

Report of the

Training Program on Nutrition and Non - Communicable Diseases for Youth Leaders

Conducted by



In Collaboration with

Ministry of Health & Indigenous Medical Services

&

National Youth Services Council

Funded by

SUN CSN YOUTH GRANT

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IV. Abbreviations

ADIC – Alcohol and Drug Information Centre

BMI – Body Mass Index

CCP – Consultant Community Physician

CSO – Civil Society Organization

DHS – Demographic and Health Survey

HPB – Health Promotion Bureau

MoH – Ministry of Health

MSAPN – Multi Sector Action Plan

NCD – Non –Communicable Disease

NYSC – National Youth Services Council

SUN CSA - Scaling Up Nutrition Civil Society Alliance

SUN CSN – Scaling Up Nutrition Civil Society Network

SUN PF – Scaling Up nutrition People’s Forum

Introduction

The Scaling Up Nutrition Civil Society Alliance of Sri Lanka established in the year 2014. It is made up of representatives from national/ international non-governmental organizations, Civil Society organizations at local level, professional organizations and individuals who are actively engaged in scaling up nutrition interventions in the country. Scaling Up Nutrition Civil Society alliance of Sri Lanka is currently having its network of Civil Society Organizations in 17 districts. The purpose of SUN CSA is to create an effective, strong, and vibrant well-coordinated civil society network that promotes and contributes to sustainable improvement in the nutritional status of the population.

It is timely needed to get the involvement of younger generation for scaling up nutrition of the community because they are the future leaders of the country. Therefore as an organization SUN PF closely works with youth. Our responsibility is to make an environment for youth to work with responsible parties in health and nutrition sector. National Youth Services Council (NYSC) is the main government institute which is working for youth. Therefore this project was implemented with the collaboration of the NYSC. There are 26 District Boards of Youth Clubs functioning under the NYSC and 334 Regional Boards of Youth Clubs and 13028 Youth clubs are there throughout the Island. Also there are number of Civil Society Organizations (CSOs) functioning throughout the Island and there are youth members working along with the CSOs. We decided to involve youth from Youth Clubs as well as who are working with the CSOs to our programme. NYSC and SUN Civil Society Network provided support to coordinate the participants. Ministry of Health and Indigenous Medical Services (MoH) and few other organizations provided technical support for the programme.

At present there are many problems related to nutrition in Sri Lanka and the prevalence of Non - Communicable Diseases (NCDs) is one of the major health issue. This project was implemented with the objective of empowering youth who are working in Youth Clubs and CSOs to control the NCDs by improving the nutritional status of the community. SUN PF already conducted two programmes (one in Sinhala Medium and the other in Tamil Medium) and trained a total of 122 youth in nine districts. This is the 3rd phase of the programme to extend the above training to another eight districts.

1.1. Objective

Empowered and improved the knowledge and skills of youth leaders to conduct programmes to prevent NCDs and to improve the nutritional status of the community.

2. Rationale

NCDs are the reason for over 80% of premature deaths in developing countries such as Sri Lanka (MOH, 2018). NCD rank among the top 10 causes of premature deaths in Sri Lanka and 70 percent of the disease burden in Sri Lanka is due to non-communicable diseases. According to the WHO statistics, in Sri Lanka, non-communicable diseases (NCDs) cause more than three quarters of all deaths and nearly 1 in 5 people die prematurely from NCDs. Then NCDs has become a significant health problem in Sri Lanka. Although government and other parties working to overcome this problem, still it has not solved and the prevalence of NCDs are increasing day by day. Therefore more interventions are needed to control this situation. Although non-communicable diseases in the past were common among adults over the age of 40 years, today the prevalence of non-communicable diseases are increasing among young population as well. But still young population does not pay much attention on this issue as they think that these are disease they need to face later on of their lives. The Figure 1, Shows the prevalence of different NCDs in Sri Lanka (DHS, 2016).

