	
1 - Under 5 years	6.8%	67.7%

## 2. A Study of Children and Mothers in Refugee Camps in the Jaffna Municipality

This study was carried out in October 1991 in 12 refugee camps within the Jaffna Municipality. In this study 752 children under 5 years, 138 pregnant mothers and 103 lactating mothers were examined.

The children whose weights were on the lower line or below it in the growth chart used by the Ministry of Health were considered malnourished. The percentage malnourished was as follows.

under 1 yr. — 41%  
1 — 5 yrs. — 73%

All the 138 pregnant mothers and 103 lactating mothers were identified as anaemic on examination by the Tallquist chart and on clinical examination



### 3. Data from Returns Sent by MOHs to RDHS Jaffna

The Data from six of the 8 MOHs areas for the period, October to December 91 were analysed. The data for MOHs areas Kayts and Kilinochchi were not available.

The percentage of malnourished children were as follows.

under 1 yr.	— 16.2%
1 - under 5 yrs.	— 26.1%

### 4. Data Provided by GA Jaffna on Availability of Food in the Jaffna District.

Out of the wealth of data on food availability provided by Mr. K. Balakrishnan A. D. Planning of the Jaffna Kacheheri two important food items ( Rice and Fish ) were taken for consideration.

It was reported that during 1991. 56,000 metric tons of rice was available for the people ( 10,000 metric tons were from local production, 15,000 brought by NGOs and local traders and 31,000 metric tons provided by the Department of Essential Services ) This was only 71% of what was required according to national availability in 1989 ( Food Balance sheet 1989, Dept. of Census and Statistics 1990 )

One of Jaffna's main industries had been fishing and fish had been the main source of protein for the people. The annual catch had been about 33,395 metric tons and the annual need is about 6,605 metric tons. However the present annual catch is only 1094 metric tons, which is only 16.6% of the need for the Jaffna people. The prices of fish has also increased by 3 - 5 times.

### 5. Analysis of Birth weights of children born in General Hospital (Teaching) Jaffna during the last quarter of 1991 was compared with the Birth weights of children born during the last quarter of 1989.

It was found that 19% of the children born in 1989 were below 2500 G. While in 1991 the percentage rose to 23% resulting in a 25% increase in the incidence of Low Birth weight.

The difference was statistically significant.

### Conclusions:

The assessment of the nutritional status of a community could be carried out using.

1. Anthropometric measurements like measuring
  - Weight for Height
  - Weight for Age
2. Bio Chemical investigations like
  - Measurement of haemoglobin levels in the blood
3. Food availability
4. Chemical examination for signs and symptoms of malnutrition. It has been found that during the famine in Sri Lanka in 1971, the age groups most affected by lack of food were the children and elders.

Similarly it had been found that there was growth retardation among German children during the two world wars.

Hence with the present war and the shortage of food, a certain degree of malnutrition is to be expected.

The function of the committee had been to quantify the extent of malnutritions and suggest measures to arrest the trend if necessary.

Two measures weight for height and weight for age have been used as indices of malnutrition in children. The former measures only acute malnutrition and the latter measures low weight irrespective of the height.



Immediate intervention with food supplementation is essential in the case of children who have lower weight for height and long term interventions are necessary in most of the cases of children who have lower weight for age.

### **Acute Malnutrition ( weight / height )**

According to the Ketpali study 6.8% of the children 1 — 4 years were under weight. In 1977 the rate for Jaffna district was 3.7%.

### **Second and Third Degree Protein — Energy — Malnutrition ( Weight / Age )**

Measurement of weight for age to identify malnutrition is the common measure carried out in this country. This is incorporated into the growth chart used in clinics by the Ministry of Health. This gives a measure of the weight irrespective of the height. All children below the lower line in the growth chart are considered to be malnourished ( and corresponds to 2° & 3° Protein energy malnutrition according to Gomez' classification )

The Data obtained from the Ketpali study was transferred to the growth chart and the percentage of children 1 — 4 yrs malnourished was estimated and is compared below with the findings in the Jaffna Municipality.

Ketpali study	— 67.7%
Jaffna MC	— 73%

The prevalence of 2° & 3° PEM appears to be similar in both these studies.

The prevalence of 2° and 3° PEM in 1977 in the Jaffna District was 32.5% indicating that the prevalence has doubled as in the case of acute malnutritions.

However the data obtained from the PHI's quarterly returns to RDHS differ greatly from the above studies and should be interpreted with caution.

Data available with the RDHS does not reflect the true Nutritional status of Pre-School children because.

1. The data is collected only from children who attend the clinics, which was only 29% of the total population 1-4 yrs. old
2. The children 1-4 years, attend clinics only once at 18 months ( For DPT/dio ) Children above this age are probably not included in this data and the prevalence of malnutritions is high among children in this age group.
3. Due to the non availability of Thripasha or substitutes, malnourished children do not attend the clinics regularly.

### Anaemic among Pregnant and Lactating Mothers

It is reported that almost all the Pregnant and Lactating mothers in the refugee camps in the Jaffna Municipality are suffering from anaemic while the corresponding figure in 1977 was 15% (3).

### Low Birth Weight Infants

The increase by 21% in the birth of low birth weight infants is very significant. Maternal malnutrition could be a contributory cause to the higher incidence of low - birth weight children.

All data available indicate that there is a downward trend in the nutritional status of children and pregnant and lactating mothers and probably in the general population. Although it is not an enormous problem at present there is an unmistakable downward trend in the nutritional status. In order to arrest this trend preventive action must be taken now. Tomorrow may be late and will certainly be more difficult.

It should be emphasised that the task of arresting the downward trend in the nutritional status is an enormous one and NGO's alone will not be able to shoulder the task. The



state should also take immediate positive steps in the intervention suggested, later in this report.

The NGO's are already carrying out some intervention programme some of them are.

1. Supplementary food assistance to paediatric unit of General Hospital Jaffna by SCF ( UK )
2. Supply of ' Jeevaharam ' to refugee camps by SCF ( UK )
3. Supplementary food assistance to children in pre - schools by YMCA, FORUT, TRO, RRF (83), Sarvodaya, TRRO, Redd Barna.

It is possible that several other NGOs may be undertaking intervention programmes but the committee was not aware about them.

### Recommendations

In addition to the above the following intervention are recommended.

- 1) Residential feeding intervention for children severely malnourished ( Acutely malnourished and those with 3° PEM ) and followup at home.
2. Refresher Courses for FHWS on the problem of malnutrition and nutrition intervention.
3. Make Triposha available at all clinics for malnourished children and pregnant and lactating mothers.
4. Ensure regular supply of vaccines and proper storage.
5. Continuous monitoring of nutritional levels and intervention whenever necessary.
6. Encourage — Goat rearing  
— Poultry rearing  
— Home Gardening and supply — Seeds  
— Fertilizer

7. Health Education Programme on
  - Worm infestation
  - Diarrhoea prevention
8. Assistance in
  - Fishing
  - Agriculture
  - ect.

## Reference

1. Department of census Statistics - Statistical profile of children - 1977 - Sri Lanka; Department of Census and statistics 1978 Colombo.

01 - 06 - 1992.

Sgd. Dr. N. Sivarajah



Annex 1

## Members of the Committee

**Dr. N. Sivarajah (Chairman)**  
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**Mr. M. Thambithurai,**  
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