

A PROJECT COMPLETION REPORT
ON
**"KRISHNA ARPANAM' FLOOD RELIEF PROJECT TO REDUCE MATERNAL
AND INFANT MROTALITY IN THE DISASTER AFFECTED POPULATION OF
UTTARAKHAND**

August, 2013 – October, 2013



**DOCTORS FOR YOU AND NARAINDAS MORBAI BUDHRANI TURST
PROJECT**

2013



**“KRISHNA ARPANAM’ FLOOD RELIEF PROJECT TO REDUCE
MATERNAL AND INFANT MROTALITY IN THE DISASTER
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PROJECT COMPLETION REPORT

October 2013

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1. Project Information

“Krishna Arpanam” Flood Relief Project

<p>Project Period: 15th August 2013 to 19th October 2013</p> <p>Project Component:: Heath Camp, MISP, Health Care Service for Elderly</p> <p>Project title: “Krishna Arpanam” Flood Relief Project to Reduce Maternal and Infant Mortality in the Disaster Affected Population of Uttarakhand.</p> <p>Project Duration: August 2013 to October 2013</p> <p>Project Implementing Agency: Doctors for You (DFY)</p>	<p>Total Budget: INR 7,48,000</p> <p>Source of Fund: The Naraindas Morbai Budhrani Trust (NMBT)</p>
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2. Background

The geographical and topographical dynamics of Uttarkhand make the state vulnerable to multitude of natural disasters, such as earthquake, flood, landslide and cloudburst. Given the variety and intensity of these natural hazards, Uttarakhand has been one of the most disaster prone state in the country. The state has experienced, so far, two major earthquakes (magnitude >6) in Uttarkashi(1991) and Chamoli (1999) and a series of landslides/cloud burst such as Malpa(1998),Okhimath (1998), Fata (2001), Gona (2001), Khet Gaon (2002) ,Budhakedar(2002), Bhatwari(2002), Uttarkashi (2003), Amparav(2004), Lambagar(2004), Govindghat(2005), Agastyamuni(2005) Ramolsari(2005) and many more.¹ This grim episodic occurrences of disaster left scores of damage to property, loss of life among these vulnerable mountainous communities. It also constrains the ability of the state to achieve a robust and sustainable social, economic development.

In recent years, the state experience expeditious and spasmodic development in the tourism sector leading to rapid sprouting of hotels, restaurant and huge influx of tourist and pilgrims. With the absence of sound policy and proper land use planning, encroachment became uncontrollable where many of these buildings to accommodate human influx are built on vulnerable locations. Also the development of several dams induces heavy strain on the fragile ecosystem. In a matter of few years, the state has become a powder keg ready to explode with pressure gradually building from within.

¹ <http://dmmc.uk.gov.in/pages/display/93-at-a-glance>

Incessant rain during the early monsoon in the state from 4th June to 17th June, 2013 act as a trigger event for what is to be known as one of the deadliest disaster that ever happened in the history of Uttarakhand. It triggered episodic events of landslide and flash flood in several pockets of the state causing widespread damage to infrastructure, houses, properties and loss of life. Destruction of bridges and roads left about 100,000 pilgrims and tourists trapped in the valleys. The Indian Air Force, the Indian Army, and paramilitary troops evacuated more than 110,000 people from the flood ravaged area. According to the Vice-Chairman of the National Disaster Management Agency over 4,000 people died, but as many as 11,600 may be missing according to the UN. And more than 1, 50,000 are thought to have been displaced by the flood.

In support of Uttarakhand government in disaster response effort, Doctors For You initiated ‘Krishna Arpanam’ Flood relief project with financial support from The Naraindas Morbai Budhrani Trust (NMBT) from August, 2013 which extended till October, 2013.

3. Introduction: “Krishna Arpanam’ Flood relief project

The ‘Krishna Arpanam’ flood relief project was launched immediately post-disaster with the deployment of DFY rapid need assessment team consisting of five members. A participatory assessment with displaced population, government officials, concerned health departments and workers was carried out to identify public health needs of the affected communities. Informed from findings of the assessment analysis, DFY identifies several key areas of health intervention to facilitate early recovery and prevent further exposure of affected communities from further health risk. These activities have been implemented successfully from August, 2013 to October, 2013 in two worst affected district of Uttarakhand with the gracious financial support from The Naraindas Morbai Budhrani Trust (NMBT).

