

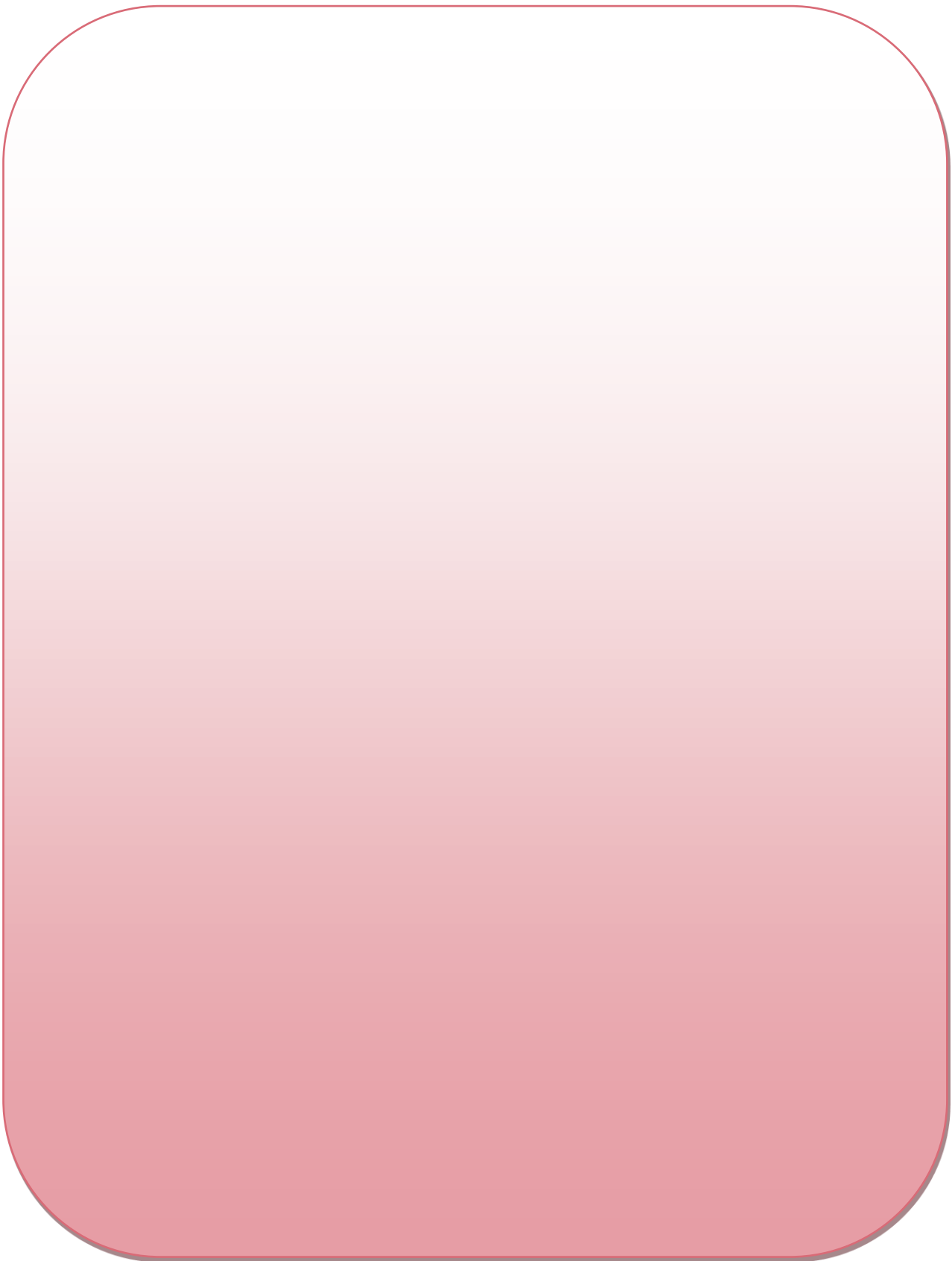
# DOCTORS FOR YOU

## Annual Report

2013-14



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## 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. So far Doctors for You has provided its humanitarian aid and response in catastrophic event that astounded the country like Mumbai floods 2005, Bihar floods 2008, Andhra Pradesh-Karnataka floods 2009, Orissa floods 2011, and Assam ethnic violence 2012. 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](http://www.doctorsforyou.org)

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Doctors For You

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DadaBhai Road Vile Parle (W)

