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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு
Ministry of Health & Mass Media

Circular No: 01 - 47 / 2025

All Provincial Directors of Health Services
All Regional Directors of Health Services
All Heads of Health Institutions

Implementation of Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health (RMNCAYH) Services in Affected Areas During the Emergency Phase of a Disaster Situation

This circular will replace the circular letter no 02-08 / 2011.

In the emergency phase of disaster situations, all public health staff should adhere to the following instructions and all heads of curative institutions should facilitate the implementation.

1. Make sure PHMM maintain communication with all pregnant mothers.

2. In disaster-affected areas, map hospitals with resources to provide basic and comprehensive obstetric and newborn care and inform about the possible emergency admissions.

3. Identify the following categories of vulnerable pregnant, postpartum mothers and newborns and direct them to a safer place with immediate access to a hospital; If not, admit them to the nearest hospital following communication with the Director/ MS / MOIC.
   i. Pregnant mothers with POA > 36 weeks.
   ii. Pregnant mothers who are at high risk of pre-term labour.
   iii. High-risk pregnant mothers needing close medical attention (eg, Hypertension, Diabetes).
   iv. Postnatal mothers and newborns – less than 7 days, premature and low birth weight if the last recorded weight is less than 2.5Kg, the presence of a complication of the mother or newborn.
   v. Ensure rooming in (always keep the baby and mother together).

385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත, කොළඹ 10. 385,வணக்கத்துக்குரிய பத்தேகம விமலவங்ச தேரோ மாவத்தை, கொழும்பு 10.
385, Rev. Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka.

4. RMNCAYH service provision,

i. Hospital delivery has to be ensured for all antenatal mothers.
ii. In case of an unavoidable emergency field delivery,
    a. Ensure skilled attendance at birth.
    b. Admit the mother with the newborn urgently to a hospital.
iii. Assess all antenatal and postnatal mothers, newborns, infants and children for danger signals and direct them to the nearest hospital accordingly. (List of danger signals in Annex I)
iv. Coordinate with local disaster management teams to ensure accessibility for pregnant and postnatal mothers who are in displaced camps, trapped in homes and in other locations for appropriate referral to the closest hospital.
v. Provide essential care through mobile clinics till the routine care is established.
vi. Coordinate with local/ district/ national disaster management teams and relevant stakeholders to ensure continuous medicinal and other essential supplies.
vii. Ensure micronutrients are made available for the affected MCH target groups.
viii. Ensure prevention of neonatal hypothermia.
ix. Ensure exclusive breastfeeding up to 6 months and continued breastfeeding up to 2 years or beyond with safe and appropriate complementary feeding.
x. Provide Thriposha / Supplementary foods (100g per day) as complementary food for infants 6 -12 months and young children.
xi. If supplementary food is not available, a suitable cereal-based product (without added sugar) can be provided during the acute phase – see annex II for details.
xii. Ensure availability of contraceptives such as oral pills, DMPA injectables and condoms.
xiii. Ensure security and protection for female-headed households and girls/ women without family protection.
xiv. Make arrangements for early childhood developmental activities, including play spaces for early learning opportunities for children.
xv. Provide psychological support for those who are affected.
xvi. Identify and support children and adolescents at risk of separation, neglect and abuse, including children with autism and neurodevelopmental disabilities.
xvii. Adhere to guidelines and circulars given by the Epidemiology Unit for prevention, early detection and management of Communicable diseases.
xviii. Ensure child safety- Shelters free from hazards (loose wires, unstable structures), away from flood water, contaminated areas, landslide risk zones, and provide mosquito nets.

5. Displacement Camp Management

i. Appoint a health coordinator for each camp and maintain continuous communication with them.
ii. Conduct a rapid assessment and get the basic information of pregnant and postpartum mothers, newborns, children, and adolescents in the camp.
iii. Ensure the safety and dignity of women, girls and vulnerable communities while maintaining responsiveness.
iv. Liaise with local/ district/ national disaster management teams to ensure provision of adequate and safe food with special emphasis on infants and young children.
v. Engage adolescents and youth groups in service provision.
vi. Ensure strict adherence to the Breastfeeding Code and compliance with other national guidelines.

