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