Mumbai-400045

**About the organisation**

**Vision**

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

**Mission**

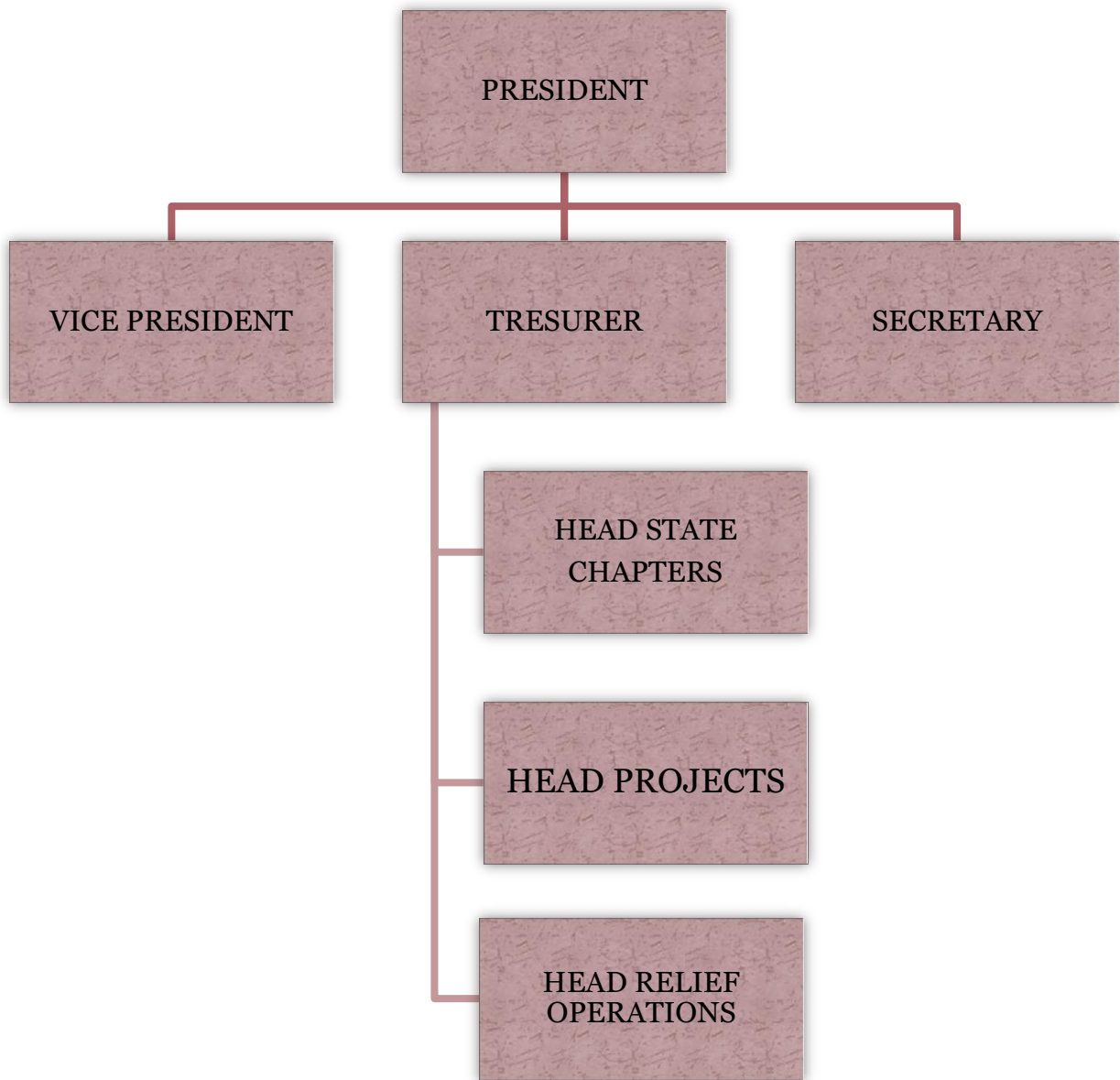
“To provide medical relief, sustainable health services, capacity building and risk reduction activities for vulnerable communities of the society in both crisis and non-crisis situations.”

**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 area of disaster management and public health. We crave for delivering the best possible qualitative service to the society. The DFY team is not only committed to fulfil its mission but also crave to enrich the mission through its learning experiences from field work

## ORGANOGRAM



## Staff Profile



Dr. Ravikant Singh is the President of Doctors For You. He holds the degree of MBBS & MD from KEM Hospital Mumbai, Maharashtra. He is the First SAARC Youth Award winner from India. Dr. Singh holds vast experience in project formulation, partnership & collaborations



Dr. Rajat Jain, Vice President of DFY. He is an MBBS & MD from Maulana Azad Medical College & LNJP Hospital New Delhi. Currently Senior Resident in Radiology Department LNJP Hospital. His major roles and responsibilities in DFY are Project Formulation and Project Execution Membership drive



Dr. Anurag Mishra, MBBS & MS from Maulana Azad Medical College & LNJP Hospital New Delhi is the Joint Secretary of DFY. Currently Senior Resident in Surgery Department LNJP Hospital. His roles and responsibilities include Project formulation and Project Execution.



Mr. Saket Jha, Secretary. A Masters in Engineering from Delhi University and currently works in real estate sector. His roles and responsibilities include office administration, documentation, and partnership with likeminded individuals & Institutions.



Mr Pradeep Goradia is a businessman & philanthropist from Mumbai and serves as the treasurer in DFY and responsible for fund raising for DFY by organizing fund raising events and campaign.



Dr Nidhi Singh is the Jt. Treasurer & Project Head Mumbai Field office. A dental surgeon by profession currently working at MMRDA-DFY Oral Health & Research centre, Mumbai. She is accountable for all the works related with MMRDA-DFY Health centre. Dr Nidhi is also responsible for all accounts, audit and finance related work.





Mr. Dhruv Kaushik is the Executive committee Member of DFY. 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. 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.



Mr. Abhilekh Kumar, Executive committee Member, Masters in Business Administration from University of Virginia, USA. Abhilekh is currently working as Deputy General Manager at Yatra.Com in Gurgaon. He is responsible for social marketing and fund raising for DFY.



Executive committee Member Dr. Ajit Goenka is an MBBS from KEM Hospital & MD Radiology from AIIMS New Delhi. Currently Clinical fellow in Cleveland clinic, Ohio USA. Dr. Goenka represents DFY at International platforms and maintains network at national & international level



Mr Saket Kumar, An Ex-IITian presently running his own production house and a social activist serves as chief coordinator in DFY. Saket is one of the founding member of DFY and responsible for coordination at National level for various projects.



Dr Vineet Maheshwari, President, UG Wing Doctors For You, is an MBBS from Seth GS Medical college & KEM Hospital. He is One of the most active core group members of DFY. All public relation and membership drive campaign of DFY is managed by him across India.





Dr Khushbu Goel is the Project Head in New Delhi. She holds the degree of MBBS, MD Skin, MAMC Delhi. She is responsible for overall project management & coordination at Delhi



Dr Kamran Shaikh (BHMS, Mumbai) Chief is the medical officer, MMRDA –DFY Health Center Mumbai

He is responsible for running general OPD & Immunization OPD at Mumbai Health Centre



Dr. Raginee Singh (MBBS) is serving as the Project Head, Patna Field Office

She Coordinates all activities & projects in Bihar



Dr. Mridul Kumar Deka is the Programme Manager at Guwahati Field Office. He holds the degree of MBBS (Guwahati) and MPH from National Centre for Disease Control. His responsibilities includes Capacity Building and training, Project formulation and Project Development apart from maintaining overall program at DFY NERO.



Mr. Sunny Borgohain serves as the Project Co-ordinator at Guwahati Field Office. He holds a Masters in Disaster Management from Tata Institute of Social Sciences, Mumbai. He is responsible for providing assistance in project conceptualizing, coordinating with project staff and relevant authorities coordinate the marketing, fundraising, branding & membership drive of organization on various platforms

## Message of Appreciation

Doctors For You (DFY) vision and mission takes it always to the difficult disaster zones and our strength to overpower these difficulties lies in our employees and volunteers. DFY is highly grateful to all its staff and volunteers who stood along with us in rocky times and supported us to grow. The team has always supported us in difficult disaster zones like Kokrajhar violence, Uttarakhand violence etc . We would like to thank each of our volunteer and staff member for the unconditional support. Doctors For You would like to start a tradition of employee/volunteer acknowledgement in every annual report.