3. A. Rationale of Intervention

Health care service plays a crucial role in any disaster situation. However, it has been continually observed that in most disaster scenario, health care service has been largely disrupted and many a time rendered non-functional due to the impact of disaster impact on health care infrastructure. In Uttarakhand, health care service has been dismally poor, disadvantaged by difficult terrain and its remoteness, even in normal situation. Education and awareness on basic health and hygiene too is dismally poor in rural areas.

The 2013 flood has exacerbated this already existing challenges, thus, rendering thousands of disaster affected communities exposed to serious health risk especially women and children. DFY assessment team further observed that Health care services in the affected

villages’ especially reproductive health services have been rendered non-functional due to frequent landslides. Moreover, high prevalence of STI and RTI cases makes it imperative that health care services reach the community through non-traditional methods. The affected population is in urgent need of medical relief in view of the onset of the monsoons, which threaten to disrupt the already fragile communication routes.

3.B. Objectives of the Project

The goal of the project is to reduce maternal and infant mortality and morbidity in the disaster affected population of Uttarakhand, to protect and promote health of women and adolescence girl of reproductive age and also to cater the public health needs of affected communities to facilitate immediate health recovery. The following are objectives through which the overall goal of the project is to be achieved:

- To provide primary health care to the affected population of Ukhimath block in Rudraprayag district.
- To implement Minimum Initial Service Package for sexual and reproductive health in Ukhimath block in Rudraprayag district.

3.C. Project Area, Target population and Project Period

A medical unit is based Guptkashi for coordination of all project activities. The unit base cover remote areas like Triyuginarayan, Toshi, Okhimath, Phata villages etc. to provide health needs of disaster affected community.

By the end of the project, DFY medical team covers about 30 villages cluster in Ukhimath Block in Rudraprayag district.

The project has been implemented successfully over a period of 2 months starting from 8th August, 2013 and completed in October, 2013.

3.D. Project Partners

The project was implemented with financial support from The Naraindas Morbai Budhrani Trust (NMBT). NMBT was formed in 2002 by Mr. D. N. Budhrani. Mr. Budhrani and his family members believes that, **“Every suffering one is a picture of GOD, to serve him is to worship GOD”**. Any help to the needy is as good as making an offering to God. Therefore the entire projects supported by the trust are named as “Krishna Arpanam.”

“Krishna Arpanam” actively participates and contributes in the programs of:

- Health and nutrition
- Education

- Community development
- Empowerment

4. Project Results/Achievements

The project was implemented for duration of two month. DFY team liaise with peripheral health workers (ASHA, ANM, and AWW etc.), Sub Divisional Magistrate of Ukhimath, Chief Medical Officer of Rudraprayag District, and Medical officer of Ukhimath. This fostering of working relationship with concern authorities ensure that a local support system was established which ensure efficient implementation of project activities. Following rapport building, a health camp was launched from the 21st of August, 2013. Health camp was conducted in several phases. Several home visits was carried out in Ukhimath to ensure quality service at point of delivery to those affected communities who find it difficult to access health camp due to constrains in accessibility and difficult terrain. Home visit enable DFY medical team to deliver health services to elderly populations, the most vulnerable groups in disaster situations, which otherwise remains a mere invisible populations.

Activities at the health camp include diagnosis and treatment of health problems, awareness program on basic health and hygiene behavioural practice, health care facilities available with local government which can be avail by communities, immunization, and referral services. Camp activity also include counselling session on psychosocial first aid and ill effects of non-communicable disease and behavioural practice such as hypertension, smoking and drinking to patients. A deworming activity was implemented in several schools and camp for children.

Training and capacity building of peripheral health workers such as ASHA, ANM, AWW on public health and disaster was conducted. Working in close collaboration, MISP sexual and reproductive health service was delivered among pregnant woman and adolescence of reproductive age. Delivery of MISP services streamline identification of STI/RTI patients so that treatment can be made available for them to access.