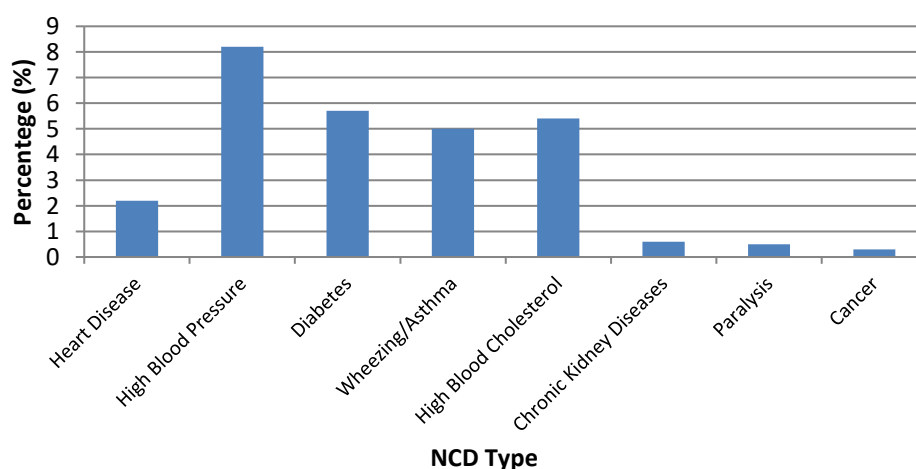


Figure1. Prevalence of NCDs in Sri Lanka

When consider about the causes of the NCDs, inappropriate dietary habits, sedentary life style, mental stress, usage of tobacco and alcohol, and genetic factors are the major reasons. However, if we adopt a proper lifestyle, it is possible to reduce the risk of non-communicable diseases. It is important to prevent non communicable diseases before they occur and prevention once it started is difficult. Further curative services spend a significant

amount of budget on NCDs every year. Further NCDs also affect the quality of life of the patients.

NCDs are directly affecting on the economic and development of the country in two ways. When these NCDs increase, the government will have to allocate more resources to health sector which could have been used for development of the country. As well as people in Sri Lanka are living longer but they live more years with NCDs. As a result of that their contribution as the working population of the country is reduced.

Proper nutrition is the secret of a healthy life. It helps on prevention of NCDs too. Young population has many unhealthy dietary habits and lifestyle patterns which could cause to poor nutrition. Ministry of Health and some private sector organizations contribute significantly to a number of nutrition interventions programmes. But still there are many issues in the country. When considering about the malnutrition, in addition to the under nutrition we talk about, the over nutrition too is becoming an issue. The Figure 2 shows the prevalence of some nutrition problems among under five years children in Sri Lanka (DHS, 2016).

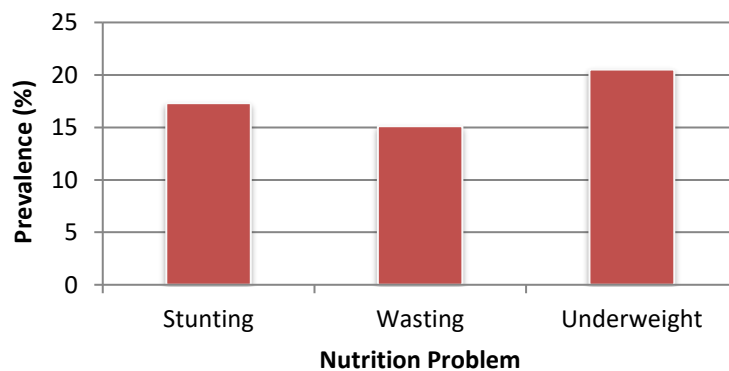


Figure2. Nutrition Status among Under 5 years children in Sri Lanka

Nutrition problems in childhood if goes uncontrolled will affect them for the lifetime. Youth are the future parents. Therefore they must be made aware about these issues.

Youth leaders who are working in Youth Clubs and CSOs have a good working capacity, skills and interest for social work. They are involving in many kinds of social activities. So we can gather their energy to prevent NCDs and improve the nutritional status. Through this programme participants receive several benefits as they are able to change their lifestyles towards healthy way and they can train other members in the society as well. They can organize programmes at the grass root level and can work as a network at district level and

national level with the Ministry of Health and other responsible parties. SUN PF hopes to coordinate, monitor and support them on continuous basis.

3. Details of the Programme

3.1. Summary of Programme Information

- **Theme:** “Young Leaders for Nutrition”
- **Target Group:** Youth Leaders who are working in Youth Clubs and CSOs
- **Media:** Sinhala
- **Dates:** 10^t, 11th and 12th of March 2020
- **Venue:** Head Quarters, Lanka Jathika Sarvodaya Shramadana Sangamaya, Dhamsak Mandiraya, Rawathawatte, Moratuwa.
- **Number of Participants:** 46 (29 Male Participants and 17 Females participants)

3.2. Information of the participants

Total number of 46 youth leaders participated for the program from 11 districts representing Youth Clubs and civil society organizations.