### **Volunteer Doctor 2013-14 : Dr. Arvind Kumar**

Dr. Arvind has always been the strongest support in need for DFY. During Kokrajhar violence 2012, he worked continuously for two months and served in the most remote and dangerous places of the district. He is a CRPF retired doctor who has warring instinct in him and has always been a warrior of DFY to defeat any hardships on the field. He always made himself available for the community service with us. We would like to specially thank him for his wonderful support and will expect him to always continue his bonding with DFY.

### **Employee recognition 2013-14 : Mr. Rinku**

Employees are the biggest asset of any organisation and add competitive advantage to the organisation. Mr. Rinku is one such asset for Doctors For You. He has worked in all field sites of DFY without any complaints and is a trump card for the organisation. He has seen DFY growing and has nurtured the organisation with his hard work. DFY is highly grateful to Mr. Rinku for his extra ordinary contribution towards DFY. We wish a greater and fruitful journey ahead with him.

### Previous year's work at a glance

Capacity building and disaster preparedness training: For DFY trainings for capacity building and preparedness have been its major area of work in delivering services to the community. With its highly committed team members and accomplished resource persons, last year DFY materialised ample number of trainings across the states in cooperation with its stakeholders. The TISS-ASDMA-DFY project coordinated by DFY (NERO), has been very productive in terms of the constructive feedbacks received from the participants. More than 2000 people were trained on different modules. Besides conducting trainings for doctors, hospital administrators, paramedic, health workers PRI members and community based workers on modules like Hospital Preparedness, Mass Casualty Management and Community Based Disaster Preparedness; training for trainers (TOT) were also conducted at the state level. The objective of these trainings were not only sensitisation and capacity building of the community on disasters but also to build a network/alumni of people to work and volunteer for mass awareness and response at the hour of need.

Besides this the Haflong Emergency Management Exercise and JSIA-DFY joint applied training program on the module “Working as Relief Teams in Disaster Situations, Conflicts and Complex Emergencies” were some of the other major venture of DFY. It was implemented in association with the Centre for Study of Political Violence, Jindal School of International Affairs (CSPV-JSIA).

Assam Ethnic violence response: One of the biggest challenges in last year was to intervene in the BTAD conflict to provide services to the victims. This atrocious incident left nearly about 4 lakhs people displaced and take shelter in more than 300 relief camps. DFY initiated its humanitarian response with rapid need assessment of the inhabitants in the relief camps followed by service delivery which included MISP implementation, immunization, awareness and information on WASH and nutrition; and extensive surveillance and data collection which helped the government/district administration to take up immediate action. Apart from this DFY NERO also took initiative to train ANM/ASHA/AWW workers on MISP and Reproductive and child health during the time of BTAD conflict. Networking and advocacy with the stakeholders was another prominent task carried out by the DFY team to ensure proper service delivery during the conflict.

Kumbh Mela coverage: DFY carried out a detailed study on Kumbh mela in Allahabad (2013) at the behest of Maharashtra government. The objective of the study was to perceive a general overview of the mela, including WASH availability, common health problems, access to health care facilities and possible stakeholders intervening in the mela. The team also documented various impacts and incidents that had occurred in the huge gathering of Kumbh mela.

### Assam State Disaster Management Authority (ASDMA) project

This year Doctors For You (DFY) collaborated with Assam State Disaster Management Authority (ASDMA) to conduct disaster preparedness and capacity building trainings in various districts of Assam. Each year thousands of people in Assam are affected by flood throughout the Brahmaputra valley likewise Assam also falls under the zone five earthquake of vulnerability. Moreover poor infrastructure and maltreatment of available local resources have made the vulnerability more serious. Consequently DFY has formulated the training modules after conscientious study of current hazard and disaster scenario of Assam. While preparing the modules DFY also kept on mind the category of training participants, their level of perception and capabilities to cope up disasters and emergencies. Feedbacks from last year's training participants also helped to make this module practical and as per the need of the community. These four modules are

1. Community Based Disaster Preparedness(CBDP)
2. Mass casualty Management(MCM)
3. Hospital Preparedness and Mass Casualty Management (HPMCM)
4. Public Health In Emergency(PHIE)

### Community Based Disaster Preparedness (CBDP) Training



After the devastating floods in West Bengal in 2000 community based disaster preparedness program was launched by UNICEF, the Inter Agency Group (IAG) and West Bengal Government and was basically implemented in West Bengal<sup>[1]</sup> Doctors For You (DFY) started addressing these issues of disaster response and preparedness since its inception in the year 2007. In 2012, DFY collaborated with the Assam State Disaster Management Authority (ASDMA) in its project of disaster preparedness and capacity building training. Since then several trainings were organised throughout Assam on various modules. DFY as a humanitarian organisation intervened and responded in Assam during BTAD conflict that erupted in July, 2012 to meet the need of the displaced populations. During this operation the need of disaster preparedness and community based organisation was realised. Eventually in the year 2013 a new module on Community Based Disaster Preparedness with community as its prime focus, was introduced. The objective of this module is to sensitize the community about the existing hazards and vulnerabilities and to promote, ensure and strengthen collective efforts of the community to address disaster risk and vulnerabilities. Community based disaster preparedness is reckoned very important as the external support and service are likely to reach after some period or there might also be breakdown of such services whereas community based organisation and collective effort is always sustainable and timely in both disaster and post-disaster phase. The CBDP module promotes active community participation, coordination, empowerment and ownership of the local community with risk assessment and by identifying its resources to mitigate and prevent disasters and emergencies. The topics that were included in the training sessions are Hazard Risk and Vulnerability Assessment (HRVA), concept of CBDP and its processes, community based disaster management team, role of the community and other stakeholders, addressing the need of the vulnerable communities and Water Sanitation and Hygiene (WASH)

This year a total no. of five CBDP trainings were organised in Barpeta, Dhemaji, Lakhimpur, Sivasagar and Sonitpur districts of Assam. The training provided an opportunity for participants to learn essential skills and knowledge in community based disaster preparedness to address implementation challenges in a systematic manner. With a total no. of 186 participants, the training received enormous positive response. The target groups were PRI and VCDC members, local NGOs, students and other community workers. They urged that CBDP should be implemented at the village level to reach out more population. The participants were also distributed the Village Disaster Management Plan (VDMP) to practically prepare their community level preparedness plan. The objective was to strengthen the communities throughout Assam by identifying their local knowledge and resources.