The statistical summary of DFY health intervention below display quantitative figure of beneficiaries availing different forms of health care under the flagship of DFY and Naraindas Morbai Budhrani Trust project initiatives.

STATISTICAL SUMMARY OF DOCTORS FOR YOU HEALTH INTERVENTION IN
UTTARAKHAND

30
Villages
approx.

**Covered under Health
Services through organizing
Health Camps, OPD and
Home Visits**

24
ASHA
workers

**Trained in Public health
Emergencies in Disaster**

12
Pregnant
Woman

**Examined and given
appropriate awareness on
maternity health care**

2 586
People; 609 adult
males, 1307 adult
female, 667 children

**Gained access to health
care service through DFY
Health Camp, OPD and
Home Visit service.**

Include women and children. Health care services availed to them through DFY OPD and outreach program includes:

- Health examination
- Immunization
- Dispensation of medicine
- Distribution of chlorine tablet
- Dressing
- Counselling service
- Referrals
- Health talk
- Public health awareness

105
School
Children

**Received deworming
intervention**

271 Children
covered under
school
intervention

**Received hygiene practice
training through
demonstration and talks**

Objective 1: To provide primary health care services in Ukhimath block.

A primary health care service was provided in Ukhimath block through organizing health camp and running OPD at base camp. The health care services kick off with the establishment of base on the 21st of August, 2013. Health camp was conducted in a phase manner. About 30 villages were covered during the project period. The health care services made available through camps and OPD at base camp witness overwhelming positive response from community. At the end of project period, about 2,635 patients were registered and treated in 30 villages covered under the initiatives of the project. A total of 46 health camp cum awareness program was conducted during the project period.

Key activities undertaken includes:

1. Regular medical check-up and diagnosis of illness and treatment

Medical health camp and OPD was conducted to cater health needs of affected communities in Ukhimath block. Medical camps were conducted in several villages by DFY medical team. An OPD was also opened in the morning and afternoon at base camp. Patients were diagnosed of their health problems and treatment regime was prescribed accordingly. Medicines were dispensed to patients at the OPD and health camp.

2. Health awareness programme

Several educational activities and preventive action against public health problems was undertaken as part of awareness programme. Hygiene practice was intimated among the community in camps and in schools among school children through live demonstration, talks and distribution of Pamphlet. Chlorine tablet were distributed among communities through visits and in camp setting.

3. Home Visits

A total of 29 home visits was made during the project duration. The primary objective of home visit is to ensure universality of health care provision of all affected communities by catering the needs of elderly populations. People with arthritis problems, diabetics and other non-communicable disease are identified and treatment regime prescribed. Wounded patients who cannot travel long distance were given medical treatment through home visits.

4. Health awareness in school and Deworming

Health intervention at school level covers 271 children. Several hygiene practice were demonstrated to them. Moreover, 105 school children were given deworming intervention.

5. Capacity development of grassroots health workers

The ASHA workers training on disaster was also conducted in the Ukhimath PHC. Twenty four (24) ASHAs attended this one day training program. The objective of this training program was to train on how to act and help out people in the moment of need at the time of disaster as well as in a normal situation. The major focus was vulnerable section ie women, children and elderly. Trained module includes steps to be taken in case of minor injuries, wound, dog bite; snake bite, care of pregnant women & adolescent girls during disasters conveyed to ASHAs. Ways of carrying patient during emergencies were made or shown practically. The technique to give a CPR was explained and demonstrated on dummy. The interaction with the ASHA workers helped us to further identify needy village for the health camps.

The health camp is found to have had positive impact on the disaster affected communities. This can be inferred from the fact that rate of patient turnover who had received treatment earlier in subsequent follow up camp is low.

Objective 2: Implementation of Minimum Initial Service Package for sexual and reproductive health

MISP for sexual and reproductive was implemented through health camps. Findings from initial assessment identified 55 pregnant women. Out of this 18 deliveries occurred; 12 through institutional deliveries and 6 home deliveries. Moreover 7 pregnant women identified during assessment were examined and given awareness education on maternal health care.