Table 1. Information of the participants

Organization	District	Number of Participants	
Representing Youth Clubs of the NYSC	Matara	5	35
	Badulla	3	
	Kandy	6	
	Kegalle	6	
	Vavuniya	3	
	Ampara	3	
	Puttalam	5	
	Trincomalee	4	
Representing Civil Society Organizations	Hambantota	4	11
	Ratnapura	4	
	Monaragala	3	
Total			46

3.3. Contents of the Programme (Key Areas Covered by the Programme)

1. Non - Communicable Diseases
2. Basic Nutrition
3. Prevention of usage of Alcohol, Drugs and Tobacco
4. Physical Activities
5. Communication and Organizing programmes
6. Entertainment and Mental Relaxation
7. Preparation of Healthy Food
8. Preparation of Multi Sector Action Plan

3.4. Partners of the Programme

- ❖ Ministry of Health and Indigenous Medical Services
 - Non - Communicable Disease Unit
 - Nutrition Division
 - Health Promotion Bureau
- ❖ Ministry of Sports
- ❖ Nutrition Society of Sri Lanka
- ❖ National Youth Services Council
- ❖ Alcohol and Drug Information Centre, Sri Lanka (ADIC Sri Lanka)
- ❖ Scaling Up Nutrition Civil Society Network

4. Programme Description

4.1. Registration and Inauguration Ceremony

All the participants were registered before starting the programme and they were provided with a T-shirt, bag, stationery and subject related materials such as leaflets, booklets and BMI charts. We arranged meals and accommodation for participants and a travel allowance was also provided.

The programme was started with an inauguration ceremony with the participation of staff from the Ministry of Health, National Youth Services Council, SUN PF and District Coordinators of the SUN CSA. After lighting traditional oil lamp Dr. Terrence de Silva who is the Project Director of the SUN PF welcomed all and Mrs. Dilka Rashmi Peiris, Chairperson of the SUN CSA briefly introduced about SUN PF and the training program. After the inauguration ceremony the programme was handed over to Dr. Shanthi Gunawardene for the first session of the programme about NCDs.



Figure 3. Lighting Traditional Oil Lamp



Figure 4. Welcome Speech by Dr. Terrence de Silva

4.2. Introduction about the SUN PF and Network Building

Participants were made aware about SUN PF, the functions of the SUN PF and how can they join the SUN PF to assist conducting the programmes. They were also given a comprehensive understanding of the program, the purpose of the program and about the other sessions. Eleven District Coordinators were recruited from eleven districts for the purpose of convenience of coordinating with us at future events. The aim is to build up a network of young leaders across the country who will be involved in enhancing the nutrition

of the community. We provided a registration form to each Youth Club/CSO for the registration in SUN CSA (*Annexure I*). Further we discussed with participants regarding their future plans after this program, including implementation of MSAPN which was made at the final session of the program. This was also an opportunity to motivate them towards actively participate for this program and understanding their



Figure 5. Introduction on SUN PF

responsibility in preventing NCDs and enhancing nutrition status of the community.

4.3. Pre - test and post – test

A question paper was given to participants before starting the programme to assess the knowledge of youth leaders on NCDs and Nutrition. The question paper contained 20 MCQ questions related to the subjects which were covered during the programme. (*Annexure II*) Same question paper was used for post - test at the end of the programme to measure the improvement of knowledge through the programme.

Table 2. Scored Marks of the pre-test and post-test (out of 20)

Pre – test (n= 34)	Post- test (n=46)
13.17	15.52

4.4. Technical Sessions

The programme consisted of several sessions which were linked to each other to cover related areas of nutrition and NCDs. We arranged those sessions in the timetable so as to maximize the productivity whilst managing the time over a limited period of three days. (*Annexure III*) We could get the support of most qualified resources persons from relevant institutes. There was a discussion after each of the session and participants were allowed to ask questions. Some of them discussed about their current health related programmes with the relevant resource persons.

