



Doctors for You (DFY) Annual Report 2013



Annual Report Doctors for You (DFY)

**Mumbai
Guwahati
Delhi
Patna**

2012-13

Doctors for You (DFY)

DOCTORS FOR YOU (DFY) formed by doctors, medical students and like-minded people, is a humanitarian organisation based in India. Since its inception in 2007, the organisation has been working extensively with vulnerable communities in six states of India providing efficient, effective and equitable distribution of health care for all. The organisation has received several awards such as The SAARC Award (2010) and The British Medical Journal Group Award (2009) for its outstanding contribution to the humanitarian field. Presently, there are more than 500 members and 1000 registered volunteers assigned with the organisation who are ever ready to support in situations of crisis following a major disaster. DFY is also engaged in developing world class Disaster Management, Emergency and Trauma care services along with Training and Capacity building programmes throughout India.

For more details on DFY please do visit www.doctorsforyou.org

Director's Message

I am happy to present to you the annual report of Doctors for You (DFY) 2012-2013. This year was special for us as we have completed 5 years of inception of our organisation. DFY which was started as small group of medical students from KEM hospital, Mumbai has now established itself as reputed team of doctors & other professionals providing not only medical relief during disasters but also as an organization working on disaster preparedness & capacity building across India.

Year 2012-2013 was very eventful as DFY intervened for the first time in a complex humanitarian crisis in Assam. It was biggest internal displacement post-independence and DFY was the first medical humanitarian organisation to respond. We have to thank TISS & TATA trust for their timely support because of which we were able to respond for more than 6 months. During this relief work we realised the acute problems faced by the women esp. pregnant women & adolescent girls in complex emergencies. We have implemented MISP (Minimum Initial Service Package) specifically to cater to the needs of reproductive health issues that women face.

2012-2013 is also the year in which DFY started capacity building training across India. In the state of Assam we have trained more than 800 doctors, paramedics and police forces on various modules of Public Health & Disaster Management. On this joyful occasion of the completion of 5 years of DFY, I would like to thank all the members, staff & supporter of DFY without whom it would not have been possible to reach at the stage we are presently. I would like to thank Mr. Pankaj Shah & Mr. Hemanshu Mehta our patrons for their constant support & encouragement. From all DFY core group members & staff I would like to thank Dr. Nobhojit Roy, Prof. T. Jayaraman, Dr. Samrat Sinha & Prof. Parasuraman (Director, TISS) to have showed faith in us and supported us all throughout the year 2012-2013 for various project undertaken by DFY.

Finally, many thanks to our core group members Dr. Rajat Jain, Mr. Saket Jha, Dr. Anurag Mishra, Mr. Dhruv Kaushik, Mr. Pradeep Goradia, Dr. Nidhi Singh, Mr. Jay Mathuria, Mrs. Bina Mehta, Ms. Joshina Kapoor for their constant support and involvement in all projects.

Regards,



Dr Ravikant Singh
President – Doctors for You (DFY)

2012-13

Contents

ABOUT		1
Vision, Mission & Core Values	1	
PROJECTS		2
Training for Capacity Building & Preparedness	2	
<i>TISS-ASDMA-DFY</i>		
<i>BTAD Region</i>		
<i>Haflong</i>		
Mumbai Operations	7	
Assam Conflict Intervention	11	
Implementation of MISP	13	
Kumbh Mela & Its Coverage	17	
JSIA and DFY Joint Applied Field Training Programme	19	
Challenges & Future of Operations		20
Mumbai	20	
North-east Regional Office	21	
Upcoming Projects & Plans	21	

About Doctors for You

DFY, consisting of doctors, disaster management professionals, medical students and like-minded people, is a humanitarian organisation based out of India. Since its inception in 2007, the thrust of DFY's work is to provide medical relief, sustainable healthcare services, capacity building and risk reduction activities during crisis and non-crisis situations. The organization has vast experience of working in disasters which began with the Bihar floods of 2008. Since then, our organisation has made its presence shown in various disasters such as the Andhra Pradesh-Karnataka floods 2009, Orissa floods 2011 and Assam ethnic violence 2012. It has achieved considerable recognition for its work nationally and internationally as well. Its latest awards include the British Medical Journal Group Award for the "Best Medical Team in a Crisis Zone" as well as the SAARC Award for "Outstanding contribution to humanitarian works in the aftermath of disasters."

The genesis of "Doctors for You" dates back to the time of crisis when, In October 2007, Mumbai witnessed the one of the worst outbreak of Malaria & Dengue. DFY teamed up with Think Foundation to launch the Lifesavers Club and organize the first of its kind platelet donation drive in Asia. The initiative became an instant success, and the no of platelet donors in KEM hospital in Mumbai doubled in just 45 days. Each donor was given a bar-coded donor card that has information such as their name, age, date of birth, blood group and the last recorded donation by the cardholder. This was first of its kind of activity in Asia and it enables the best use of the platelet aphaeresis machine that had been donated to KEM hospital by the SBTC in December 2006. Owing to the success, the group organized various such drives all across the city. The group decided to formalize the initiative and registered the organization, and 'Doctors For You' was born.

The Bihar Floods

In 2008, during the Bihar floods, it was felt that there was no dedicated medical disaster response team in India for the disaster relief work. Armed with infrastructural support from the Indian Railways and in association with other NGOs such as Youth for Equality (YFE) and Mercy Malaysia, DFY launched a massive medical relief & rehabilitation operation. A team of 45 doctors was immediately sent to Bihar for flood relief work. The team worked in Bihar for six months treating over 130,000 patients especially women and children. In the first phase of operation, the organization targeted the 6 worst affected districts after the floodwaters had recessed. Food, clothes, medicines, waterproof tents, cooking utensils & water purification plants were mobilized through systematic awareness and information campaigns all over the country.

Bihar Flood relief work	
Place of Work	Bihar, India
No of People Impacted	1,30,000 patients
No of camps organized	300 camps
No of Doctors Involved	110 doctors
Period	Period 1st September 2008 – 31st January 2009

Vision

“To be outstanding in the delivery of medical and humanitarian aid to all.”