DFY medical team in close collaboration with grassroots health workers plays an important role in meeting sexual and reproductive health need of affected population. Several activities include under this objectives includes:

- Pregnant women and women suffering from STI/RTI identified through camp and with the aid of peripheral health workers.
- Based on the identification of patients intervention was given to patients, also several talks regarding the importance of basic personal hygiene, ANC care & regular immunization were given to pregnant women and adolescence of reproductive age.

5. Observation

In the eight individual camps held during the first phase, there were a few persistent findings; the regularity & uniformity of these findings was worrying:

1. Approximately 40 – 50% of the population examined and observed was suffering from everyday infections like scabies , RTI's , UTI's , allergic reactions etc. 95% of

the patients these conditions were observed in , were women and children ; indicating an extremely poor level of hygiene awareness in an already vulnerable demographic.

2. Anaemia, leucorrhoea and chronic pain in the lower limbs was observed in almost all women treated. Patient histories revealed that these women walk an average of 4-5 km across steep terrain almost every day. In addition to this, they lift and carry 30-50 kg of grass daily to feed their cattle. These occupational hazards are of extreme concern, as they will pave the path for more chronic, long term disabilities.

6. Conclusion and Way forward

Doctors For You with financial support from Naraindas Morbai Budhrani Trust implemented a “Krishna Arpanam” Flood Relief Project with an overall aims of reduce Maternal and Infant mortality in the Disaster affected population of Uttarakhand. Activities which aims at achieving this objectives includes provision of health care services, identification of patients through organizing health camps and OPD and awareness programme in Ukhimath block under Rudraprayag District. The project was implemented for a period of three month starting from August, 2013 till October, 2013.

During the course of implementation, Doctors For You medical team identifies several key areas where continued intervention has to focussed on to ensure promotion and strengthening of health status of affected populations.

1. There was high number of STI, RTI and UTI’s recorded among women and adolescence in camps. This infers that sexual and reproductive health problem is prevalent among these communities. Intervention to remedy this should be part of long term reconstruction programme and should be streamline as part of institutionalize health care services.
2. Robust surveillance mechanism need to be established to identify women and children to RTI, UTI’s which is culturally appropriate and sensitive to the stigma prevalent among women in seeking treatment.
3. There is a need to strengthen the capacity of primary health care centre and develop skills and capacity of frontline health workers in disaster management and public health emergencies to strengthen health emergency preparedness and response.
4. Hygiene practices need to be promoted and strengthen among rural population through peripheral health care institution and also at the block and district level.
5. Need to create awareness on importance of exclusive breast feeding

7. Financial Information

Statement showing cost centre wise source of fund & their utilisation		
(NMBT DFY UK RELIEF WORKS)		
F.Y -APRIL 2013 TO NOV 2013		
Cost Centre		
PARTICULARS	TOTAL	NMBT DFU UK RELIEF WORKS
DONATION RECEIVED (NMBT) (A)	2,24,400	2,24,400
PURCHASE ACCOUNTS (B)	32,567	32,567
FIXED ASSETS		
water filters	1,400	1400
Mobile Phone	9,000	9000
Total (C)	10,400	10400
INDIRECT EXPENSES		
Office Exp.	2,014	2,014
Courier Exp.	139	139
Mobile Exp.	10,564	10,564
Staff Walefare Exp.	32,190	32,190
Travelling Exp.	75,569	75,569
Donation Exp.	300	300
Medicine Expenses	15,331	15,331
Vehical rent exp a/c	49,900	49,900
Miscelaneous Exp a/c	1,020	1,020
Electrical Exp.	6,485	6,485
Electricity Exp.	450	450
Incentive Exp.	4,450	4,450
Doctors Honorarium expnses	1,25,400	1,25,400
Printing & Stationery	12,790	12,790
Internet Charges	3,800	3,800
Lodging & Fooding Exp.	1,14,611	1,14,611
salary exp a/c	1,59,440	1,59,440
Hard ware exp	6,349	6,349

Total(D)	6,20,802	6,20,802
TOTAL EXPENDITURE E (B+C+D)	6,63,769	6,63,769
EXPENDITURE OVER DONATION (A-E)	(4,39,369)	(4,39,369)

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APPENDIX: Photo Story



Health Camp



Registration of Patients



DFY Doctors Examining Patients in Health Camp & OPD



Health Awareness in Schools



Home Visit