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சுகாதார,போசணை மற்றும் சுதேச வைத்திய அமைச்சு
Ministry of Health, Nutrition & Indigenous Medicine

General Circular No: 01- 42/2017 .

To

All Provincial Directors of Health Services

All Regional Directors of Health Services

All Directors of Teaching / Provincial General Hospitals

All Superintendents of District General Hospitals / Base Hospitals

All Medical Officers in Charge of Divisional Hospitals

All medical Officers of Health

Circular Guidelines for the health staff for ensuring continuity of health service provision and promoting health of communities during drought situations

Drought is a natural disaster situation that affects many districts of the country frequently. It is important that the health care services offered by all levels of health care institutions both curative and preventive, are continued uninterrupted during a period of drought. In addition, intensifying the service provision further by implementing the specific interventions required to address special issues that arise during a season of drought is required in order to promote the health of communities during such a period .

Therefore this circular guideline is intended to serve the health staff as guidance for action to ensure achieving the above objective. Please ensure that the contents of this circular guideline is communicated to all relevant categories of staff in order to take appropriate action.

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Director General of Health Services

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Circular Guidelines for the health staff for ensuring continuity of health services provision and promoting health of communities during drought

Drought is a deficiency of precipitation over an extended period. Unlike other natural disasters that occur with acute onset such as floods and landslides, drought occurs and continues over long periods of time. They are often not noticed until the late stages. Many stakeholders need to work together for drought response operations over a long period of time during droughts. Health sector is a key stakeholder in drought response. It is important that the health services, both preventive and curative are continued during drought, with special emphasis on diseases outbreaks that could occur. Further, measures need to be taken to promote health of communities during drought. This circular guidance is intended for health staff for ensuring continuity of health services provision and promoting health of communities during drought

Vulnerable groups

Following groups become more vulnerable to health risks during drought conditions, hence they need special attention and priority during general and specific interventions.

- Households who are vulnerable to food insecurity
- Households whose economy is strictly dependent on agriculture
- Localities where water supply and sanitation systems are challenged.
- Poor health status of the population before the drought situation
- Infants, children, pregnant and lactating women, elderly and disabled.

Possible health risks

Due to drought, risk of water borne diseases (dysentery), water-washed diseases (skin diseases), under nutrition etc. could go up. Hence, attention needs to be paid for prevention and control of such conditions.

General measures

Following general measures are essential ensuring health of communities during droughts:

- Food aid
- Continuous safe water supply
- Proper sanitary facilities and measures to improve personal hygiene
- Surveillance and control of communicable diseases
- Assessment and surveillance of nutritional status of the affected population and nutrition interventions

Continuity of health services by health institutions

Following measures need to be taken to ensure continuation of health services during drought:

- Assess the water storage capacity of the health institutions and availability of water for the health institutions.
- Coordinate with the National Water Supply and Drainage Board officers closest to your health institutions with regards to the water supply and backup water supply to the health institution during the drought.
- Assess the electricity supply capacity of the health institution.
- Ensure that the generators are in working condition and fuel and personnel to operator the generator are available in case of possible power cuts.
- Ensure the health institutions are ready in case of disease outbreaks that may occur during the drought.

Provision of safe water

Need to address the safety and the adequacy of water

- Identify sources of water that could be used in the drought situation (eg. Wells, pipe borne, tube wells, external supply)
- Coordinate with the Divisional Secretary and local government authorities to ensure continuous and adequate supply of safe drinking water
- Adequate water storage tanks should be available for proper storage of water
- First priority is to provide adequate supply of drinking water. The water supply should be adequately treated. Chlorinated water should be ideal and need to be monitored regularly.
- If pipe borne water is not available water needs to be collected in tanks, barrels and chlorinated adequately or boiled prior to consumption to ensure safety in drinking water
- Educate the community on the importance of drinking boiled - cooled or chlorinated water, especially during the drought situation
- Due to the scarcity of water it is important to ensure available water is appropriately utilized. Therefore advise and supervise correct methods of household water treatment, storage and usage of water based on different purposes.
- Discourage substitutes for drinking water ex: Sugar Sweetened Beverages

Ensuring food security and nutritional status

The nutritional status of the population should be continuously monitored through existing nutrition monitoring mechanisms.

1. Establish a proper system for management of the food aid logistics, targeting and the equitable distribution of an adequate general food ration.

2. Strengthening the multi-sectoral coordinating mechanism to implement the nutrition interventions.

3. Composition of food baskets to be distributed by any agencies need to be decided should conform to the Ministry of Health recommendations.

Composition of food ration per person per day amounting to 2000Kcal/day.

Rice (raw) 450g
Canned fish 20g
Oil 15g
Dhal 50g

Priority should be given to the nutritionally vulnerable individuals; i.e. pregnant and lactating mothers, children under 5 years of age, elderly, disabled. See section on **Maternal and Child Health services in drought situation** for supplementation to pregnant and lactating women and children under 5 years of age.