### Mass Casualty Management (MCM) Training

Disasters lead to large number of casualties. However many death following disaster can be prevented by the management of casualty and rapid medical care. Without rapid and timely intervention the situation can deteriorate. Before the casualties reach to hospitals for clinical care, management of mass casualty with pre hospital triage, pre hospital emergency care including basic life support and psychological first aid can bring down the number of possible deaths. Hence Doctors For You came out with this training module on mass casualty management comprised of maximum practical and hands-on sessions including extrication, basic life support, triage, fire safety and fire extinguishers demonstration. A series of trainings on Mass Casualty Management in 10 district of Assam namely Bongaigaon, Chirang, Dhubhri, Kamrup (M), Kamrup (R), Kokrajhar, Morigaon, Nagaon, Nalbari and Dima Hasao district were conducted. The objectives of the training were to introduce the concepts of working in emergency situation and handle mass casualty in the event of emergencies or disaster. It was targeted to the first responders in emergency i.e. defence personnel, police, fire department personnel, SDRF etc. The resources persons opted for various training methods like games, exercise, demonstrations, group work and presentations were also designed for easy, active and fruitful learning.

### Hospital Preparedness and Mass Casualty Management (HPMCM)

21<sup>st</sup> century has witnessed various man -made and natural disasters which had immediate effect on the



health system. Emergencies resulting from either natural disasters, infectious diseases outbreaks or from human-induced activities (bio-terrorism, bomb-blast) cost massive loss to human lives. During such situations the hospitals plays vital role not only in providing services to its in house patients but also to the casualties of disaster. Thus the health system and hospitals need to be prepared throughout the year. However various case studies and the disasters like the Bhuj (Gujarat) earthquake, West Bengal Flood of 2000, have shown that Hospitals in India highly lacks in disaster preparedness. . If national and the local systems especially the health systems are ill-prepared to deal with the disasters, the vulnerability of both individuals and communities becomes even more pronounced. The sudden increase in demand for essential health services brought on by disasters often overwhelm health



systems and their institutions, rendering them unable to provide the necessary lifesaving interventions. The hospitals need to have an emergency/disaster management plan along efficiency of services and capacity and strong infrastructure. In fact as per the "Disaster Management Act, 2005" of India, it is mandatory for government hospitals in India to prepare a disaster plan. <sup>[2]</sup>

Doctors For you in its mission of disaster preparedness and capacity building has collaborated with Assam State Disaster Management Authority(ASDMA) to conduct capacity building trainings for doctors, hospital administrators, and other health workers of both public and private health system to plan, promote and strengthen hospital disaster preparedness. The Hospital Preparedness and Mass Casualty Management Including Hospital safety Plans (HPMCM) training aims to prepare a contingency disaster plan for every hospital identifying its resources with the Hospital Incident Command System. It also focuses on hospital internal safety plans like fire safety and infrastructure. The major topics that are included in HPMCM training are

- Triage and Transportation
- Basic life support
- Management of poly trauma
- Hospitals in disasters and hospital disaster preparedness
- Media management during emergencies
- Fire safety in hospitals

The training module is designed to help the participants including doctors, hospital administration and other hospital employees to get equipped, prepared and respond while dealing with mass casualty during disasters. This year DFY has conducted 10 trainings in the districts of Kamrup (R), Nalbari, Bongaigaon, Chirang, Kokrajhar, Dhubri, Morigaon, Nagaon Kamrup (M), and Dima Hasao the year 2013-2014. A total no. of 134 participants from hospital background successfully participated in the training. DFY has also initiated and completed the Hospital Incident Command System in most of the district civil hospitals. One of the major achievements of these trainings was that DFY in cooperation with the participants was able to compile the Hospital Incident Command System (HICS) for the respective district civil hospital. The HICS will help the hospital administration to assess the resources of the hospital, and plan and prepare accordingly for any emergencies. DFY (NERO) team is also persistently doing follow-up of the participants to encourage their involvement for hospital disaster preparedness.

*Participants' feedback: It was very important for DFY to accumulate participant's feedback on the training process as this will help DFY to adapt practical training modules for future endeavours. Most of the participants urged that Hospital preparedness and capacity building trainings should be conducted more frequently and it should be disseminated to all the Hospital workers. The participants also suggested that the no. of training days should be increased.*

## Public Health in Emergency

Whereas India ranks third in top three medical tourism destinations, the public health scenario in India is equally challenging. Each year in India two million children aged less than five year of age dies of diarrhoeal diseases. Maintaining public health in emergencies which includes public health promotion and protection, disease



prevention, health assessment and disease surveillance is more critical. According to the National Disaster Management Authority (NDMA), Water supply, Sanitation and Hygiene (WASH) plays a critical role in ensuring the health and overall wellbeing of people, especially women and children during peace time as well as at the time of crises. In its venture of promoting and providing public health during emergencies, DFY has collaborated with ASDMA to conduct Public Health in Emergency (PHIE) trainings to public health care professionals like ANM/GNM, ASHA workers, Vaccinators, pharmacists, health educators and MPW's at the district level. In the year 2013-2014 DFY has conducted five PHIE trainings in the districts of Nagaon, Morigaon, Kamrup (R), Kamrup (M) and Nalbari. 175 no. of participants from various public health department participated in the training program where they shared their experience on the field and about the problems they face while delivering services in the time of emergencies. DFY's experienced resources persons from the field of public health and epidemiology delivered extensive theoretical and practical orientation to deal with emergency situations pertaining to public health. The PHIE training module covered a vast range of topics like WASH, nutrition, minimum need and initial rapid need assessment, control of diarrhoeal and vector borne diseases, psychological first aid and prevention and control of outbreaks.