Mission

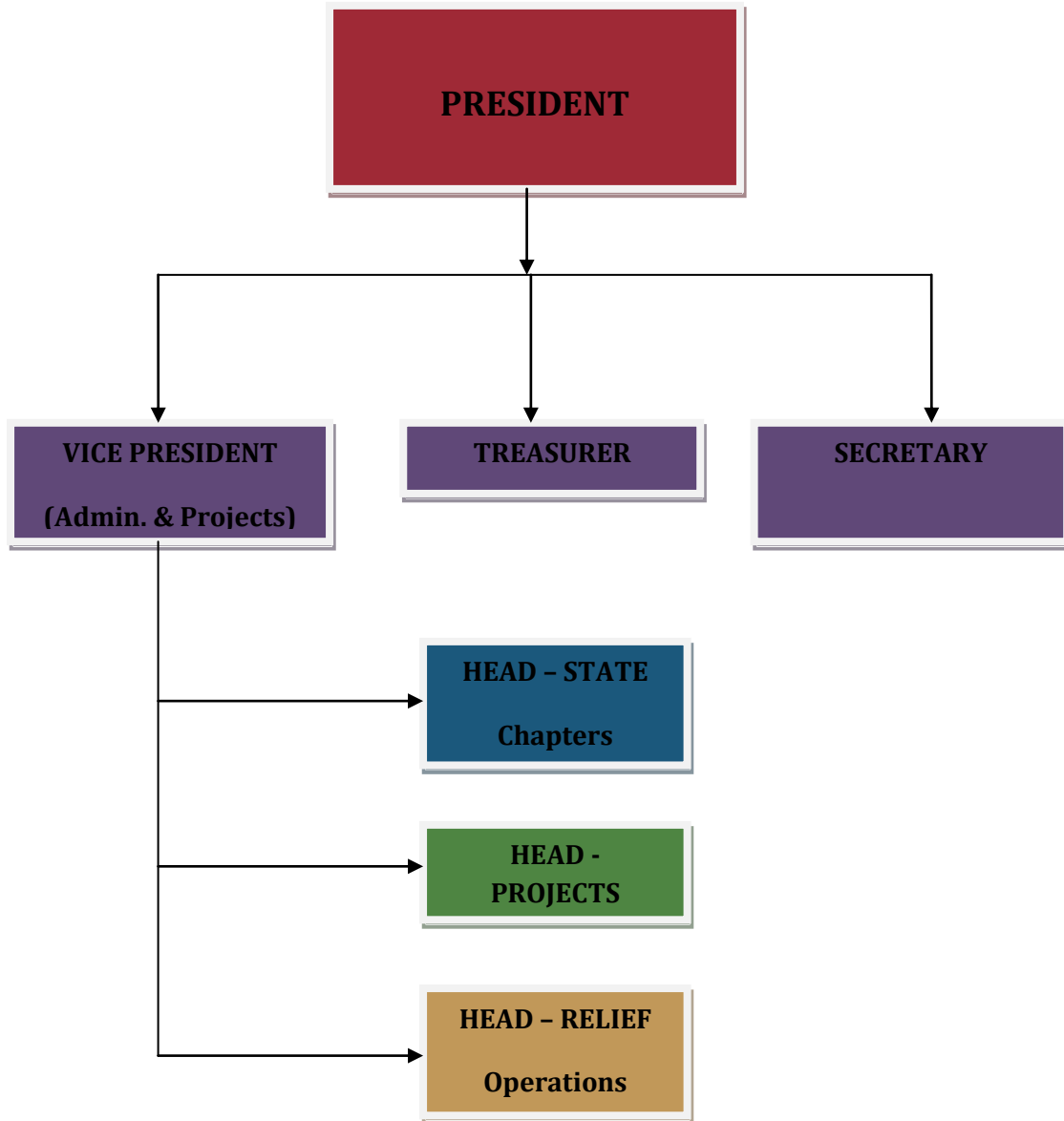
“To provide medical relief, sustainable health care services, capacity building and risk reduction activities for vulnerable communities in both crisis and non-crisis situations.”

Core Values

Passion	We are passionate and highly motivated to help those in need.
Accountability	We are accountable to our partners, volunteers and all the stakeholders in the society.
Dedication	We are dedicated and committed to make a positive difference.
Respect	We respect our people, whoever they are, wherever they come from, irrespective of their, sex, caste, creed, religion, race or nationality.




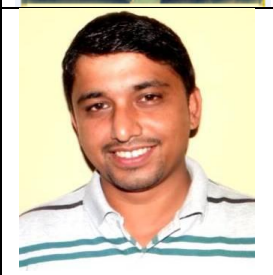

Our vision mission and core values reflect our work culture in in area of disaster management and public health. The year 2012-13 has proved to be a tremendous learning experience for all of us over at DFY. The fact that our core areas of intervention have shifted from an only immediate relief model to a sustained capacity building and preparedness model, has had a profound impact on how we want our organisation to grow in the near future. We believe that every organization goes through a phase of immediate relief and moves on where we are at the moment; a phase of focusing on risk reduction, sustainable growth & development as well as building stronger, healthier communities through capacity building and preparedness. Over the year 2012-13, we have been privileged to have made connections with the right partners, educational institutions, expert consultants, as well as government institutions. We have also been a part of large scale relief operations in the ethnic conflict ridden Assam. The following pages show a glimpse of what DFY has achieved in the last one year and what it aims to in the next.

Organisational Chart & Profile



STAFF	PROFILE
	<p>Dr. Ravikant Singh, President About - MBBS & MD from KEM Hospital Mumbai, Maharashtra. First SAARC Youth Award winner from India. Roles and Responsibilities - Project Formulation Partnership & collaborations</p>
	<p>Dr. Rajat Jain, Vice President About - MBBS & MD from Maulana Azad Medical College & LNJP Hospital New Delhi. Currently Senior Resident in Radiology Department LNJP Hospital Roles and Responsibilities - Project Formulation Project Execution Membership drive</p>
	<p>Dr. Anurag Mishra, Jt. Secretary About - MBBS & MS from Maulana Azad Medical College & LNJP Hospital New Delhi. Currently Senior Resident in Surgery Department LNJP Hospital Roles and Responsibilities - Project Formulation Project Execution</p>
	<p>Mr. Saket Jha, Secretary About - A Masters in Engineering from Delhi University and currently works in real estate sector. Roles and Responsibilities – Saket serves as the secretary and responsible for office admin, documentation, partnership with like minded individuals & Institutions.</p>
	<p>Mr Pradeep Goradia Treasurer DFY About - Mr Pradeep is a businessman & philanthropist from Mumbai Role & Responsibilities – He is responsible for fund raising for DFY by organizing fund raising events and campaign.</p>

