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சுவசிரிபாய
SUWASIRIPAYA

My No AAA. S.(HS) 01/05
Your No
Date 01.01.2005

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சுகாதார பராமரிப்பு, போஷணை ஊவா வெல்லஸ்ச அபிவிருத்தி அமைச்சு
Ministry of Healthcare, Nutrition and Uva Wellassa Development

To all PDDHS, DPDDHS, MOOMCH, MOOH
Heads of Institutions

Guidelines for Provision of Maternal and Child Health Services following the Disaster caused by Tsunami 9.0

Tsunami (tidal wave) on 26.12.2004 has resulted in displacement of people, including health staff, and they are reported to be in various temporary shelters. The following provisional guidelines are recommended to minimize the adverse impact on maternal and child health and to improve the health status of families affected by Tsunami.

Important immediate and intermediate issues to be considered following the disaster:

- Provision of safe delivery facilities for pregnant mothers
- Care of sick infants and children
- Maintenance of nutritional status of pregnant and lactating mothers, infants and young children
- Management of psychological trauma of families with special emphasis on children
- Prevention of communicable diseases (refer to guidelines issued by Epidemiological unit)
- Provision of care and support (physical and psychological) to affected health staff.

1. ***Establishment of District teams*** - It is essential to establish a 'District Team' of health workers under the leadership of DPDHS. The 'District Team' should comprise of DPDHS, MOMCH, RE, HEO, RSPHNO and SPHID. MOMCH should be responsible to rapidly assess, organize and implement the maternal and child health services in the affected areas by coordinating with the MOHs and the Heads of the institutions. If MOMCH is not available, a suitable Medical Officer should be appointed to cover up duties.

2. ***Divisional Teams*** - The MOH is responsible to organise, coordinate and implement MCH services in the respective divisions with the available staff. If necessary, health staff may be mobilised from adjacent unaffected areas to work with the existing staff.

3. ***Establish collaboration with Health Ministry***- It is very important to be in touch with the Health Ministry officials, FHB, Epidemiological Unit and HEB to get necessary guidelines, equipment and other support.

4. ***Mobilize community participation***- Wherever possible involvement of formal, informal leaders and volunteers should be done to identify problems and to take appropriate actions.

5. ***Establish inter-sectoral collaboration***- Coordinate with Divisional Secretary to identify the temporary settlements and work with personnel responsible for other related sectors e.g., social service officers, Samurdhi officers, NGOO, private sector etc. to provide essential facilities for the people who are affected by Tsunami.

6. ***Rapid assessment of the situation*** - A rapid assessment of the situation at district level (by the DPDHS & MOMCH) and at Divisional level (by the MOH) should be carried out using annexed format (annex 1).

7. ***Regular visits to the people who are affected*** – Field health staff should make arrangements to visit the temporary shelters (camps) regularly. In most areas there may be groups settled with relatives temporarily whom should also be identified and visited by the team to provide essential care.

8. ***Provide guidance to health staff and volunteers*** - Identify volunteers and guide them to provide necessary information and care on health related issues.

9. ***Antenatal care for pregnant mothers*** - MOH should mobilize their staff to identify the pregnant mothers in the affected areas and provide necessary care.

   - It is important to take measures to ensure that every pregnant mother delivers in an institution. Discourage home deliveries. Reassure mothers by informing them that the hospitals are safe, equipped with necessary facilities and cleared of dead bodies. If the delivery facilities are destroyed or non-functioning inform the mothers regarding the closest facility available.

   - All mothers should be provided with basic antenatal care from a close by clinic or it may be necessary to establish special satellite clinics considering the temporary settlements in the area. If Medical Officers are not available, temporarily, antenatal clinics could be conducted by PHNNS if available or PHMM mobilised from unaffected areas while PHMM from affected areas can be engaged in carrying out more 'home visits' to provide care to the affected people.

- Special attention should be given to high-risk mothers and mothers close to term. Educate mothers on identifying 'danger signs' and advise them to enter the nearest hospital if they develop a danger sign.

- PHMM should be advised to reside in her area of work and be prepared for any emergency home deliveries.

- All pregnant mothers in problem situations need reassurance and adequate psychological support by health staff, volunteers, family members and others.

10. ***Intrapartum care for pregnant mothers-*** MOMCH should visit all the labour rooms in the area in order to identify deficiencies. Where existing labour rooms are destroyed, strengthen the facilities in the labour rooms in the nearest institution or try to locate the places where temporary labour rooms could be established in adjacent medical institutions (please consider the accessibility to pregnant mothers). Take actions to mobilize equipment, other supplies and human resources from unaffected areas.

    - Take necessary measures to ensure proper functioning of labour rooms with special emphasis on infection control as routine procedures may have been disturbed due to the prevailing situation.

    - Use suitable disinfectants to clean the floor and the other surfaces (trolleys, walls, etc) of the labour rooms.

    - For the maintenance of sterility, try to continue Central Sterilising Service Department (CSSD) procedures if available. In case CSSD procedures are not available try and substitute sterilization by boiling.

    - To sterilize metal instruments steam sterilization using pressure cookers can be done. In the absence of above measures, boiling for 20 minutes should be used.

    - Plastic and non-metal instruments and linen, mackintosh etc. should be kept immersed in fresh chlorine solution (Approx. 60 g of TCL powder dissolved in 4 litres of water) for 10 minutes followed by thorough washing with a detergent and clean water. Chlorine solution should be prepared daily.

    - Sucker tubes, forceps and surgical instruments must be washed and disinfected by immersing in a solution of Cidex for 20 minutes. This is followed by washing with boiled cooled water. The Cidex solution so prepared can be kept for 2 weeks.