4.4.1. Non communicable Diseases

Resource Person: Dr. Shanthi Gunawardene,
Consultant Community Physician, NCD Unit, Ministry of Health

This was the very first and one of most important session of this programme. General awareness and knowledge of youth regarding the NCDs were not at satisfactory level. As a result their awareness and attention was not sufficient on the NCDs. Therefore the purpose of this session was to make them aware of the NCDs and to convince their social responsibility to obtain their contribution for preventing NCDs. Following areas were covered by the session.



Figure 6. Awareness on NCDs

- Introduction about NCDs and Different types of NCDs
- Prevalence of NCDs at National Level and District Level
- Risk Factors of NCDs
- Impact of NCDs
- Prevention

4.4.2. Basic Nutrition

Resource Person: Dr. Lakmini Magodaratne (CCP)
Director, Nutrition Division, Ministry of Health

Proper Nutrition is very important for young generation and it is directly related with NCDs. Majority of young population are following unhealthy dietary habits that will cause NCDs in later life. The session covered 2 major topics under the nutrition.

1. Food based dietary guidelines

Participants were made aware on food based dietary guidelines. It is important for changing their dietary habits and lifestyle in a healthy way and to focus on the important points when they organize programmes.

2. National Nutrition Policy

National Nutrition policy was formulated in 2010 by Ministry of Health and SUN PF supported in National Nutrition Policy revision in 2019. As the young leaders who are working for scaling up nutrition of the community it is essential to get an idea about national nutrition policy. Civil Society Organizations also have a role in implementing this National Nutrition Policy. So participants were made aware about it and how they could help about the implementation of the policy.



Figure 7. Session on Basic Nutrition

4.4.3. Activity on Food Groups

Participants were divided into five groups and each group was provided a set of cards that containing different kind of food items. Each group was allowed to divide their set of cards into five categories as energetic food, food important for growth, food important for



Figure 8. Activity on Food Groups

immunity and unhealthy food. After finishing the activity each group presented about their food groups and explained the basis of their categorization and the staff corrected and supported when needed.

4.4.4. Session about dietary data tools

Since the participants are going to hold nutrition programmes in their villages it is important having a basic knowledge about dietary data collecting tools because we use dietary data to estimate the nutrient intake of a person. If these youth leaders have knowledge on that it may be useful for them to help others to have a balance diet and we can use them in research too. In this session participants were made aware on different types of dietary data collecting tools and we demonstrated about taking 24 hours recall. Participants were

provided 24 hour recall sheets (*Annexure IV*) and asked to take a 24 hour recall from a friend working as a pair.

4.4.5. Measuring BMI and maintaining the body weight

Obesity is one of the major causative factor which effects on NCDs. Some youth were found to have followed wrong ways to increase or decrease their body weight, such as using supplements without a prescription from a doctor.

In this session weight and height of the each participant was measured and BMI value was calculated. They were informed their current status according to the weight for height as normal, underweight, overweight or obese and guided to maintain normal BMI range. Some of them individually got advice from the resource persons. Since they are group of leaders who are going to carry the nutrition messages to the community they should have normal BMI as example for others.



Figure 9. Measuring Body Height

In addition participants were trained to measure the body weight and height in proper way using weighting scale and stadiometer and learned to calculate the BMI using BMI meter.



Figure.10. BMI Chart

4.4.6. Physical Activities

Resource Person: Ms.Chamali Rajapaksha
Physical Activity Instructor, Ministry of Sports

Sedentary life increases the risk of obesity and NCDs. Although many people have a high calorie intake they do not have enough physical activities. Same time young people spend long time in front of television or computer. Most people do not have a good understanding as to how they should do physical activities effectively. In this programme participants were trained on stretching, aerobic and various



Figure 11

exercises and physical activities for a healthy life. The instructor explained the theory part also during the physical activity sessions.



Figure 12



Figure 13

Figure 10, 11 and 12. Session on Physical Activities

4.4.7. Preparation of Healthy and Nutritious Food

Resource Person: Mrs. Velonika
Chef, Shangri La Hotel, Colombo

Today awareness is not enough to improve the community nutrition. Changing behavior, dietary habits and attitudes are much important. Purpose of this particular session was to train youth leaders to prepare variety of healthy food by



Figure 14. Cooking Demonstration on Healthy Food

using locally available food. The resource person demonstrated three recipes during the session and taught to prepare some other nutritious food also. The three recipes that she demonstrated during the session were Manioc Roti, Cinnamon Drink and Fish salad. The participants could learn about preparation of food in a tasty way with the minimum use or without using sugar, salt, fat and artificial flavors and colors.