	<p>Dr Nidhi Singh Jt. Treasurer & Project Head Mumbai Field office About - A dental surgeon by profession currently working at MMRDA-DFY Oral Health & Research centre, Mumbai Roles & Responsibilities – Apart from all works related with MMRDA-DFY Health center Dr Nidhi is responsible for all accounts, audit and finance related work.</p>
	<p>Mr. Dhruv Kaushik, Executive committee Member About - Masters in Engineering from Cornell University, USA, Dhruv is currently engaged in running a healthcare enterprise in Gurgaon. An avid music lover who would travel to attend concerts, Dhruv has a penchant for healthcare and education. Roles and Responsibilities - As a part of the executive committee of DFY, Dhruv serves as the coordinator and assists over-all execution of all projects/events that DFY pursues.</p>
	<p>Mr. Abhilekh Kumar, Executive committee Member About - Masters in Business Administration from University of Virginia, USA. Abhilekh is currently working as Deputy General Manager at Yatra.Com in Gurgaon. Roles and Responsibilities – Abhilekh is responsible for social marketing and fund raising for DFY.</p>
	<p>Dr. Ajit Goenka, Executive committee Member About - MBBS from KEM Hospital & MD Radiology from AIIMS New Delhi. Currently Clinical fellow in Cleveland clinic, Ohio USA Roles and Responsibilities - Representing DFY at International Platforms Networking at National & International level</p>
	<p>Mr Saket Kumar Chief coordinator About - Ex-ITian presently running his own production house and a social activist with a vision to change India. Roles & Responsibilities - Saket is one of the founding member of DFY and responsible for coordination at National level for various projects.</p>
	<p>Dr Vineet Maheshwari President , UG Wing Doctors For You About - MBBS from Seth GS Medical college & KEM Hospital. One of the most active core group members of DFY. Roles and Responsibilities – All public relation and membership drive campaign of DFY is managed by him across India.</p>

	<p>Dr Khushbu Goel Project Head , New Delhi About – MBBS,MD Skin, MAMC Delhi Roles and Responsibilities –Project Management & coordination at Delhi</p>
	<p>Dr Kamran Shaikh Chief medical officer, MMRDA –DFY Health Center Mumbai About – BHMS, Mumbai Roles and Responsibilities – Running general OPD & Immunization OPD at Mumbai Health Centre</p>
	<p>Dr. Raginee Singh Project Head, Patna Field Office About – MBBS , Patna Roles and Responsibilities – Coordination of all activities & Project s in Bihar</p>
	<p>Dr. Mridul Kumar Deka Programme Manager, Guwahati Field Office About – MBBS , Guwahati and MPH from National Centre for Disease Control Roles and Responsibilities – Capacity Building and training Project formulation Project Development</p>
	<p>Mr. Sunny Borgohain Project Co-ordinator, Guwahati Field Office About - Masters in Disaster Management from Tata Institute of Social Sciences, Mumbai Roles and Responsibilities - Providing assistance in project conceptualizing. Coordinating with project staff and relevant authorities Coordinate the marketing, fundraising, branding & membership drive of organization on various platforms</p>

Training for Capacity Building & Preparedness

Doctors for You (DFY) have considered the integral part of training and capacity building as one of its main strengths that it developed during the current year. DFY has been working hard to promote the importance of Training in public health and disaster management through its detailed training modules that it created for various training purposes throughout the year.

A very heavy focus is put for this purpose. This has borne fruit through very good results in all our training activities through which we have transformed all our participants into empowered and enabled medical and disaster management professionals.

A large number of training programmes were conducted at various training venues across states and districts within them. Every possible detail was taken care of by our field staff and project managers deputed for the particular training projects. From administrative work, documentation to travel & other logistics, every aspect was carefully detailed in the proposals and attended to. DFY believes that this aspect of our portfolio is an important one. In this regard, DFY envisions a stable & hopefully sustainable training schedule to be imparted to similar participants in the coming year. We believe that working on the feedback given to us by the participants, critical & expert thinkers/professionals from the field of disaster management and public health is crucial in our success of the same. For this purpose, taking into consideration all the learnings from our previous year, DFY has been working on proposals to provide trainings listed in our portfolio to be submitted to various state governments and related disaster management and public health bodies who are stakeholders in saving lives of the citizens of this country.



Most of the trainings have been under the effective coordination of the Guwahati based North East Regional Office (NERO). A broad summary of training programme that Doctors for You has conducted is as follows:

TISS-ASDMA-DFY

In the past one year, one of the main achievements for our organisation was the involvement in capacity building and training in Hospital Preparedness and Mass Casualty Management under the agreement signed by The Tata Institute of Social Sciences (TISS) and the Assam State Disaster Management Authority (ASDMA). The ASDMA project which was taken up by DFY as a third party NGO services provider, was a successful one. We have trained more than 2000 people in various ranks of the medical and developmental and governmental sectors. The lists of training modules are as follows:

LIST OF TRAINING MODULES
▪ Hospital Preparedness and Mass Casualty Management
▪ Mass Casualty Management
▪ Reproductive Health Care and Minimum Initial Service Package during Emergencies
▪ Basic Life Support (BLS)
▪ Mass Measles immunization Drive during Emergencies
▪ Security Risk Analysis, Control Room Processes and Humanitarian Team Resource Management during Complex Emergencies
▪ Emergency Health Management
▪ Public Health in Emergencies
▪ Working as Relief Team in Disaster Situations, Conflict and Complex Emergencies
▪ Lower Assam NGO Forum Emergency Management Exercise



These trainings were given to the participants across the state in two different levels. Training for Trainers (TOT) was given at the state level and at the district level training mostly consisting of trainings which focused on first responders such as paramedics, fire brigade, police and the civil defence.



