

Uttarakhand Flood Relief Project





Project Completion Report





Brief Presentation of the Project

| Project Title | Uttarakhand Flood Relief Projet |
|--|--|
| State/Country | Uttarakhand, India |
| Total Project Budget | UNICEF:12,38,000 INR, DFY : 4,50,000 INR |
| Funding Source | UNICEF India |
| Dates of Institution and Completion | October 2913 – December 2013 |
| Implementing Agency | Doctors For You |

Executive Summary

- 1. The Uttarakhand Flood Relief Response project, funded by UNICEF with Doctors For You as implementing agency started in October, 2013. It aimed at providing general public health needs of affected population in the event of disrupted health services due to flood disaster. It also aimed at Capacity Development & strengthening of Health system of important stakeholders in the district with the aim of improvement in public health services even at times of emergencies.
- 2. The project life period extends from 1st October 2013 to 31st December, 2013. It was implemented in two blocks viz Ukhimath and Augustmuni block under Rudyapraya district, Uttarakhand.
- 3. Under the project, several activities were implemented which includes namely assessment of health facilities and rapid assessment of health need of community affected by disaster, organizing health camps, training and capacity development of health care professionals and grass root health workers, IEC for community on health and hygiene promotion and awareness campaign on exclusive breast feeding in Rudyaprayag district.
- 4. Four strategic health care centre and sub centre in Rudyarpryag district was assessed for its capacity and gap. A total of 24 health camps were conducted over a period of three months. IEC activities was carried out in close working collaboration with ASHA to sensitize community on health and hygiene, importance of exclusive breast feeding in 33 villages of Uttarakhand under Rudyaprayag and Ukhimath block. A total number of 1280 attendants were recorded under IEC program.
- 5. Training for capacity development of health care workers was conducted. Training consists of two modules (i) Public Health in Emergencies; (ii) Exclusive Breast Feeding and Complimentary Feeding which was conducted for ANM and ASHA workers respectively.
- 6. Challenges: The main challenges faced by the project include; coordination with ASHA informant or contact person in the village in organizing camp, difficult terrain compounded high altitude, accessibility constrain.

A. BACKGROUND

The flash floods in the mountain state of Uttarakhand had a profound effect on both the people living there and the health system in the district Rudraprayag. The cloudburst in the Kedarnath pilgrim region and other incidents of cloudburst, flash–floods and landslides observed over various areas of the district has resulted in the loss of life and property and has overwhelmed the health system in the region. Providing essential primary health services became a challenge for both humanitarian organizations and the state government. Health care services in the affected villages' especially reproductive health services have been rendered non-functional due to frequent landslides.

Doctors For You (DFY), consisting of doctors, disaster management professionals, medical students and like-minded people, is a humanitarian organization based in 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 since its inception.

After the flood disaster, DFY launched a medical response in the disaster affected areas of Rudraprayag district, Uttrakhand. DFY started working with state government to strengthen the overall health services in Ukhimath and Augustmuni block of Rudraprayag district. Along with conducting medical camps in affected villages of the two blocks, DFY aims to build community resilience by conducting multiple trainings on Public Health in Emergencies, meeting and handholding exercise of all the stakeholders at peripheral and operational level in the targeted blocks. These training exercises are conducted with the participation of community stakeholders and designed to address specific needs of the affected community.

The Uttarakhand Relief Project funded by UNICEF with Doctors For You as implementing agency had implemented health intervention activities in two block viz. Augustmuni and Ukhimath of Rudyaprayag district of Uttarakhand. The project was implanted for a period of 3 months from October to December, 2013.

Objectives of the Project

Objective 1: To provide primary health care and reproductive health care services in Ukhimath & Augustmuni block.

Objective 2: Capacity building of the community in Public health in emergencies & Basics of CBDP.

B. RESULT PRODUCED

Objective 1: To provide primary health care and reproductive health care services in Ukhimath & Augustmuni block.

The following activities were implemented to achieve the targeted objecties:

1.A. Assessment: Health Facilities and Village Rapid Assessment

Prior to commencement of project, assessment of 4 health facilities and village was carried out to identify strength and gaps in existing health facilities and health needs of community in selected village in both Ukhimath and Augustmuni blocks of Rudyaprayag district of Uttarakhand. Findings from health facilities assessment was shared with authority and recommendation and need identified through rapid assessment was used to informed and prioritize project activities.

Health Facilities Assessment: was carried out in the following PHC and CHC and SC.

- Augustmuni CHC
- Ukhimath PHC
- Guptkashi SC
- Mansuna SC

Rapid Assessment in Selected Village was carried out. The assessment covered 12 villages in Ukhimath and 5 villages under Augustmuni block. From the assessment, it was found that exclusive breast feeding was not practiced by the majority of the lactating mothers. There were also many cases of hypertension, diabetes mellitus and other non-communicable diseases which were not receiving treatment because of the recent disaster. Moreover, new born care was still based on cultural beliefs and prelacteal feeds and other malpractices were quite common. The information provides valuable insight in identifying real health needs of the community. This in-turn helps in tailoring intervention to meet the needs of the affected community where exclusive breast feeding was introduced to protect and improve the health of infants.