### Health cluster assessment on Karbi-Rengma conflict, Karbi

*Recommendations by the DFY team: advocacy with the health department is necessary for inclusion of provision for materials and medicines for children, pregnant women and lactating women living in the camps. Sufficient sanitary napkins should be provided as demanded by likewise mosquito nets also should be provided according to the number of populations. Immunisation drive for measles also needs to be initiated as there has been a reported case of measles in the camp*

During the end of December, 2014 a conflict broke out between Karbi People's Liberation Tigers (KPLT) the Rengma Naga Hills Protection Force (RNHPF) in the bordering areas of Karbi Anglong and Nagaland. Eventually around 3000 people belonging from both Karbi and Rengma community were displaced from their villages and were located in relief camps<sup>[3]</sup>

Doctors For You (DFY) carried out a study on the consequences of this conflict from 12<sup>th</sup> to 14<sup>th</sup> February, 2014. The objective of the study was to get a comprehensive picture of the existing camps, humanitarian situation and response pertaining to the health needs of those affected by the conflict. The All Karbi-Anglong Peace Forum helped DFY to materialise the study. Both primary and secondary data were collected from sources like the health department and All Karbi-Anglong Peace Forum. Primary data were collected from the relief camp dwellers. Data were collected through direct field observation; focus group discussion and questionnaire based on LANF assessment form.

It was observed that during the period of this study only three camps were operating as the inhabitants of other camps relocated in their respective villages. The existing three camps were inhabited by the Rengma tribes. The study unfolded that governmental aid was not provided sufficiently to the inhabitants. The health care necessities were coordinated by Bokajan Public Health Centre (BPHC) by conducting weekly health camps, malaria screening and medical aid distribution for common ailment. However some of the areas still not covered under any health care response. In fact there was also a growing health concern as there were signs of various diseases like skin rashes with the possibility of measles, diarrhoeal diseases and malaria. The women were not provided with sanitation supply and there was also lack of skilled birth attendant and safe delivery supply keeping in mind the ample no. of pregnant ladies.

### Sonitpur Health Camp, Assam



In a major execution of our prime area of work, this year DFY organised a health camp in two villages of Sonitpur district namely Birgwsri and Baromile village. These two villages lie in the bordering areas of Assam-Arunachal Pradesh, far from the block centres. Both of the villages were



predominant by Bodo community. Two health camps were organised on 23<sup>rd</sup> and 24<sup>th</sup> June, 2013 in both of the villages and a total no. of 364 people were examined and treated including patients from neighbouring villages. These two health camps were materialised in association with the All Bodo Student Union (ABSU) and ‘the ant’ organisation. Following chart represents the disease profile recorded in Baromile village.

Disease profile	Children (below age 12)	Adults	Total
<b>Fever</b>	06	14	20
<b>Seasonal infection</b>	25	08	33
<b>Joint pain</b>	00	44	44
<b>Rash/itches/abscess</b>	06	15	21
<b>Anaemia</b>	00	17	17
<b>Worm infection</b>	12	20	32
<b>Others(pain epigastrium, loose motion, unusual sweating, burning micturition, discharge from ear, weakness</b>	03	40	43
<b>Total</b>	52	158	210

Disease profile of Birgwsri village as observed in the health camp

Disease profile	Children (below age 12)	Adults	Total
<b>Fever</b>	02	04	06
<b>Seasonal infection</b>	09	11	20
<b>Joint pain</b>	01	32	33
<b>Rashes/itches/abscess</b>	24	09	33
<b>Anaemia</b>	02	04	06
<b>Worm infection</b>	14	11	25

<b>Others ( pain epigastrium, discharge from ear, loose motion, weakness, burning micturition, unusual sweating)</b>	06	25	31
<b>Total</b>	60	94	154

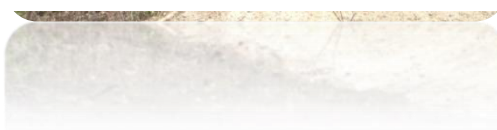
After proper examination of the patients medicines were distributed accordingly. Some of the medicines that were dispensed are cefixime tablets, paracetamol tablets, dichlorine hydrochloride, amoxilin capsules, and albendazole tablets, calcium with vitamin D3 tablets, ciprofloxacin hydrochloride tablets, povidine iodine ointment and ORS

**Health impact assessment of Changpang oil spillage, Nagaland**

Oil is considered as the most valued asset of modern life. A country or state with natural reserves of crude oil and gas if possess the skill and technology of properly exploring and extracting the reserves judiciously can trigger its income to a new level. On the other hand, unwholesome and environmentally unacceptable extraction of oil can have harmful impact on the society. The uncontrolled disposal of waste into water renders water unsafe for economic use, recreational use and poses a threat to human life and it is also against the principle of sustainable development. Moreover it carries the threat of oil spillage which can contaminate the landscape, damaging both the environment and the health of the people living in the area. Oil contamination has adversely affected the lives of many people living in areas near oil exploration sites. With crude oil and production chemicals polluting water supplies, air, and surrounding plant and animal life, human health has suffered. Because a high percentage of those affected by oil contamination live off the land, local economies have also been impacted by the destruction of the surrounding environment. In addition to physical effects, economic stress affects the psychological health of the individuals living in polluted areas. Oil contamination may also lead to psychological health issues. Oil contamination affects a community either directly or through other means there can be psychological symptoms such as stress, anxiety, and depression.<sup>[4]</sup>



Waste pit in Changpang village 1



In the year 2007, Oil and Natural Gas Corporation (ONGC) resumed its oil extraction mission in Nagaland. Though it was believed and hoped to be a new era of development for the state the consequences were rather different. 15 years of abandoned wells have affected the fields, groundwater and much seriously on the health of the villagers.

To assess the health issues of people living in oil contaminated areas of Changpang II village of Nagaland, DFY carried out a study from 29<sup>th</sup> March 2014 to 5<sup>th</sup> April 2014. Changpang I, another village located on top of a hill that belonged to same Lotha Tribe and shared the same culture and way of living. A study on Changpang I was also conducted in terms of health status of the people residing there and to draw a comparison of health status of these two villages. The only difference is the spill in Changpang II because of oil exploration. Because of absence of health center in Changpang II people have to move to another town bordering Assam for health checkups. Therefore there are no existing health records of the local population in the village. During our visit free health camps were conducted to assess the health needs of the population.