Apart of that this session there was an opportunity to discuss about the home gardening. The participants were made aware on importance of preparing food using locally available underutilized food items which contained a higher nutritional value. Youth leaders actively

participated for the cooking and all got chance to taste the recipes which were prepared. They are able to prepare those in their homes and also teach the others.

4.4.8. Prevention of Usage of Alcohol Drugs and Tobacco

Resource Person: Mr.Amaranath Tenna
Alcohol and Drug Institute Centre, Sri Lanka

In 34 percent of households, at least one member smoke tobacco and another 29 percent use smokeless tobacco, whilst in 37 percent of households at least one member currently consumes alcohol and less than one percent have used either ganja (0.4 percent) or heroin (0.1 percent) (DHS, 2016). Usage of alcohol and tobacco cause to NCDs and various complications such as respiratory diseases, kidney diseases, liver failure and sexual impotence. Similarly, young people are addicted to drugs which can make them physically and mentally impaired. This will paralyze the future generation and the workforce of the country and adversely affect the development of the country. Consumption of alcohol, smoking and drug usage also indirectly affect on malnutrition in addition to risk of getting non-communicable diseases as it misuses the money available to purchase nutritious food to the family.



Figure 15. Session on Prevention of Alcohol and Drugs

and effectively using a variety of tools such as leaflets, videos, which enabled the SUN PF to create a team of young leaders who could successfully meet the above expectations.

It is timely needed that young leaders come forward to save the youth and the entire society from this disaster. When youth get involved, responsible parties can conduct drug prevention programs effectively. This session was conducted with the aim of empowering the youth to achieve this objective. Our resource person facilitated the program efficiently

4.4.9. Communication Session

Resource Persons: Dr. Gamini Samarawikrama and Mr. Dhammika Liyanage
Health Promotion Bureau, Ministry of Health

This session contained two main components consisting of different kind of activities.

1. Effective Communication and Organizing Nutrition Programmes

As mentioned in the earlier, one of the main objective of this programme is to make skilled youth team leaders to promote good nutrition among community and obtain the contribution of youth to prevention of NCDs. Accordingly they have to carry the health and nutrition messages to the community and organize programmes. Communication skills are much important as participants should properly use what they learned from the programme. Several topics were covered through the activities including identifying best way to transmit the messages, Leadership and team work and organizing nutrition programmes effectively and efficiently.



Figure 16

2. Entertainment and Mental Relaxation

Mental Stress also a risk factor for NCDs including hypertension. Entertainment is essential for everyone and it causes mental relaxation. Participants were trained on stress management and importance of mental relaxation to prevent NCDs. Participants got the opportunity to present their skills during the session



Figure 17



Figure 18



Figure 19

Figure 15,16,17 and 18 Activities of the Communication Session

4.4.10. Summing-up of overall program and Development of Multi Sector Action Plan

Resource Person: Mrs.R.P.M.Sandamali (Nutritionist)
Programme Specialist, Child Fund Sri Lanka
Secretary, Nutrition Society of Sri Lanka

Summing-up of overall program

Youth leaders who participated in the programme could attend in different sessions related to NCDs and Nutrition. The aim of this particular session was to sum-up all the sessions and clarify link between each session to work them at the grass root level for preventing NCDs and improve the nutritional status of the community. Participants could get clear idea about how they could use the knowledge which they gathered from each session. It was used for the MSAPN development also. In this session participants worked as groups and finally identified eleven key messages from the overall programme that they could carry to the society and consider as the base when they are planning programmes.



Figure20. Summing Up of Overall Programme

Development of Multi Sector Action Plan

This was a much important session because participants prepared an action plan to implement in their areas at the end of programme. First our resource person provided some insight on the project management to the participants. She discussed about the project cycle, proposal writing and the basics of programming what they would need to conduct projects.