1. B Health Camp

A total of 24 health camps were organized covering 30 villages on basic health needs during the project period in the two target blocks of Rudraprayag district, Uttarakhand. The aim of the health camp was to address the basic health needs of the community by adopting a community based approach in organising the camps. The camps were organised with the active participation of the community stakeholders and ASHA workers of the villages. The health camps also provided an opportunity to give health talks to the community.

A total of 926 patients were examined, screened and treatment provided to them at free of cost.

| Sl.no | Name of Village | Number of Patients |
|-------|-------------------------|--------------------|
| 1 | Gaad | 16 |
| 2 | Giriya | 48 |
| 3 | Daira | 18 |
| 4 | Beaukhi | 30 |
| 5 | Baniyadi | 25 |
| 6 | Biyung | 34 |
| 7 | Khat, Dhanni and Khadia | 34 |
| 8 | Rail, Phata | 23 |
| 9 | Jaal Talla, Jaal Malla | 32 |
| 10 | Kotma, kovilta | 40 |
| 11 | Bedula | 43 |
| 12 | Khunnu | 20 |
| 13 | Triyuginarayan | 50 |
| 14 | Gaundar | 54 |
| 15 | Akhori | 59 |
| 16 | Falai | 51 |
| 17 | Bhatwari – Sunnar | 31 |
| 18 | Kalimath | 42 |
| 19 | Paldavadi | 66 |
| 20 | Damar | 40 |
| 21 | Sauri-Amotha | 74 |
| 22 | Dilmi | 22 |
| 23 | Chandrapuri | 37 |
| 24 | Phegu-Nagjagai | 37 |
| | Total | 926 |

Table 1: Figure showing villages and number of patients where health camp wasconducted.

1. C IEC Activities

Health awareness campaign was carried out by visiting villages by DFY team to sensitize the community on varies health and hygiene practices. The activities were carried out with active support and participation of ASHA workers, Anganwandi Workers among children and adults in villages. The messages conveyed in these activities are:

- Importance of exclusive breast feeding
- Complimentary feeding
- Safe motherhood practices
- Immunization
- Hygiene and hand washing techniques.

The activities included distribution of posters, banners, role plays, health related group discussions etc. The activities were carried out in 33 villages of Uttarakhand under

Rudyaprayag and Ukhimath block. A total number of 1280 participants were recorded in the 33 village in the two blocks under the project.

Book on Exclusive breast feeding was distributed among women in villages under the project.

Objective 2: Capacity building of the community in Public health in emergencies & Basics of CBDP.

2. A Training and Capacity Building

Training and capacity building was conducted for medical practitioner and Asha workers. Trainings were conducted at the block and district level. Two training modules were developed and were translated to Hindi. A total of 10 trainings on Exclusive Breast feeding have been conducted in the two targeted blocks of Rudraprayag district. Also, training on Public Health in Emergencies was conducted in Augustmuni CHC and Ukhimath PHC for ANM.

As a result of the training, the capacity of ASHA workers was built in promoting exclusive breast feeding of pregnant and lactating mothers. They play a very important role in promoting this practice among the communities. ANM were also trained in Public health in emergencies. Due to this, participants gained theoretical and practical orientation of dealing with emergency situations pertaining to public health. They also understand the practical aspects of preventing and controlling outbreaks in emergency situations.

| Module No | Module Name | No. of Workshop | Total number of Personnel Trained |
|--------------|------------------------------|--------------------|---|
| 1 | Exclusive Breast Feeding | 11 | 254 ASHA worker |
| 2 | Public Health in Emergencies | 2 | 62 ANM |

Table 2: Show Number of workshop and participant on training conducted

C. Findings

The following are the general finding from assessment and observation made during the course of project implementation. The area highlights the needs where intervention can be focused as a part of long term rehabilitation and recovery program.

- 1. It was found that high cases of Non-Communicable of diseases are prevalent among disaster affected populations as well as among the ageing population of Uttarakhand.
- 2. High prevalence of anaemia was observed and high rate of RTI /STI cases has been observed in many villages too.

- 3. There was low awareness on breast feeding practices among the women population in Uttarakhand.
- 4. Psychological stress among affected the population due to disruption of livelihood and property impaired the normal functioning of the population as a whole.
- 5. Most PHC faced severe shortage of Doctors. It is commonly observed that most PHCs are manned by paramedics.

D. CHALLENGES

Following are the challenges encountered during the life period of the project.

- 1. Inaccessibility of most of the target villages by road posed logistical challenges in reaching the villages and organising health camps and other activities.
- 2. High altitude of the area made working difficult with some staff needing to acclimatise before being active in the field.
- 3. In some cases, it was observed that the ASHA or other stake holders fail to provide proper information to the villagers about the health camp /Role play which were scheduled to be held in their villages. These often result in delay or presence of fewer attendants.
- 4. Duplication of services especially health camp in the area as many humanitarian organisations are working in the area and lack of communication and coordination. This result in low turn-out rate in some of health camps conducted.
- 5. Women usually goes to the field for work such as collection of wood in the forest, farming and to cattle grazing fields located outside the village. This led to low number of audience for role play and other IEC activity.
- 6. There was on going agitation called by ASHA workers for demand of increase pay. Due to this boycotting of attending training was called by members. This hampered our training programme in some places.

Appendix I

Photo Dossier



Book Distribution on Exclusive Breast Feeding



Training on Public Health in Emergencies



Role Play during IEC Activities



ASHA Workers Training on Exclusive Breast Feeding