The necessary data for this study were collected from

- ✚ GPS location of oil rigs, schools, church and health centre from Changpang I and Changpang II.
- ✚ 15 years record of health data from sub-centre of Changpang I.
- ✚ Group discussion with women and adolescent girls from Changpang I.
- ✚ Data of households from Changpang II.
- ✚ Health camp data records from Changpang II.

### Present condition of the oil rigs



There are mixed feeling regarding the exact period of oil spillage from the local people but some reported that oil spill has been occurring in Changpang II since ONGC left i.e. after 1994. There are a total of 28 rigs in the area of which only 16 were accessible for us. Government of Nagaland has constructed cement walls around the rigs but most of the rigs still spill oil and some of the rigs are submerged in oil. Even with the wall, leakage of oil to the nearby areas including agricultural fields is continuing and the situation is compounded especially during rainy season. During rainy season, rain water gets mixed with the oil and move downhill contaminating the water sources and agricultural fields

After the detailed study of these two villages a three days health camp was organised in the community hall of Changpang village. A total of 96 patients were examined and drugs were dispensed by two doctors and a pharmacist. The table below depicts major diseases with total number of cases and age groups found in the health camp

Sl. no.	DISEASE	NO. OF CASES	AGE GROUPS(YEARS)
1	Skin Rashes/Infection	19	3-70
2	Cataract	10	15-88
3	Backache/Joint Pain	25	30-88
4	Dysmenorrhea	3	20-36
5	Sinusitis	3	30-50
6	Bleeding PR	1	40
7	Infertility	1	22

**Case study 9 (House No. 85)**

*Alun Kuki is a 38 year old police man living in Changpang II from 2004 with his wife and 5 children, 3 sons and 2 daughters. Their family suffers from severe skin problems. The skin rashes started with Alon and then afflicted his wife which subsequently affected their 2 elder sons. Interestingly, his daughters do not have any complaint of skin rashes. All the family members who work in the agricultural fields have skin rashes except their youngest son and their daughters who are not involved in agricultural work. Both husband and wife also have complaint of blurring of vision along with their eldest son since last 5 years.*



The DFY team carried out extensive field visits to households for three days to get a deeper insight to the health related issues of the community. The study unveiled various major issues. The most important finding of the assessment was the prevalence of recurrent skin rashes and skin related diseases which do not respond to treatment in a population whose main livelihood is agriculture. Almost all persons interviewed and examined for skin rashes in the health camp that was organised, work in paddy fields that are directly below 3 rigs which are still spilling oil. Skin conditions like Eczema, Ichthyosis, Tinea and other nonspecific allergic

conditions are very common. The population also has a high prevalence of cataracts irrespective of age group. Strikingly only those people who have resided in the village for more than 5 years were found to have cataracts. Even young boys and girls reported of poor vision and irritability in the eye. As reported by the villagers and also by the personal experience of DFY team, the water used for bathing, washing and drinking purpose, smell of oil and cause visible skin issues. Keeping that in mind we recommend setting up of a better hygienic water source for the villagers of Changpang II as they still rely on natural water sources like rain water collection and drawing from river and often face water scarcity during the dry seasons. There is no underground water extraction motor pump or tube well in the village.

**Uttarakhand flood response**





In June 2013 the northern Indian state of Uttarakhand was devastated by flash floods instigated by continuous cloud bursts followed by heavy rain falls and landslides. The flood not only engulfed innumerable human property and killing thousands of peoples but it also destructed the public health system posing serious threat to human lives. In the after math of this catastrophic event both governmental and non- governmental organisation faced challenges in terms of infrastructure and communication facility to provide health services to the effected population. DFY employed its humanitarian support in Uttarakhand from August 2013. UNICEF and Naraindas Morbai Budhrani Trust (NMBT) are the two stakeholders and financing agencies that fully supported DFY’s mission in Uttarakhand.

**DFY-UNICEF project**



DFY's medical response was implemented in two disaster affected blocks of Rudraprayag district namely Ukhimath and Augustmuni block. This initiative was supported and funded by UNICEF. The core objectives of this project were

- 1: To provide primary health care and reproductive health care services in Ukhimath & Augustmuni block.
- 2: Capacity building of the community in Public health in emergencies & basics of CBDP.

*The assessment revealed that exclusive breastfeeding was not practised by majority of the lactating mothers in the village. There were also cases of hypertension, diabetes mellitus and other non communicable diseases.*

To achieve these objectives initial rapid assessment of health care needs in selected village of both Ukhimath and Augustmuni blocks, were carried out at the very beginning. Likewise to identify the status of existing health care facilities assessment was carried out in Augustmuni CHC, Ukhimath PHC, Guptakashi SC, and Mansuna SC. This assessment revealed the gaps and existing strengths of the villages. Findings and information from this assessment were shared with the local administration and it also helped to prioritize and implement the project activities.

### *Challenges in service delivery*

*During these six months of project work in Uttarakhand the DFY team faced lots of challenges in logistics and service delivery in terms of the adverse climatic condition. While the ongoing agitation of the ASHA workers resulted in very less turnout in the trainings*



After the assessment 24 health camps were organised covering 30 villages and with a total no. of 942 people, who were examined, screened and provided medicine free of cost.

The camps were coordinated with active participation from stakeholders.

In parallel to the health camps various IEC activities were also carried out by the DFY team to sensitise the community on various health and hygiene practices. This program was implemented in association with ASHA and Anganwadi workers. This IEC campaign was on issues like exclusive breastfeeding, complimentary feeding, safe motherhood practices, immunization and hygiene and sanitation practices. This program covered 33 villages under Rudraprayag and Ukhimath block with a total no. of 1280 participants.

To achieve the second objective of capacity building training programs were conducted. Two training modules were formulated on the basis of existing needs and gas of the community and were translated into Hindi for the convenience of the local participants. These modules are exclusive breastfeeding

and public health in emergency. The training helped the ASHA and ANM workers to gain thorough knowledge on exclusive breastfeeding and various aspects of public health in emergencies including disease outbreak and control, prevention of diarrhoeal and vector borne diseases etc. A total of 13 workshops were conducted in which 254 ASHA workers and 62 ANM participated.