At the district level trainings took place in the districts of Guwahati, Bongaigaon & Chirang, Dhubri, Kokrajhar, Kamrup Rural, Udalguri, Nalbari, Nagaon & Morigaon. For the module of Mass Casualty Management for Paramedics, Fire Brigade, Police and Civil Defence personnel, 192 man hours of trainings were conducted for a total of 680 participants. For the module of Hospital Preparedness and Mass Casualty Management for Doctors and Hospital Administrators, 240 man hours of trainings were conducted for a total of 343 participants.

Other Trainings & Internship Outcomes

BTAD Region

When the Bodo-Muslim conflict reemerged early in the year of 2012, DFY was following the story closely. The resultant internal displacement and ghettoization forced the second largest movement of people in our country since partition. In order to cater to the minimum initial needs of the camps, as mentioned in our MISP section, the NERO team worked hard to train ASHAs, ANMs and AWWs in the module of Reproductive Health Care and Minimum Initial Service Package during Emergencies. The training was conducted for a total of 88 man hours for approximately 68 participants in the districts of

Chirang, Kokrajhar and Dhuburi. ASHAs, ANMs and AWWs were also trained under the Mass Measles Immunization Drive during Emergencies module which took 16 man hours to complete for a total number of 105 participants.

Furthermore, Doctors, Hospital Administrators, ANMs, GNMs and other hospital staffs were trained under the Basic Life Support (BLS) module which also took 16 man hours to complete for a total number of 63 participants.



Students from the Tata Institute of Social Sciences, who were brought in batches as part of their course curriculum for the purpose of implementing the MISP services in the areas of Chirang, Kokrajhar and Dhuburi, were trained in the modules of Security Analysis, Control Room Processes and Humanitarian Team Resource Management (HTRM) during Complex Emergencies. During this training the NERO team spent 16 man hours to train approximately 18 student participants.

Haflong Training

The district Disaster Management Authority of Dima Hasao along with the help of resource persons from Doctors for You conducted Emergency Health Management training in the month of February. As is the belief of DFY, Emergency Health Management is one area where attention is required during disaster situations. To attend to the health needs become imperative during times of disasters. Therefore, DFY has been active in seeking out almost any opportunity which would be beneficial to build the capacity of health workers at all levels. The two day training was attended by 56 participants including doctors, hospital administrators, and paramedics. The training aimed at equipping the participants with various skills required to be able to manage and guide others while responding to emergencies.



Conducted on the 27th and 28th, the Haflong training included modules of Basic Disaster Terminologies. The training also consisted of using interactive methods of communication which used videos, presentations as well as participation by those attending the session. The list of trainings that were given to the participants were as follows:

- Basic disaster terminology
- Emergency ways of working
- Initial Rapid Assessment
- Extrication, Evacuation and Transport
- Basic Life Support
- Communication and Media Management
- Triage
- Blast Injury, Injuries and their Management
- Hospital Preparedness and Disaster Risk Reduction
- Management of Human Remains
- Personal and Safety Measures during Disasters

Mumbai Operations

One of the most challenging aspects of development is to address the health of the displacement affected population who are forced to move to establishments provided by MMRDA/MRVC due to the loss of their actual land. Mere, compensation or replacement of shelter has never been sufficient as the relocated populations have to be provided with basic necessities such as medical access and appropriate occupation or opportunities for the same. For DFY, the opportunity to access the health services emerged here. Identification of the health problems began with surveys and literature reviews. The team found the following health problems that existed in the community.

HEALTH PROBLEMS
▪ Diarrheal & Respiratory Diseases
▪ Malaria
▪ Hypertension & Diabetes
▪ Tuberculosis
▪ Tobacco /Pan Masala /Alcohol
▪ Reproductive tract Problem
▪ Lack of regular Immunization & other preventive-promotive health services



DFY setup the Natwar Parekh Compound Health Centre under the sponsorship of MMRDA in October 2010. This Health project idea was conceived jointly by MMRDA; MRVC & Doctors for You (DFY) to provide health care facilities to the project affected people of resettlement townships. The project is a subset of a bigger Vision of MMRDA & MRVC to improve Mumbai's Human Development Index (HDI) which includes increment in Life Expectancy, Educational Index and Standard of Living of the people affected by their projects. The Natwar Parekh Compound Subsequently, through an additional collaboration with the Mumbai Railway Vikas Corporation (MRVC) was able to sustain and expand its services to Lallubhai compound and Ambedkar Nagar Colonies in the year 2012-13.



Through this project DFY was able to increase its reach from around 4500 families (31,500 individuals) to around 20,000 PAP families of the three resettlement colonies of MMRDA & MRVC. The NP compound Health Centre has facilities like General/Paediatrics OPD, Immunisation OPD, Dental OPD, DOTS Centre, Injection/Dressing OPD, Chronic OPD, Gynaecology OPD, Ophthalmology OPD and even a De-addiction OPD. The Centre is also implementing various critical components of National Health Mission like immunization, polio eradication, maternal and child care, etc. The Centre is also effectively counseling target population on socially sensitive subjects such as family planning, nutrition, health and hygiene and sexually transmitted diseases.

The project faced severe challenges due to lack of basic infrastructure during its initial 6 months of operation in Lallubhai compound and Ambedkar Nagar colonies. However on request of the Managing Director of MRVC, MMRDA is now ready to provide a space for starting up another Health Centre in Lallubhai Compound. Post the approval DFY proposes to establish a similar Health Centre at Lallubhai Compound which it expects to receive all necessary permissions in the coming year. This new step would ensure a provision of sustained quality primary healthcare services which would further bring a measurable change in all health indicators and have a long term social impact on the lives of the PAP families.

LIST OF SERVICES
▪ General OPD
▪ Immunization OPD
▪ Dental OPD
▪ T.B OPD
▪ DOTS Centre
▪ ANC OPD
▪ Family Planning OPD
▪ Ophthalmic OPD
▪ School health check up & de-worming
▪ Health Education Programmes
▪ Women Empowerment Programmes

Additional to the health services DFY has also begun to run various programmes on women empowerment such as leadership development , formation of Self-help groups (SHG), business skill development, decision making, legal awareness and sanitation.



The following table summarizes the achievements of the Health project in the last six months.