6. Transition to comprehensive services

Once the acute disaster situation subsides, RMNCAYH services should be transitioned to routine care. Relevant health authorities should assess the field situation and resume services accordingly. Areas with minimal or no damage can resume services early.

i. The displaced population should be integrated into services in their present places of living.
ii. Assess the safety of service providers and service provision centres (eg, field clinics and weighing posts) and arrange alternative locations.
iii. Lack of documentation and information on the previous follow-up should not hinder the services provided during the post-acute phase.

For further information and guidance, please contact The Director – Maternal and Child Health, 231, De Serum Place, Colombo 10. Tele: 0112699332, 0112681309, 0112696677 Fax: 0112690790

Director General of Health Services

385, පූජ්‍ය බද්දේගම විමලවංශ හිමි මාවත, කොළඹ 10. 385,வணக்கத்துக்குரிய பத்தேகம விமலவங்ச தேரோ மாவத்தை, கொழும்பு 10.
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Annex I

Danger signals

1. Pregnant mothers with:

- PV Bleeding
- Reduced Foetal movements
- Oedema
- Severe Headache
- Fever
- Chest pain or abdominal pain
- Visual disturbances
- Fits
- Shortness of Breath
- Any other severe discomfort

2. Postpartum mothers with:

- Fever
- Increased PV bleeding
- Severe Headache
- Chest pain or abdominal pain
- Shortness of Breath
- Calf pain on walking
- Severe vaginal pain
- Blurred vision
- Fits
- Smelly vaginal discharge
- Severe distress
- Faintishness
- Any other severe discomfort

3. Neonates with any of the following signs:

- Fast breathing (more than 60 breaths per minute)
- Slow breathing (fewer than 30 breaths per minute)
- Indrawing of the chest
- Shallow breathing (difficult to see chest moving when breathing)
- Groaning or grunting
- Not active
- Irritability
- Abnormal movements (Fits)
- Weak crying
- Cries excessively and is difficult to console
- Fever (temperature above 37.5 °C)
- Feels cold (temperature below 36.5 °C)

-Cold hands and feet that do not get warm after you wrap the baby
-Bleeding from the umbilicus and any other site
-Pus discharging from the umbilicus
-Redness around the umbilicus
-Cyanosis(Body turns blue)
-Jaundice (Body turns yellow)
-Pale
-Diarrhoea (Watery stools)
-Vomiting
-Refuses to feed
-Floppy arms or legs
-Stiff arms or legs
-Swelling of the face, eyes, arms or legs
-Not moving an arm or leg
-More than 10 small yellow pustules on the skin or one large pustule
-Discharging pus from one or both eyes
-Swollen eyes

4. Sick children with the following signs:

i. One to two months of age:

-Lethargic, unconscious, convulsions or bulging fontanelle
-Rapid breathing (> 60 breaths per minute) or slow breathing (less than 30 / minute)
-Fever (37.5 ^{0}C or above / feel hot)
-Low body temperature (less than 35 ^{0}C / or feel cold)
-Sunken eyes, slow skin pinch (signs of severe dehydration)

ii. Over 02 months of age:

-Poor sucking
-Projectile vomiting / Vomiting with not retaining any fluids/ food
-Signs of dehydration (e.g. sunken eyes, very slow skin pinch, not passing urine for at least 6 hrs)
-Convulsions
-Lethargic and unconscious
-Fast breathing (More than 50 breaths per minute)
-Too breathless to talk or feed
- Fever persisting for more than 48 hrs
- Loose stools passing for more than one day with 6-8 times a day
- Blood in the stools

Annex II

Refer General Circular No. 01-11/2009 – Support and Ensure Appropriate and Adequate Infant Feeding During Emergencies and Guideline on feeding infants and children (1-5 years) including orphans and those not living with mothers during an emergency situation

Guidance Note for MOH Teams

Maintaining essential child nutrition services during the current severe weather emergency in Sri Lanka – November 2025

1. Purpose of this Guidance

To support MOH teams in maintaining adequate nutrition for under-five children, preventing further nutritional deprivation, and avoiding nutrition-related complications during disaster situations (e.g. floods) and displacement

2. Key responsibilities of the MOH teams during the emergency

A. Prioritize known nutritional problems for Ready to Use Therapeutic Food (RUTF)/Thriposha (supplementary food) and food aid.
   Order of prioritization;
   i. SAM – Continue RUTF. If not available, prioritize for Thriposha or any other supplementary food available
   ii. MAM – Thriposha or any other supplementary food available
   iii. Other growth problems- Thriposha or any other supplementary food available

B. Consider admitting SAM children to paediatric facilities, especially infants and young children/ with risk of deterioration of SAM and /or any suspected co morbidities.