Participants were divided in to eleven groups district wise and each group allowed to



Figure21

identify main nutrition and NCD related issues in their areas. One major issue selected from each district with the support of staff was taken to prepare an action plan to overcome the identified issue. The resource person properly facilitated and guided for development of the action plan step by step and all other staff supported for this. Each group

presented their action plan and Mrs. Sandamali provided further ideas and corrected the plans when needed. Finally eleven action plans were prepared for eleven districts and participants were advised and guided to write a proposal and handover to SUN PF. We informed them that the SUN PF is ready to assist them for implementation of their action plans and SUN PF continuously monitor the progress.



Figure22



Figure23

Figure 20, 21 and 22. Preparation of MSAPN

4.5. Awarding Certificates

At the End of the program participants were awarded a certificate for participation. Dr. Terrence de Silva thanked all who contributed, supported and participated at the programme.



Figure24. Certificate for Participation



Figure25. Awarding Certificates



Figure26. Group Photo of the Participants with SUN PF Staff

5. Discussion

This three day training program was able to train 46 strong young leaders who could actively contribute to improve the community nutrition and prevent non communicable diseases. They were eager to work on it during the program, which was further confirmed by the feedbacks and action plans that they prepared. So the next step is collecting their proposals which are going to prepared based on the action plans and implementing them. In addition the youth network also can be used for health and nutrition activities in the future.

Current BMI Status of the Participants

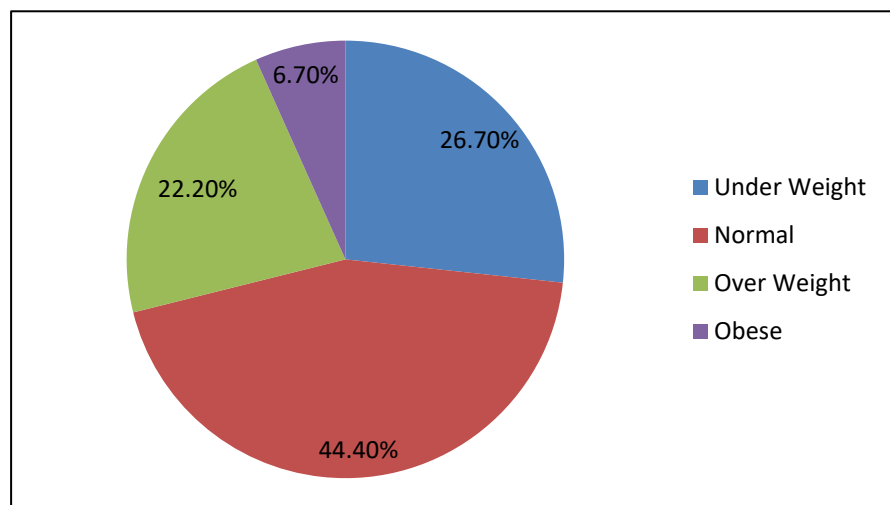


Figure27. BMI Status of the Participants

Out of 46 participants 45 participants were measured their BMI. According to the above figure.27, 26.70% of the participants were underweight while 22.2% were obese. Therefore nearly 55% of youth who participated to the programme had not normal BMI. These measurements are according to the Asian cutoff values as shown in Table.03.

Table.3. BMI Cutoff Values for Asians

BMI (Kg/m ²)	Status
Below 18.5	Under weight
18.5 – 22.9	Normal
22.9 – 24.9	Over weight
Over 25	Obesity

MSAPN Action Plans

Eleven action plans were prepared for eleven districts to overcome nutrition related problems or to control the NCDs. The summary of the action plans are as follows:

Table 4. Topics of the action plans developed by youth from 11 districts

No.	District	Topic of the Action Plan
1	Hambantota	Reduce the physical and mental problems of school children due to missing breakfast and create a healthy future generation.
2	Ratnapura	Reduce the prevalence of non-communicable diseases in the Ratnapura District due to negligence in obtaining a healthy and balanced diet.
3	Monaragala	Promote healthy meals among school children
4	Vavuniya	Preventing drug use at an early age, which may increase the risk of non-communicable diseases in the future
5	Kegalle	Raising awareness among civil societies to reduce the percentage of youth addicted to drugs and to promote a healthy diet.
6	Matara	Increase the consumption of fruits and vegetables among youth
7	Badulla	Raising awareness among farmers and the community on the use of safe food and water and minimum usage of chemicals in agriculture to reduce the incidence of kidney disease.
8	Ampara	Proposing solutions to responsible parties for the causes of poor quality food consumption and help to create a healthy generation through nutritious food consumption.
9	Puttalam	Conduct alcohol, drugs and tobacco eradication programmes in Puttalam District
10	Trincomalee	Working with responsible parties to eradicate narcotics from school children and youth community in Trincomalee District
11	Kandy	Reducing the number of patients hospitalized for non-communicable diseases and changing the erroneous lifestyles of the adult and youth community causing non-communicable diseases.