4. Establish village level coordinating committees and conduct and monitor the interventions

5. Conduct awareness raising activities on

    - Good nutrition practices (selection of food items, preparations methods, food preservation and storage methods)
    - Household food security (minimize household and commercial level food wastage, promote home gardening, promote locally available less popular food items) with the support of the multisectoral team
    - Food handing at market level and safe water handling to avoid contamination of containers during transportation
    - Sanitation and hygienic practices (Hand washing is the most effective measure to prevent spread of food and water borne diseases. If adequate water supply is not available due to drought for hand washing, use of suitable hand sanitizer solution is proposed at health institutions.)

6. Promote fortified food items and Micronutrient supplements when necessary.
7. Distribution of nutrient supplements when necessary. Identify vulnerable populations for micronutrient deficiencies and establish a system to distribute micronutrient supplements
8. Ensure access to adequate essential non-food items (Soap, water storage containers, cooking utensils)
9. Raise awareness to minimize food wastage at health institution level.

Prevention and control of communicable diseases

Due to the prevailing drought there will be scarcity of water in the affected areas, resulting in community using the limited water sources for all their needs, leading to high chances of contamination. Using water from ccontaminated sources could lead to diarrhoeal outbreaks. Further, personnel hygienic practices including hand washing and washing raw foods will be compromised due to the scarcity of water.

Strengthen water quality surveillance from existing water sources and distributed water

- Current practice is 6 water samples per month per MOH area and it is recommended to increase it to 8 samples per month per MOH during drought situation.
- Ensure water safety by PHI through inspection and chlorination when needed.
- Monitoring of safety and quality of community based water sources.
- Testing of residual chlorine levels need to be done with the use of hand held comparators (pool tester, Lovibond Apparatus) with the use of DPD 1 tablets. Level of residual chlorine should be more than 0.5 mg / L after 30 minutes of contact time.

Prevent contamination of drinking water sources, it is recommended to

- Specify water sources that can be used for drinking purposes only
- Use of a single bucket for collection of water from the source
- Take measures to protect such water sources from contamination with animal faeces etc.,
- Promote use of boiled cool or chlorinated water for drinking
- Promote hand washing (at least before eating and after defecation) and personnel hygienic practices as far as possible, using the available water
- Wash raw foods adequately before consumption
- Strengthening of food sampling & reporting at food handling establishments and at reception, storage and distribution of food aid and donation programs.
- Avoid dehydration especially with children and advice to seek early medical attention in case of persistent diarrhoea

Engaging in activities like fishing, swimming, washing clothes in small water bodies may lead to a risk of Leptospirosis, skin diseases, conjunctivitis like eye diseases and Respiratory Tract Infections.

Prevention of *Aedes* Mosquito Breeding in Water Storage Containers during the Drought

It has been observed from recent entomological surveys that water storage containers/ground level cement tanks contribute for more than 50% of *Aedes* mosquitobreeding sites. As such, the prevailing dry weather conditions particularly in the following districts are affected by an increase in Dengue transmission; Hambantota, Puttalam, Mannar, Trincomalee, Jaffna, Killinochchi, Vavuniya and Batticaloa.

Therefore, it is necessary to educate the general public to regularly inspect and keep such temporary water containers free of mosquito breeding by taking following measures, to avert dengue outbreaks in affected area:

- To cover all water storage tanks / containers with tight lid or a mesh to prevent access to mosquitoes.
- To ensure scrubbing of the inner surfaces of water storage tanks / containers at least once a week before refilling the water in order to remove mosquito eggs.
- To introduce larvivorous fish to permanent cement tanks as a biological measure.
- To use Temephos granules (Abate 1% SG) in sachets to non-drinking water storage tanks through public health staff.
- To advocate the community to use single household covered water container to replace multiple small containers.
- To mobilize additional human resources at divisional and village levels to ensure regular source reduction activities.
- Review the progress of dengue prevention and control activities at district and provincial levels regularly.

Immediate attention in this regard is highly solicited in order to prevent dengue outbreaks in your area.

Further, pay your attention to the following areas and take suitable actions.

- Strengthen the diseases surveillance
- Prompts detection and control of outbreaks
- Strengthen the water quality surveillance with frequent sampling from the available water sources and chlorinate them
- Improve awareness among community and health staff on prevention and control of communicable disease
- Public should make aware about the unforeseen risks of shrank water sources and how to get the maximum use of them
- Should you require any assistance in control and prevention of communicable diseases, please contact the Epidemiology Unit

MCH services in drought situation

Of the vulnerable groups infants, young children and pregnant mothers are the most vulnerable to ill health and poor nutrition. Since their nutritional needs for growth as well as maintenance are higher than for the others, they suffer more severely from poor availability of appropriate food, water and other resources.