STATISTICS FOR THE NATWAR PAREKH CLINIC – 2012-13			
▪ Total Patients treated	7163	▪ Total Chronic Disease OPD patients	345
▪ Total ANC patients registered	79	▪ Total Family Planning cases	68
▪ Children Immunized	436	▪ Malnourished children registered	39
▪ Total Dental OPD	173	▪ Total patients for sputum testing	1057
▪ Total DOTS Patients	103	▪ Vitamin A Supplementation	933

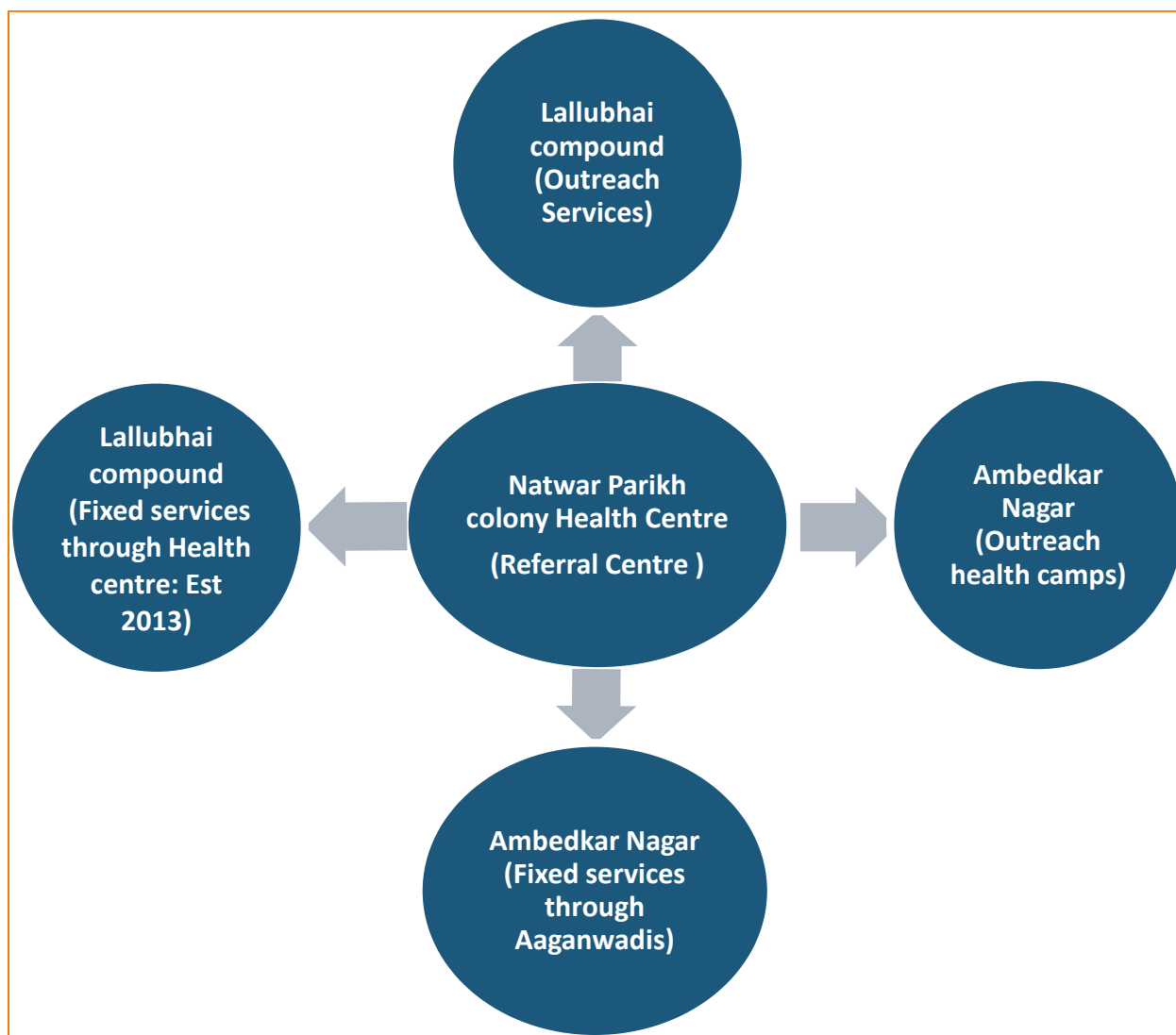


Fig: Model of Operations

Assam conflict Intervention

In July 2012, violent clashes erupted between the Bodo and Muslim communities causing close to 100 deaths and displacement of about 4,00,000 people in the districts of Chirang, Kokrajhar and Dhubri of western Assam. The clashes involved killings and arson of dwellings in both communities. Paramilitary troops and the army were deployed soon after to restore law and order. Presented with large scale displacement unique to this setting in the country, both the government and humanitarian organisations were faced with multiple challenges. Relief camps were formed across the the affected districts and rapid ghettoization was observed. The camps came with their regular challenges of regular influx, government food distribution, registrations of the displaced among others. The district administrations were also faced with challenges that most often are the most difficult to address. Public health especially those of maternal and child health and sexual health issues had to be addressed as soon as possible. This was the second largest movement of a displaced population since partition.



While the central and state governments responded to the situation, establishing and maintaining relief camps across three districts, the displaced populations continued to live with limited access to essential services and grave health risks. News channels reported in early August of an impending medical emergency in the camps, writing that “according to the state government, out of the over 8000 children in relief camps, 6000 are sick.” Initial assessments by humanitarian agencies also reported of unfavorable environmental hygiene conditions, with heightened risks of water-borne diseases amongst the population. While food rations were being provided, this only included lentils, rice and salt and were reported to be insufficient in quantity, in addition to being nutritionally inadequate. The limitations on movement, perceptions of insecurity, high density of population in the camps and underlying

vulnerabilities of the displaced populations created further challenges for meeting the needs of the people.

DFY involvement

In this context, Doctors for You, with support from The Tata Institute of Social Sciences, intervened in the area to complement ongoing efforts to meet the needs of the displaced population. An initial rapid assessment was carried out in early August, following which the Minimum Initial Service Package project was implemented towards ensuring reproductive health rights of the women and adolescent girls in the camps. In response to other emerging needs, nutrition and water quality monitoring was carried out in selected camps specific efforts towards advocacy through using this data. The nutrition surveillance included MUAC tests, height and weight, immunisation and dietary information while the WASH data included information about the structure, location and disinfection status of water sources in camps. Water-quality testing was also done using Hydrogen Sulphide tests. In addition to the surveillance, essential dietary information was provided to mothers of Severely Acute Malnourished (SAM) / Moderately Acute Malnourished (MAM) children. SAM children were referred to the nutritional rehabilitation centre (NRC), where present, or the public health centre; and hygiene promotion activities were carried out with children in every camp. In Chirang district, data from the nutrition surveillance was presented to the District Administration. This resulted in immediate action, whereby nutritious packages were procured in consultation with the NRC and distributed to families with SAM children.