References

- Sri Lanka Demographic and Health Survey, 2016. Department of Census and Statistics and Ministry of Health
- WHO (2020) Sri Lanka noncommunicable diseases profile (online) Available from: WHO (2017). Data source and inclusion criteria WHO: Assessed from <https://www.who.int/beat-ncds/countries/sri-lanka/en/> [accessed 03/04/2020]

Annexure I Registration Form

SUN CSA Registration Form						
Name of the Youth Club						
Contact Details	Address					
	Phone Number					
	Fax Number					
	Email					
	Web Site					
Years of establishment						
Details of the President		Name				
		Sex (please Tick)	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
		Contact Details	Land			
			Mobile			
		Email				
Organization Registration details		Registration type				
		Registration Number				
Geographical coverage area						
Sector/s organization working						
Organizational Involvement in Nutrition Sector		Current				
		Past				
		Future Plans				
Number of staff/members		Staff	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
		Members	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
Reasons for joining SUN People Forum						
Preferred way of communication		email/ post/ telephone call				
Recommendation : By Divisional secretariat, Regional Director of Health Service, Medical Officer of Health						
This is to recommend that above named Youth Club is working in the area.						

Name of the Person		Signature:
Designation		
Name:	Signature:	Date:

Annexure II
Question Paper

Training Programme on Nutrition and Non-Communicable Diseases for Youth Leaders

Questionnaire for Assess the Knowledge on Nutrition and NCDs

Name:



❖ **Underline the correct answer.**

- 1) What are the nutrients which responsible to provide energy and important for the growth of the body?
a. Protein and vitamins
b. Carbohydrates and protein
c. Lipids and vitamins
d. Minerals and protein
- 2) What is not a non-communicable disease among the following?
a. Diabetes
b. High blood pressure
c. Cholera
d. Cancer
- 3) What is the beneficial fat for heart patients?
a. Fat in fish
b. Palm oil
c. Coconut oil
d. Fat in butter
- 4) What is the nutrient/nutrients important to protect the body from diseases?
a. Fat
b. Protein and lipids
c. Vitamins and minerals
d. Carbohydrates
- 5) What is a protein-rich food?
a. Bread
b. Banana
c. Goṭukoḷa
d. Egg
- 6) What is the healthy maximum amount of salt that can consume per day?
a. 5 teaspoons
b. 2 tablespoons
c. 1 tablespoon
d. 1 teaspoon
- 7) What is the minimum types of vegetables, fruits and green leaves consumed per day?
a. 2
b. 3
c. 5
d. 8
- 8) What is a disease caused by vitamin A deficiency?
a. Pelagra disease
b. Night blindness
c. Goitre
d. Anemia

- 9) What is the minimum amount of water needed for a healthy adult per day?
- a. 1-2 glasses
 - b. 3-4 glasses
 - c. 7-8 glasses
 - d. 10-12 glasses
- 10) What is not a way to get extra iron into the body?
- a. Eating a sour fruit after taking main meals
 - b. Add lime to melluma or green salad
 - c. Drink tea or coffee after taking the main meal
 - d. Consume meat, fish or dry fish daily
- 11) When we should add iodized salt into our meals?
- a. Before cooking
 - b. During cooking
 - c. Immediately after removing from fire
 - d. After getting cooled after removing from fire
- 12) What is the healthy body mass index (BMI) range (Kg/m²) ?
- a. Less than 18.5
 - b. 18.5 - 22.9
 - c. 23 -24.9
 - d. 25 - 29.9
- 13) What is not a habit to be followed by a person with high blood pressure?
- a. Avoid high intensity activities doing for a long time
 - b. Increase the salt usage
 - c. Engage in religious activities to reduce the stress
 - d.Reduce the use of oily food
- 14) What is the maximum limit of sugar needed for a healthy adult?
- a. 6 teaspoons
 - b. 5 tablespoons
 - c.10 tablespoons
 - d. 10 teaspoons
- 15) What should be the minimum time to do exercises daily for a healthy life?
- a. 2 hours
 - b. 20 minutes
 - c. 10 minutes
 - d. 30 minutes