    - Hibiscrub can be used to wash hands. In the case of scarcity of water, 70% Alcohol wipes are used. After every 10th patient the hands must be washed with soap and water.

11. ***Field services for Children***

a.) Nutrition of infants and young children:

Nutritional status will be affected due to various reasons such as non-availability of food, stress, inappropriate messages during this natural disaster.

If the mother is available with the baby:

- Protect, promote and support Exclusive Breastfeeding of all infants under six months.

- Those infants who have been on both breast milk and artificial milk should be encouraged to continue only breast feeding as much as possible.

- For those infants who are six months and older protect, promote and support the continuation of breast feeding while introducing energy-dense, soft complementary foods such as mashed rice and dhal/boiled vegetables of thick consistency. Commercial preparations of complementary food could be used. Ensure that complementary foods are prepared hygienically.

- Discourage the distribution of artificial milk and bottles in camps where mothers are available as this may adversely affect the survival and nutritional status of infants. Breastfeeding is important during emergencies to ensure the essential nutrition and prevention of communicable diseases. In this type of situation especially infants and children are more prone to infectious diseases (due to poor sanitation and depressed immunity status) therefore feeding with breast milk is very important. Even though people think that under problematic stressful situations and with inadequate food supply, secretion of breast milk gets reduced, it is not so. However, with adequate sucking and with minimum nutrition, mothers produce enough breast milk to feed the baby.

- In a natural disaster, if artificial infant milk formula are supplied to camps and affected people in a mass scale without any control, the nutritional status of children and their survival will be badly affected. There is strong scientific evidence in some countries to support this.

- Advice the relevant authorities and possible donors on the requirements needed to maintain the essential nutrition of infants and young children.

- In situations where artificial feeding is done encourage to use a cup rather than a bottle because it is easy to clean/sterilize and the risk of infection is low.

- Children above one year could receive the same food as adults. Breastfeeding should be continued as long as possible.

- Ensure the regular and smooth distribution of food items to those in camps.

Feeding of Orphans:

Artificial milk should be prepared hygienically to feed orphans under the strict supervision of the field health staff. Cup feeding is preferred to bottle feeding.

Infants up to 6 months	- Formula I
Infants 6 months to one year	- Formula II
More than one year	- Full cream milk

However for the children above one year it is more important to feed with other food (adult food) rather than using milk foods. If a relative who is breastfeeding is available, if possible try to feed the orphan with breast milk.

b.) Management of psychological trauma:

Children may be affected psychologically due to the disturbance in the daily routine and loss of parents and belongings. Therefore it is important to assist them to recover from this situation to the extent possible.

- All MOOH should liaise with the MO/Mental health attached to the local District/Base hospital and Consultant Psychiatrists in providing services.

- Encourage the parents/caregiver to provide love and care to them whenever possible.

- Keep the children occupied at all times by providing opportunities to play with each other using locally available low cost material such as coconut shells, plastic bottles, tins etc and get them engaged in group activities. Introduce traditional games. Encourage the children to draw (drawing could be made in the ground/sand using a stick). Provide facilities to listen to music.

- Mobilize donors to provide cheap play items, drawing materials.

- Engage the children and parents in religious activities to improve interaction among displaced families and to overcome grief. Do not discuss regarding bad experiences with or in front of them.

- Identify high-risk children such as those having some behavioural disorder or orphaned and refer them for specialized care.

- Identify caregivers/mother figure for those infants and children who have lost both parents and entrust them with the task of providing care for them until some arrangements are made.

- In situations where both parents and relatives are lost, ensure that foster parents abide by Govt rules and regulations making arrangements with Child probation.

- Ensure that the children are protected from child abuse.

12. Communicable diseases-

Alert parents, guardians, responsible adults on symptoms and inform whom / where to seek treatment (refer circular issued by the Epidemiological Unit).

The dedication and commitment by the MOH and his/her field staff in carrying out the above guidelines will ensure a very positive outcome towards establishment of normalcy in the Tsunami affected areas.

Dr. Nihal Jayathilaka
Additional Secretary Medical Services

CC:

1. Secretary Health – Health care, Nutrition and Uva Wellassa Development
2. Director General of Health Services
3. DDG/PHS
4. DDG/MS
5. Epidemiologist
6. Director, HEB
7. Secretary- GMOA
8. President – SL College of Obstetricians
9. President – College of Paediatricians
10. President- College of Community Physicians

Annex 1

1. Identification of the target groups in temporary shelters:

Target group		Number
Pregnant mothers	POA up to 36 weeks	
	>36 weeks	
Postpartum mothers		
Infants (0-1 year)	Neonates –1- 28 days	
	Post neonates >28 days- 1yr.	
	Number without mothers	
	Number without both parents	
Preschool children	1-5 years	
	Number without mothers	
	Number without both parents	
Children aged 6-9 years		
Adolescents aged 10-19 years		

2. Information on primary care facilities:

	Name / Place
Names & designations of the MOH office staff lost their lives/injured	
Names & designations of the MOH office staff displaced	
Names of affected/damaged Institutions with maternity facilities in the area	
Name of destroyed/ damaged MOH offices (specify damage)	
No. of MCH Clinic centres destroyed/ damaged (specify damage)	
No. of PHM offices destroyed/damaged	
No. of vehicles destroyed/damaged	

3. Estimated No. of deaths in the MOH area

Pregnant mothers :
Infants :
Preschool children (1-5 yrs) :
Children/adolescents (6-19 yrs) :