Therefore the following actions are vital for the health and survival of children and mothers:

Child nutrition services during a drought

1. Pay special attention to newborns and sick children. Observe for danger signs (e.g. dehydration, SAM etc.) and refer immediately or admit them to the nearest hospital as and when necessary.

2. Strengthen growth monitoring and promotion – strict vigilance to detect growth faltering and timely supplementation and if necessary food aid to prevent deterioration.

   Early detection and appropriate management of Moderate Acute malnutrition (MAM) and Severe Acute Malnutrition (SAM) among under 5 children –
   Thriposha supplementation for MAM and referral to paediatrician and therapeutic feeding (as inpatient or out patient basis) for SAM

   (Please refer to the General Circular Letter No – 02 – 18/2008 'Protocol on Managing Nutritional Problems among Under Five Children In the Community' and "Management of severe acute under nutrition – Manual for health workers in Sri Lanka").

3. Ensure implementation of appropriate infant and young child feeding practices

   Protect Breast feeding - Ensure exclusive breast feeding up to 6 months and continued breastfeeding up to 2 years or beyond with appropriate complementary feeding.

   Restore breastfeeding – Help mothers return to exclusive breastfeeding by increasing frequency of feeds and ensuring "emptying" of breast.
   Relactation support includes increasing frequency of breastfeeds and offering alternative foods only after a full breastfeed.

   Discourage infant formulae – considering the risk of contamination especially when faced with an inadequate supply of water for washing and preparation of formula, use of infant formula has to be strictly regulated during a drought. Every effort should be taken

to strengthen exclusive breast feeding during the first 6 months and continued breast feeding till 2 years and even beyond two years and to reestablish breastfeeding whenever possible of instances where infants and young children are on formula milk.

Infant formula or other powdered milk should never be part of general distribution and donations of infant formulae, bottles, teats and other designated products specified in the Sri Lanka Code for Promotion, Protection and Support of Breast feeding and Marketing of designated products should be prevented. Infant formula should be provided only in the instances where all efforts to establish breastfeeding has failed and these should be provided through a separate distribution channel to that of other food aid and be under the close supervision of health authorities. Bottles and teats should never be distributed and their use should be strongly discouraged. In case of mothers who are already formula feeding, the use of a cup instead of bottle and teat should be advocated and they should be educated on proper cleaning of the cup.

Responsible person /Organization of local authority should ensure that the infant formulae are used only by those who need it and prevent it from spilling over to breast feeding mothers and babies.

Appropriate complementary feeding – Ensure availability and use of age appropriate complementary foods and ensure the use of clean water when preparing complementary foods. Measures should be taken to strengthen appropriate feeding of children during illness and recovery

(Please refer to the 'Guidelines on Infant and Young Child Feeding' (2007) and 'Guideline for Feeding Infants and Preschool Children (I-5 years) including orphans and those not living with Mothers during an Emergency situation'. General Circular No – 01 / 2009).

Streamline supplementation programmes – Strengthen Thriposha vitamin A mega dose and MMN supplementation programmes.

4. Blanket supplementation

This decision should be taken by the PDHS and RDHS in consultation with CCP of the province /district MCH team.

Blanket supplementation of Thriposha and MMN to children under 5 years of age can be considered if provision of appropriate complementary food is not feasible.

- Thriposha 100g per day (04 packets per month) per child
- MMN 1 sachet twice a week if blanket supplementation of fortified food supplement like Thriposha is given and daily if not.

It is the responsibility of the district health authorities to ensure availability of adequate supplies of Thriposha and MMN for blanket supplementation.

(For further details please refer to General Circular No. 01-11/2009 dated 25.01.2009 on 'Support and ensure appropriate and adequate infant feeding during emergencies' issued by Ministry of Health).

Maternal care services during a drought

1. Pay special attention to Pregnant mothers with POA > 36 weeks and sick pregnant mothers. Observe for danger signs (e.g. dehydration) and refer immediately or admit them to nearest hospital as and when necessary.

2. Maintain nutritional status while aiming for optimum weight gain
    - Ensure that pregnant and lactating women receive adequate nutrition with essential vitamins and minerals.
    - Food aid on priority basis for pregnant and lactating mothers
    - Continue blanket supplementation with Thriposha

- Ensure uninterrupted vitamin and mineral supplements during antenatal period
- Ensure adequate hydration

3. Promote breast feeding
    - Adequate training during last trimester
    - Breastfeeding support and Thriposha and vitamin & mineral supplements to lactating mothers, vitamin A megadose to postpartum mothers
    - Ensure adequate hydration to lactating mothers (extra 1 litre per day)

4 Adequate rest for pregnant mothers need be ensured as work load of women increases during drought

5 Ensure proper hygiene and sanitation early detection & prompt management for infections like hepatitis and typhoid

Special attention needs to be paid to the following:

- Importance of continuation of routine medical care (Management of NCD, Immunization)
- Limit outdoor activities during the daytime
- Special attention needs to be paid to the needs of the elderly persons.