DFY-TISS was supported in carrying out these activities by students of Disaster Management TISS JTCDM (School of Habitat Studies) who provided surveillance, community mobilisation and engagement, logistics, data entry and documentation support to the project. During response, because of security concerns in the conflict affected region and for smooth functioning of DFY-TISS team two guidelines were formulated. These guidelines helped the teams to work in coordination with each other.

Implementation of MISP

The developing humanitarian situation in lower Assam saw a disruption in the availability of almost all essential services in varying degrees for the displaced populations. While this included health services as well, the reproductive health scenario presented further challenges for the populations as well as service providers. The reproductive health needs of the displaced population went largely unmet due to a highly skewed patient – doctor ratio. While health centres in Chirang, Kokrajhar and Dhubri were not fully staffed even before the conflict, the displacement of doctors and health workers further hampered the provision of health services through these centres. Where health centres were functional, access to these centres was a problem. The rising fears of camp inhabitants prevented them from visiting health centres located near settlements of the other ethnic groups. For example, the Kokrajhar Civil Hospital is the nearest secondary referral centre (or CEmOC, for deliveries) for the Muslim inhabitants of camps in Gossaigoan. However, people preferred to stay inside the camps even in cases of medical emergencies, rather than going to the hospital traveling through Bodo areas. All this created a large gap in the provision of medical aid and other essential medical/nutritional services to the camps.

Existing vulnerabilities of women and girls of reproductive age were exacerbated in the camp-settings with limited access to environmental health, nutrition, private space, and health services. In the 40 camps visited by DFY-TISS team, there had been 135 deliveries from August-September, out of which 43 had been in camps. There had also been 10 neonatal deaths and 2 maternal deaths in the two months. Deliveries in the camps were reported to be either conducted with support from dais or whoever was available in-case the dai had not moved to the camp. Additionally, since a majority of the identified pregnant cases were multipara, the time period between start of labour and delivery was very less. Because of this, a number of deliveries were reported to have happened in corridors, staircases or en-route to a health centre.

The fundamental premise in the WRC (2011) Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module, the MISP could be implemented without an in-depth RH needs assessment because documented evidence already justified its use. Irrespective of this premise, we undertook a MISP baseline assessment. One of the most important tasks that we faced was to identify the MISP providers. This was done by identifying the entry level personnel who have the most proximity to the camps. Depending on their involvement, their ability to move around the camps as well as their easy identification, ASHAs & ANMs were identified. Places where either of the two were not available, DFY had to approach Anganwadi workers. Roles were defined for them as well as a detailed training was undertaken for this purpose. The MISP Providers were remunerated for their engagement with the project and the incentives were based upon four milestones – registration of pregnant women in the camp, 1st and 2nd ANC check-up for all identified women, institutional delivery, and perinatal care.

The MISP boxes that were placed in the hands of the trained MISP provider contained the following:

- **A Safe-Delivery Kit:** With the recognition that the crisis in lower Assam presented certain conditions that would result (as evidenced in the rapid assessment) in camp deliveries despite ongoing efforts towards promotion of institutional deliveries, this component of the MISP box was included to ensure that these deliveries were at the least, safe. Every MISP box contained 5 kits which contained a blade, soap, pair of free-size gloves, cord clamp, cloth for wrapping the newborn and a plastic sheet for facilitating the delivery.
- **An Ante-Natal Care Kit:** This included calcium, iron-folic acid and vitamin supplements for pregnant women.
- **An RTI/ STI Kit**
- **A Family Planning Kit:** The components of this kit included oral contraceptives, condoms, and a pregnancy test kit.
- **Menstrual Management Essentials:** Every MISP box was stocked with ten packets of sanitary napkins, to be provided to those who use sanitary napkins. Since the use of napkins was reported to be limited to adolescent girls and a few older women, 1 meter of marking cloth was also provided along with a pair of scissors for distribution.

After detailed field tests of the boxes and constant feedback the contents changed. A detailed description of which is given below:

Sr. No.	Component	Unit Cost (INR)	Quantity per box	Total Cost (INR)
1.	Steel Box (22.5x14x6 in)	240	1	240
2.	Scissors	35	1	35
Delivery Kit		86.73	5	343.65
3.	Plastic Packet (to store kit)	3	5	15
4.	Blade	0.98	5	4.9
5.	Soap	4.75	5	23.75
6.	Gloves	11.5	5	57.5
7.	Baby Cloth (0.5mx1m)	18	5	90
8.	Cord Clamp	14	5	70
9.	Plastic Sheet (1mx1m)	16.5	5	82.5
Ante-Natal Care Kit		217.5	1	217.5
10.	Plastic Box (to store medicines)	25	1	25
11.	Iron-Folic Acid Tablets (strip of 15)	15	5	75
12.	Calcium Tablet (strip of 15)	9.5	5	47.5
13.	Multi-vitamin Capsules (strip of 10)	14	5	70
Family Planning Kit		170	1	170
14.	Plastic Box (to store medicines)	25	1	25
15.	Mala-D (strip of 28)	3	5	15
16.	Condoms (packet of 10)	100	10	100
17.	Pregnancy Test	12	5	60
Menstrual Management Materials				
18.	Sanitary Napkin (packet of 8 pads)	20	10	200
19.	Marking Cloth (1m)	20	1	20
NET COST OF 1 MISP BOX				1256.15



Liaisoning with the Authorities

One of the most important elements in our intervention was the fact that we kept the government authorities in the loop of all our activities as well as sought help whenever we felt necessary. The results of our interactions with the government bore fruit through excellent support.

