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All Provincial Directors of Health Services, Regional Directors of Health Services, Heads of Medical Institutions.

National Supplementary Guideline for Mithuru Piyasa/ Natpu Nilayam staff to be adopted during COVID-19 Pandemic

Sri Lanka, as a country has taken steps to restrict movement of people to stop the spread of coronavirus in an effort to save lives. Unfortunately, this situation of isolation adds a strain on family relationships. Women and girls being more vulnerable are likely to be affected adversely in this situation. Women who live with Domestic Violence (DV) have no escape from their abusers during lockdown and are likely to expierence an escalation of violence and others may suffer DV for the first time. Increase of violence has been observed in many emergency situations, including disease outbreaks such as the present one. Hence, we need to anticipate such increase in DV during and following this crisis. Also, it is important to recognize that these survivors, mostly women and girls need help, and for some of them this may be a matter of life and death. At this time of the pandemic, there is an overwhelming need for Mithuru Piyasa/ Natpu Nilayam service points to function effectively.

As such, while adhering to the 'Mithuru Piyasa Protocol' of Ministry of Health, all Mithuru Piyasa/ Natpu Nilayam staff is requested to adhere to the following supplementary guidance on the face of COVID-19 crisis.

- 1. Keep the Mithuru Piyasa centres functioning at least during the usual OPD working hours of the particular hospital.
- 2. Display notices giving the functioning hours of Mithuru Piyasa centres: at the waiting areas and at the entrance of the centre and disseminate the same among public health staff and the collaborating agencies such as NGOs working on GBV.
- 3. Due to the prevailing situation, if the Medical Officer- Mithuru Piyasa or Nursing Officer- Mithuru Piyasa is not able to be physically present in the centre throughout, they should arrange a practical system to ensure access by the survivors and this arrangement must be displayed to those who come there.

Some of such arrangements could be:

Being available on a mobile phone: Display the mobile number of the service provider on the

Keeping an assistant to receive the clients and to direct to the service provider

4. When you receive clients while taking expected precautions given below, make sure that the survivor does not feel uncomfortable or discriminated by provision of adequate explanation .

i. Provide hand washing/sanitizing facilities to the client before entering to the room.

ii. Use sanitizer/wash hands before attending to the client and using the mask, and after completing the work.

iii. Maintain a minimum distance of 1 metre between you and the client.

Wear a protective face mask all the time and discard in the prescribed manner. iv.

Do not touch the clients physically unless it is essential and medically indicated. Make sure that V. the client does not feel that she is "untouchable".

The service provider should act in 'the best interest' of the client- that is, the procedures should vi. be for the best advantage for the client. As such, when it is recognized or suspected to be a life threatening or a high risk life-endangering situation you shall inform other services such as police, psychiatry etc. without delay.

vii. Be prepared with information about services available locally and functional during lockdown /curfew period (e.g. hotlines, shelters, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and share with the survivor to provide comprehensive services during this critical period. (eg: 1938 (Women's Bureau help line), 1926 (National Institute of Mental Health) hotlines are now offering 24/7 counselling services). You may also refer to the 'Directory of Service Providers for Survivors of Gender Based Violence'.

Collaborate with Preventive Health staff: Area MOH staff should be made aware of the viii. increased risk of violence against women during this pandemic; the need to support survivors and to have contact details of area public health staff at Mithuru Piyasa, to be shared with survivors if needed.

Review the availability of a safety plan in case the violence escalates. i.e. having a neighbour, ix. friend or relative or shelter identified and is accessible - in the event they need to leave the house immediately for safety even in curfew periods.

Offer continued services / follow ups over the phone, if client wishes. X.

Dr.Anil Jasinghe,

Director General of Health Services

CC: 1. DDG/ Public Health Services II

2. DDG/ Medical Services I and II

3. Director MCH

4. All Provincial and District CCPs

5. All MOO/MCH

6. Mithuru Piyasa / Natpu Nilayam staff

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