### DFY- NMBT Krsihna Arpanam project

Parallel to the UNICEF project DFY also carried out another project in flood hit Uttarakhand. This project was named Krishna Arpanam project and was funded by Naraindas Morbai Budhrani Trust (NMBT) and implemented from August 2013 to October 2013. The 'Krishna Arpanam' flood relief project was launched immediately post-disaster with the deployment of DFY rapid need assessment team consisting of five members. The goal of the project was 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 of this project.

- 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.

Extensive networking and coordination was established with various stakeholders like peripheral health workers, district administration, doctors and medical officers to achieve these objectives. Trainings and capacity building of health workers, health camps, extensive household field visits, awareness camps in schools and de-worming are the means through which the project objective was implemented.

MISP was implemented through health camps. Major activities under this MISP intervention were

- Pregnant women and women with STI/RTI identified through camp and with the aid of peripheral health workers.
- Based on the identification of patients were provided with treatment. Several awareness drives were carried out on the importance of basic personal hygiene; ANC care & regular immunization were given to pregnant women and adolescence of reproductive age.

#### Statistical figure

- ✓ Approximately 30 villages were covered under the Krishna Arpanam project
- ✓ 24 ASHA workers were trained in Public Health in Disasters.
- ✓ 2586 people (609 adult males, 1307 adult females, 667 children) gained access to basic health care services
- ✓ 12 pregnant women received maternal health care
- ✓ 271 school children covered under school intervention in which they received trainings on hygiene practices.
- ✓ 105 school children received de-worming intervention.

### Doctors for You in Mumbai





DFY has been providing health services to the community affected by resettlement township project of Mumbai from the Natwar Parekh compound health centre which was set up in the year 2010. This project is being carried out in collaboration with Mumbai Railway Vikas Corporation (MRVC), MMRDA. The communities consist of Project Affected People (PAP's) due to the developmental projects with a view to make available infrastructural facilities to the city and it's Metropolitan Region. These families were resettled and rehabilitated by MMRDA & MRVC. The main objective of the project is to provide curative, preventive and promotional health care services to the people of these resettlement colonies. DFY has now been catering more than 1.5 lakh people residing in these areas.



Earlier services were provided through outreach health camps and various community based programs but it was realised that there was an urgent need of scaling up the additional services at Lallubhai compound & Ambedkar Nagar, Mankhurd.

At present we now have two health centres

- 1) Natwar Parikh Compound under the Project name MRVC Health Centre
- 2) Lallubhai compound as Project Vikas.

Both the health centres are sponsored by MRVC (Mumbai Railway Vikas Corporation) under its CSR activities.

### **MRVC health centre project: Natwar Parekh compound**

This centre is now well established and providing the comprehensive health care services to resettlement colonies PAP's.

Services provided by the Health Centre are as follows

1. General Health Services
2. Immunization Services
3. Dental Services

4. T.B prevention and control services
5. Ante natal Care
6. Family Planning service

**Community Outreach Services**

**Immunization Camp**

1. School health check-up & de-worming
2. Health Education Sessions
3. Health Awareness Campaign

**Maternal & Child Health counselling services:** The maternal & Child Health counsellor provided services regarding Family planning, Breast feeding, weaning, Immunization, regular antenatal check-up, Nutritional education etc. Eligible couples are provided free condoms, oral contraceptives and IUCDs for family planning after counselling.



**Target Group**

**Programs for the group**

<p><b>Children (0-5 yrs)</b></p>	<ul style="list-style-type: none"> <li>• Immunization</li> <li>• General Health checkup</li> <li>• Growth Monitoring</li> <li>• Diarrhoea Prevention &amp; control programme</li> <li>• Personal Hygiene</li> </ul>
<p><b>Adolescent Girls (11-19 yrs)</b></p>	<ul style="list-style-type: none"> <li>• Anemia detection &amp; Treatment</li> <li>• Weekly Iron &amp; Folic Acid Supplementation</li> <li>• Menstrual Hygiene promotion</li> <li>• Breast, Cervical Cancer Awareness</li> <li>• Sexually Transmitted Infections prevention &amp; control</li> </ul>
<p><b>Pregnant Women</b></p>	<ul style="list-style-type: none"> <li>• Ante-natal Checkup</li> <li>• Post -natal check up</li> <li>• Exclusive Breast Feeding Awareness Programme</li> <li>• Family Planning Awareness</li> <li>• Personal Hygiene</li> <li>• Nutritional education</li> </ul>
<p><b>Lactating Women</b></p>	<ul style="list-style-type: none"> <li>• Exclusive Breast Feeding Awareness programme</li> <li>• Nutritional Education</li> <li>• Family Planning services</li> <li>• Child rearing</li> <li>• Immunization of child</li> </ul>
<p><b>Reproductive age group</b></p>	<ul style="list-style-type: none"> <li>• Health Education</li> <li>• Nutritional Education</li> <li>• Family Planning services</li> </ul>

## Project VIKAS: lallubhai compund

The second health centre is set up in Lallubhai Compound under Project Vikas. Following are the list of services:

### A) Immunization program:

1. Achieving 100% immunization coverage among all children especially under 5 years and pregnant women in all the 143 buildings in Lallubhai compound, Ambedkar Nagar & Natwar Parikh Compound.
2. Creating awareness through door to door campaign, street plays, posters, banners.
3. Use of audio-visual aid for awareness generation about immunization
4. Conduct workshops and sessions with Anganwadi teachers and subject wise target groups.
5. Organizing Focused Group Discussions on various health topics to understand the community and achieve more active participation from the community.

### B) Health Awareness Drive:

6. The health awareness drive will be conducted in all 143 buildings in Lallubhai Compound, Ambedkar Nagar and Natwar Parikh Compound
7. Survey would be conducted to identify Anaemic mothers, children and adolescent girls
8. Free distribution of condoms and contraceptive pills (Mala-N)
9. Awareness programs would be conducted twice every month in all the compounds on various health related topics such as breast feeding, family planning and contraception, sex education, nutrition, gender sensitization, tuberculosis, dental hygiene, tobacco control, HIV/AIDS.
10. Special Health session on reproductive health for women and adolescent girls
11. Counselling sessions- individuals with sexual health related problems visiting gynaecology OPD and tuberculosis
12. Exclusive Breast feeding & Immunization awareness program against myths and misconception prevalent in the community
13. Free distribution of Iron Folic & Calcium Tablets to anaemic and pregnant women
14. Vitamin A supplementation & De-worming of all children below 5yrs of age in all the three compounds.