C. Protect, support and promote breastfeeding and make arrangements for child feeding (complementary food) – please see section 4 for details.

D. Guide donors on appropriate requirements for child feeding - Not to donate, distribute infant formula, milk powder, feeding bottles and teats. Support to provide of hygienically prepared healthy food or raw materials and facilities for hygienic preparation of food and feeding.

E. Consider providing a blanket round of MMN powder sachets to all under 5 children irrespective of previous doses.

F. MOH/RDHS to mobilize emergency stocks from nearby non-affected areas. Liaise with INGO (e.g. WFP), NGOs - e.g. for procurement of recommended alternatives to Thriposha, obtaining dry rations, arranging hygienic cooking facilities etc.

3. Service delivery in flood-affected areas

Use any of the following approaches depending on safety and accessibility:

A. Shelter-Based Child Nutrition Services

- Set up a small child feeding corner (or mother and child corner) in camps/shelters (schools, temples, halls).
- Establish a private place for breastfeeding and maintain privacy during offering BF support
- See whether hygienically prepared onsite feeding of Thriposha/any other supplementary food/cereal product can be arranged for children.

- Record basic details (date of giving supplements and to whom, follow-up etc.)- maintain records in both A & B portions of CHDR as much as possible. If CHDR A or B lost, record in a temporary document till replacements are made.
- When the *'immediate emergency response'* phase is over, the PHMs can consider to continue growth monitoring in the shelters– give priority to vulnerable, nutritionally at risk, undernourished children and children whose growth status is not known to PHM.

B. Mobile/Outreach services

- Work with mobile medical teams, PHIs, or community volunteers.
- Take packs of MMN sachets, Vitamin A mega dose and if facilities are available to distribute, packets of Thriposha.

C. Household visits (only if safe)

- Provide counselling on continuing breastfeeding and hygienic preparation of meals and optimizing nutrition from available resources.
- Prioritize children according to priority order mentioned above.

3. Communication with the Community

Inform families that child nutrition services are still available. Use WhatsApp groups, community leaders, MSGs or shelter announcements.

Share information on:

- Where breastfeeding support is available
- Where RUTF-BP100 is available for SAM children
- If relevant, where mobile clinics will be located
- Preventing indiscriminate distribution of infant formula, bottles and teats etc. – especially the non-health partners about the risks of formula feeding during disaster situation
- Avoiding infant formula, other milk products, bottles and teats in the general ration
- How to contact the PHM during displacement

4. Quick reference points for organising child feeding during emergencies and tips for caregivers;

- **Exclusive breastfeeding until completion of six months**
- **6-12 months:**
  - Continued breastfeeding (with increased frequency in food scarcity)
  - If getting both breast milk and formula feeds continue only breast feeding (to minimize risk of infections due to unhygienic preparation etc.– i.e. diarrhoea)
  - Soft mashed rice, dhal/other pulses with available vegetables, sprats etc. – at least two meals and fruit like banana
  - Coconut milk/oil to cook food
  - Add MMN – P to complementary food when feeding
  - Thriposha – 100g per day (if supply is limited prioritize as shown in section 2 above) - if Thriposha not available any other supplementary food or cereal product can be given
- **1-5 years:**
  - Adult type of food can be given but with less spices, and fruit like banana– it is important to ensure variety as much as possible
  - Add MMN – P when feeding
  - Continue breastfeeding (with increased frequency in food scarcity)
  - If getting both breast milk and formula feeds continue only breast feeding (to minimize risk of infections due to unhygienic preparation etc.– i.e. diarrhoea and to provide all the benefits of breastfeeding)
  - Thriposha – 100 - 150g per day (if supply is limited prioritize as shown in section 2 above) – if Thriposha not available any other supplementary food or cereal product can be given