- The Kajalgaon Civil Hospital was used as the base for the first team to set up a control room in Chirang. Discussions with the health authorities not only enabled the provision of office and residential space for the Chirang team at the hospital, but also warehouse space for all the supplies. Proximity to the hospital also enabled the team to facilitate the MISP Providers when they accompanied women from the camps for deliveries.
- Initially, while the procurement of materials for the safe delivery kit was underway, the NRHM delivery kit was provided as safe delivery kits. While its intended use is in sub-centres and primary health centres without adequate space for delivery, provision of these kits in the initial stages ensured that deliveries at the camps were safe despite the lack of provisions to ensure institutional deliveries. Later, a simpler and more user-friendly kit was contextualised and included in the MISP box.
- Supplies of Mala-D and Condoms in the MISP box were sourced from the government drug stores. Similarly, essential basic medicines were made available to DFY-TISS by the health authorities for administration by doctors in case of requirement during camp visits.
- NRHM IEC material, including flash-cards for reproductive health and posters for hygiene promotion were used for health promotion by the team. Using this material not only ensured that the images and language was locally relevant, but also saved time that would be involved in developing material, since it was readily available for use.

In addition to the support sought from the local government, advocacy was used to enable plugging of gaps in the health system. It was recognised that strengthening community-based reproductive health capacities will not be enough to ensure the rights of pregnant women unless forward linkages are established with the health centres. An example of this can be found through the following story.

Advocacy for health system strengthening

Johura Khatoon, MISP Provider in Mojabari Camp of Chirang district brought a pregnant woman for delivery to the hospital. When the doctor demanded a fee for carrying out the delivery, which in principle cannot be chargeable in any government institution, the MISP Provider sought help from the DFY-TISS team. The team intervened and ensured a safe delivery without payment. Additionally, this was reported at the district administration, who immediately issued an order that no deliveries should be charged in any government institution. Additionally, the list of DFY-TISS's MISP Providers was recognised by the authorities, ensuring they don't face institutional hurdles while carrying out their services.

MISP Provider facilitates a camp delivery

Isiron Bibi came into the Bengtol CHC camp in August, 2011 after the conflict broke in her district. In September, she was registered by Azeema Bewa, the MISP Provider of her relief camp as one of the pregnant women in the camp. After registration, her ANC check-up was carried out by doctors from Doctors for You. Like all the women in her camp who were in their third trimester, she was provided with a safe delivery kit by the MISP Provider.

On 14th October, when Isiron experienced labour pains, Aseema called the ANM living nearby to facilitate the delivery since that CHC has become dysfunctional since the establishment of a relief camp in its premises. However, the ANM refused to help with the delivery, saying the Isiron should be taken to Bongaingaon Civil Hospital 20 kms away for delivery instead. Aseema then tried calling three different ambulance drivers, including 108, but neither these nor private vehicles, were available for transportation that night. As Isiron's labour progressed, it became clear that the delivery will happen at the camp itself. Azeema, then facilitated the delivery using the safe delivery kit. During the delivery, when the placenta was not coming out, she sought guidance from doctors from DFY-TISS over the phone to facilitate this process.

While delivery by an ASHA worker or volunteer is not ideal or encouraged, in this case, it was instrumental in ensuring that safe materials and actions were taken during the crisis.

Other modes of intervention

The DFY team, also realising the context in which these camps existed, provided clinical services to women of reproductive age. Primarily, this involved conducting ANC check-ups for pregnant women in camps, and administering RTI/ STI medicines. Identified high risk cases were also referred to the nearest CEmOC and counseled for seeking institutional delivery well in advance of their EDD. Additionally, any emergency medical cases in the camps were attended to and/or referred.

DFY, through valuable support from TISS have been most fortunate to be able to create a difference in the most vulnerable of areas. Although working in a protracted conflict zone is not an easy task, our

employees and volunteers have had a major role to play in making this intervention a success. Our involvement in the BTAD region has not ended. We wish to continue this engagement and leverage on the goodwill that DFY has been able to accumulate through these few months in lower Assam. The area, being extremely volatile, functioning has always been a challenge. Coupled with sustainability issues as well as the fact that the built rural environment has changed drastically over the few months, DFY has been working hard to keep the operations running in Assam. The coming year is crucial for us in this regard.

Kumbh Mela and its Coverage



Members of DFY were involved in a detailed study of the Kumbh Mela held in Allahabad in the beginning of 2013. The team consisting of members of the NERO office, visited all the 14 sectors in the Mela area under the 25km of radius area for the perception study. The study included a methodology where transect walk, social and resource mapping as well as in-depth interviews of doctors, police personnel, Fire service personnel as well as devotees were conducted. Apart from all these methods, semi structured interviews were also conducted to find out the WASH status inside the Mela area.

This study was done at the behest of the Maharashtra Government which wanted to be prepared for the next Kumbh Mela to be held in Nasik in 2016. Apart from giving a general overview of the whole mela, the team identified resources available in the Mela area, listed out responsible ministries, Non-Government Organizations and their interventional areas. The team also discovered common health problems, facilities available for health diseases treatment of common diseases, accessibility, affordability and quality of the health care services / facilities / institutions. It was found that apart from the overall living conditions inside the Mela area there is a lot to uncover in terms of drinking water supply, sanitation and hygiene, awareness levels of the pilgrims on WASH. Finally the team documented all the major problems, gaps and future needs to run a Kumbh Mela smoothly.



The intention to visit Kumbh and document it emerges out of our commitment towards capacity building and preparedness measures that DFY believes is important.

The team also noted down a number of incidents that arose during the mela. Altogether 18 fires were reported and were duly documented by the team. DFY not only observed the mela areas but also the peripheral areas which connect the pilgrims to their destination. One of the major incidents, a stampede in Allahabad Station on the 11th of February, was reported with detailed accuracy by the assigned team. The aftermath and the response by the concerned Disaster Management authorities was recorded post which key learnings were extracted and listed in the report.

Mass gatherings such as the Kumbh Mela require the involvement of professionals in public health and disaster management among others for governments to be able to practice safe management of crowds. The fact that DFY can provide such services to governments is a strong point on which we would like to build our organisation on.