16) What is the wrong sentence among these following sentences?
a. Food such as yoghurt and curd contains good bacteria which are useful for digestive system

b. Consuming fiber-rich foods daily increases the harmful cholesterol level

c. It is appropriate to eat one egg per day for average healthy person

d. The harmful use of alcohol causes kidney and liver failure

17) What is not a method to protect the nutrients in food?

a. Selecting new fruits and vegetables

b. Cooking for a long time

c. Wash vegetables and green leaves before cutting into small pieces

d. Not keeping fruits and vegetables for a long time after cutting or cooking

18) What is not a reason to increase the risk of cancer or the occurrence of cancer?

a. Tobacco use

b. Reuse the used oil over and over again to prepare deep fried food

c. Colorants and flavors in food which are available in the markets

d. Antioxidants in fruits

19) Benefits of vitamins and minerals are,

A - Important for the immune system in the body

B - Prevent constipation

C – For bone growth and healthy bones

a. A, B and C

b. A and B

c. Only A

d. A and C

20) What is the optimal waist circumference for male and female accordingly,

a. Less than 32 inches and less than 36 inches

b. Less than 30 inches and less than 42 inches

c. Less than 35 inches and less than 40 inches

d. Less than 32 inches and less than 37 inches

Annexure III
Programme Schedule

Programme Schedule – Training Programme on Nutrition and NCDs for Youth Leaders	
Time	Topic/Session/Activity
Day 01, 10th March of 2020	
12.00 p.m.	Registration of the Participants
12.30 p.m. – 1.30 p.m.	Lunch
1.30 p.m. – 2.00 p.m.	Pre-Test
2.00 p.m. – 3.00 p.m.	Inauguration Ceremony (Welcome and Introduction)
3.00 – 3.30 p.m.	Tea Break
3.30 p.m. – 6. 00 p.m.	Session on Non Communicable Diseases
6.00 p.m. – 8.00 p.m.	Time to Ready and Dinner
8.00 p.m. – 9.30 p.m.	Introduction about SUN PF and Registration of the Youth Clubs
Day 02, 11th March of 2020	
5.30 a.m. 7.00 a.m.	Session on Physical Activities
7.00 a.m. – 8.30 a.m.	Time to Ready and Breakfast
8.30 a.m. – 10.00 a.m.	Session on Basic Nutrition
10.00 a.m. – 10.15 a.m.	Tea Break
10.15 a.m. – 11.00 a.m.	Activity Session on Food Groups
11.00 a.m. – 1.00 p.m.	Cooking Demonstration on Preparation of Healthy Food
1.00 p.m. – 2.00 p.m.	Lunch
2.00 p.m. – 4.00 p.m.	Session on Prevention of usage of Alcohol, Tobacco and Drugs
4.00 p.m. - 4.15 p.m.	Tea Break
4.15 p.m. – 5. 15 p.m.	Measuring Body Weight and Height and Session for Make Aware on BMI
5.15 p.m. – 6.00 p.m.	Session on Dietary Tools
6.00 p.m. – 7.30 p.m.	Time to Ready and Dinner
7.30 p.m. – 10. 30 p.m.	Session on Communication
Day 03, 12th of March 2020	
5.30 a.m. -7.00 a.m.	Session on Physical Activities
7.00 a.m. – 8.30 a.m.	Time to Ready and Breakfast
8.30 a.m. – 10.30 a.m.	Summing Up and Development of MSAPN
10.30 a.m. – 10.45 a.m.	Tea Break
10. 45 a.m. – 12. 15 p.m.	Development of MSAPN (Continue)
12. 15 p.m. – 12. 45 p.m.	Post - Test
12.45. p.m. – 1.30 p.m.	Awarding Certificates and End of the Programme
1.30. p.m.	Lunch

Annexure IV
24 Hour Dietary Recall Sheet

24 Hour Dietary Recall

Name of the Responder:

Address:

Age:

Sex: Male Female

Telephone Number:

Specialties (pregnant, Disabled or other):

Was yesterday a normal day for you? Yes No

Time	Place	Food	Description about Food	Amount	The amount if left