### C) Setting up of New Rehabilitation centre for Disabled people

15. The residents of all 143 buildings in Lallubhai Compound, Ambedkar Nagar and Natwar Parikh Compound will be covered in this rehabilitation centre
16. To set up fully equipped Rehabilitation & Physiotherapy centre for the people with disabilities at Lallubhai compound



17. The community would be made aware about the Rehabilitation centre which would be set up with support from MRVC in Lallubhai Compound.
18. Awareness camps would be organised by outreach workers about types of disabilities, treatments availability and other services provided by the Government
19. People with disability and their family members would be assisted in receiving disability certificate & referral to the higher centres.
20. Support Health Outreach Program in Lallubhai, Natwar Parikh & Ambedkar Nagar Compound.

**D) Setting up of Tuberculosis OPD with Sputum examination & DOTS centre**

21. Special Screening drive to identify Tuberculosis patients in the at least 50% of the buildings in resettlement colonies
22. Diagnosis, treatment & referral of TB patients to higher centre
23. Setting up of Sputum examination centre at Lallubhai Compound
24. Awareness generation and sensitizing individuals of the community on prevention, diagnosis and treatment on tuberculosis



**E) Setting up of Dental OPD with X-ray & counselling centre**

25. Setting up of Dental OPD at Lallubhai compound
26. Awareness drive on the harmful effects of tobacco consumption, oral cancer and other pathologies related with tobacco consumption
27. To help tobacco users quit tobacco through medical support and counselling
28. Tobacco control programs in School and workshop would to sensitize the children
29. Dental camps for school children and counselling session on tobacco cessation

**Pathology lab:** We have a well set up Pathology Lab where tests like CBC, PSMP, Urine routine and Microscopy, Widal test, blood Sugar, HIV, Sputum microscopy, Malaria, Lipid Profile, Liver function test, Renal function test are done

**Gynaecological OPD:** Thrice a week

**Ophthalmological OPD-** Equipped with modern diagnostic and treatment modalities like a scan, autorefracto-keratometry and slit lamp examination.

Statistical figure of Lallubhai compound health centre

Sr No	Particulars	Year 2014-15 Cummulative
1	OPD patients	6062
2	Male Patients	2410
3	Female patients	3651
4	Children below 5 years	1218
5	Children between 5 and 12 years	800
6	Patients above 60 years	399
7	Follow up patients	1615
8	ANC check-up	56
9	Immunization done	1039
10	VitaminA Supplementation	772
11	Malaria Patients	133
12	Typhoid Patients	37
13	Patients for Sputum Testing	60
14	TB Patients	41
15	Family Planning Beneficiaries	402
16	Malnutrition cases	28
17	De-Worming	438

Both of the health centres; Natwar Parekh and Lallubahi compound are equipped with resources capable of providing primary health care services as well as speciality care. Through these two centres DFY is providing not only quality health care services but also services that are affordable and accessible. Apart from health services at the centres, DFY is working for raising awareness in people and ultimately improvement in their health quality of life.

### Doctors For You in Bihar (Mobile Doctors Mentoring Team)

In March 2014, DFY has started one project in Bihar named as '*Mobile Doctors Mentoring Team*'. The project aims to build frontline health workers' skills, knowledge, and capacity to provide effective, low-cost, evidence-based emergency obstetric surgical care and anaesthesia interventions to directly reduce death and disability among women and children in Bihar, by:

1. Enhancing frontline health workers' skills, knowledge and use of innovative tools
2. Improve health practices by providing mentoring, hand holding and supportive supervision to doctors at district and block health facilities.

To increase in the use Lower Segment Caesarean sections, as opposed to Classical Caesarean sections, overall increase the rate of Caesarean sections, Increase in the use of Spinal anaesthesia as opposed to the Open Ether Anaesthesia and Increased capacity to handle complicated obstetric emergencies at Level 3 health facilities in the targeted districts.

## **Beneficiaries**

The beneficiaries include pregnant women, lactating mothers, children and families residing in remote & rural areas and lack access to life-saving emergency obstetric surgical interventions for any pregnancy-related conditions.

## **Strategic working document by CSPV JSIA**

One of our stakeholders, Centre for study of political violence, Jindal School of International Affairs (JSIA) prepared a strategic working document for DFY's future mission planning. This report unveils DFY's potential areas of expansion. It was prepared by Dr. Samrat Sinha, Assistant Director (CSPV, JSIA)

**This report identified existing Resources and Capabilities of DFY. These are**

1. Dedicated, specialized and highly proficient personnel and support staff.
2. Proximity to all states in North-eastern India and Eastern India.
3. Experience in an actual humanitarian response scenario in complex environment.
4. Experience in medical response to disasters in other contexts.
5. Experience in non-disaster setting.
6. Established advocacy initiatives.
7. Established documentation and reports.
8. Existing field offices (Guwahati, Bihar and Mumbai).

Despite this resources and experience of extensive field work few critical challenges that DFY faced are as follows

1. Establishment of long-term sustainable projects
2. Development of regional multi-site disaster response capability
3. Long-term revenue flow and revenue generation.
4. Emergency of specialized organizational functions due to multi-tasking and small number of persons.

## **DFY's future plans**

Doctors for You is dedicated to provide services to all those who are need. In fulfilling its mission DFY has faced various challenges and took those as learning experience. DFY's future plan is to expand its services to all the vulnerable communities across the country for which systematic research and documentation is required. As the disaster risk is increasing day by day we are also enhancing our



knowledge and resource to deliver updated capacity building and disaster preparedness trainings to the communities. We also maintain a strong relationship and coordination with our partners and stakeholders to access more resources to be provided to the community. As an organisation providing disaster response and health care services DFY has a vast area of exploration and increase its service delivery. Some of the key issues that DFY is concentrating to strengthen its future mission plans are

- Capacity building and resource mobilisation of the DFY team
- Identifying more potential funding partners and stakeholders
- Networking with volunteers and public health professionals
- Research and documentation
- Focus on long term non disaster health care programs
- Development of more comprehensive and independent training modules.

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