JSIA and DFY Joint Applied Field Training Programme

Between the 3rd and the 7th of May a joint applied training programme aimed at enabling future humanitarian workers was conducted by JSIA & DFY resource persons. The training module, aptly named as “Working as Relief Teams in Disaster situations, Conflicts and Complex Emergencies” was offered by the Centre for Study of Political Violence, Jindal School of International Affairs (CSPV-JSIA) and Doctors for You-North eastern Regional Office (DFY-NERO). This training programme placed itself as a distinct interdisciplinary module that sought out to deliver cutting edge curriculum and high quality training content to the participants.



The focus (and location) of the training was especially on the North eastern Region of India which was built on the consolidated experience of: a) DFY-NERO's humanitarian medical response to the Kokrajhar Ethnic Crisis of 2012 (which has been ongoing since July 2012); and b) the CSPV-JSIA/DFY-NERO joint field research project on "Public Health in Conflict, Disasters and Complex Emergencies."

total of 15 participants attended the training programme consisting of students from JSIA and government officials of State Disaster Management Authorities from Assam and Meghalaya. The highly intensive training programme was innovative and it provided an overview of theoretical and practical aspects of disaster management. Field visits were also organized for the participants and it helped them to contextualize the theories with actual field training, in rural areas affected by both disasters and conflicts.



Training Objectives

- First, the programme will provide an intensive practical orientation to individuals interested in working in the development sector, volunteering in NGOs and those seeking to work in the fields of disaster response.
- Second, participants will be sensitized to the critical issues facing those who are internally displaced persons (IDPs) as well as refugees. Especially important, will be the focus on health service delivery challenges in situations of large scale displacement, political instability and civil strife.
- Third, participants will be introduced to the practical aspects of working in disaster situations. These include working in small teams, collecting field data, using triangulation methods, conducting evidence based programme management and learning the challenges of operating under severe resource and security constraints.
- Fourth, through the training programme an alumni network of professionals and volunteers will be built, who will contribute to the field of disaster management especially in the North eastern region.

Major Highlights of the training

Theoretical

- Basics of Disaster Management and Introduction to Complex Emergencies
- Different methods associated with Field Data Collection.
- Conducting rapid assessments.
- Conducting Hazard Risk and Vulnerability and Capacity Assessment (HRVC)
- Security Analysis, Humanitarian Team Resource Management and Control Room Process.

Field Visit to Disaster Affected Areas

- Water, Sanitation and Hygiene Assessment
- Shelter and Site Assessment
- Population Assessment
- Hazard Risk and Vulnerability and Capacity Assessment (HRVC)
- Organizing Health Camps
- Visit to local NGOs

The training programme was interactive and having it inside the very conflict zone which governed most of the learnings of the collaboration proved to be extremely useful to the participants. All the 15 participants were handed roles that humanitarian workers might take up in conflict situations.

Challenges and Future of Operations

Mumbai

Mumbai has always been our centre of operations. It is the central control room for all activities that happen across the country. We aim to continue operating and expanding our services in Mumbai. We foresee an organisational transformation in the near future. Owing to the fact that DFY has been headquartered in Mumbai and has been functioning through the guidance of the president based out of the same city, we believe that any changes that occur out of Mumbai will reflect on the whole organisation. DFY believes that a strong Content Management System, Management Information System and a Donor Management System are essential for our organisation to run smoothly. Building on these aspects is the next step in bringing about a change in the organisation. For this purpose, we have had the august opportunity to be placed under the mentorship of distinguished faculties of the Indian Institute of Management, Calcutta, through their incubation centre. In a year's time, we aim to be an organisation that is sustainable, transparent, credible as well as ethically sound.

For the next year 2013-14, we would like to aim at continuing operations as well as expanding our health centres to other areas of mobile operations. We aim to establish another health centre at the Lallubhai compound in Shivajinagar, with the support of the Mumbai Railway Vikas Corporation (MRVC). Our donor management team is working hard towards this and we would be happy to report the establishment of another health centre as soon as possible. The second health centre aims to be bigger than the first, catering to a larger population in the area of Lallubhai Compound.

We are also in talks with the state government officials in related line departments to be able to assist in building disaster capacities through our trainings.

North-east Regional Office (NERO)

The existing challenges for the NERO are varied and are highly influenced by our presence and involvement with the Government of Assam as well as our intervention in the Bodo-Muslim conflict. Challenges rising out of our involvement in the North East begin mostly with establishing long term sustainable projects. For this purpose the NERO team has been working hard to reach out to other north eastern states pitching for various related projects which come under our training portfolio. In order to achieve this, a long term fun generation capacity needs to be established. NERO expects to generate funds through its Donor Management System currently being developed. NERO expects to report an

increased involvement in other states as well as the generation of funds for the purpose by the next annual report. Therefore it becomes critical that the NERO builds on the existing resources and capabilities in order to strengthen its position.

Future of the north east operations lies heavily on the overcoming of the challenges that the NERO faces. DFY is fully aware of this and is in continuous consultation with experts in the field of conflict, public health and other related fields to address such challenges.

Upcoming Project and Plans

We have been at a certain crossroads in our journey from 2007 till now. Like every organisation coming to realise that preparedness in any situation is paramount has been an overarching factor influencing our actions in the past one year. Content creation through expert disaster management and public health professionals, module creation through learning from feedback of participants, and constant monitoring and evaluation of our projects have borne fruit. We have come to realize that the efforts that we have shown in the past one year will be difficult to sustain without support from our partners, donors as well as the local governments. Irrespective of the constraints DFY will surely continue with our plans of expanding into the areas of training and development of stronger community health and emergency workers through appropriate trainings and mock drills. We believe that capacity building and preparedness would be most appropriate way forward. Therefore, our focus in the next year would be on continuing and improving upon our training portfolio. Working on these lines, we have made initial contact with the appropriate line departments of state governments around the country and are willing to collaborate with NGOs, Public Sector companies and other relevant partners for this purpose.

DFY operates in two basic modes, Response Mode as well as the Capacity Building and Preparedness Mode. DFY is always prepared to involve itself in interventions during disasters, conflicts and other emergencies. An assessment team consisting of doctors, public health professionals, consultants and disaster management / logistics professionals is always ready to proceed to ground zero of any emergency and conduct an Initial damage and needs assessment. Despite the high risks involved DFY is willing to enter any disaster zone across the country provided the situation demands and we have access permission by the local authorities. This aspect of disaster management cannot be ignored and we believe that quick and excellent medical relief is vital.