

## Odisha Flood Response -2014

**Implementing Agency : Peoples Cultural Centre (PECUC)**

**Supported by : Deusch Indisches Kinderhilswerk e.v (DIK)**

The recent flood severely affected 23 districts of Odisha in 2014 Among all the affected districts Kendrapara district was worst affected by the flood. The State Statistics says the flood affected 136 Block s, 1427 Gram panchayat 5441Village, 27 urban local body, 165 wards, 3612712 Population, 45 Human casualties, Crop Area affected 351068.7 hect. 42781 House damaged .

### Health Camp :

Health becomes the most critical areas of concern during and after a flood. Flood victims are very prone to many communicable diseases during and after flood which need to be address immediately. Floods can potentially increase the transmission of communicable Water-borne diseases, such as typhoid fever, cholera, leptospirosis and hepatitis A and Vector-borne diseases, such as malaria, dengue and dengue hemorrhagic fever, yel low fever, and West Nile Fever. PECUC initiated health camps as early as the areas become accessible for communication and transportation. Initiative for health camp was taken prior to the conceptualisation of the project. In most places, PECUC was the first to extend health services to the community.



7 no. of health camps were organized in 8 villages of 2 G.P of Marshaghai Block, Kendrapara district and 1 G.P of Anandapur Block of Keonjhar District , Odisha. Total **963** no of patients availed free medical treatment camp in 7 health camps in the flood affected area. which includes **357** children and **606** adults.



The Details of Health Camp given below

Health Camp							
Date	District	Block	GP	Village	Children	Adult	Total
5.9.2014	Kendrapara	Marshaghai	Bacharai	Godhana	57	94	151
6.9.2014	Kendrapara	Marshaghai	Bacharai	Bartunga	40	88	128
6.9.2014	Keonjhar	Anandapur	Dimiria	Balipada	100	100	200
7.9.2014	Kendrapara	Marshaghai	Aitpur	Dhiabalarampur	33	113	146
8.9.2014	Kendrapara	Marshaghai	Aitpur	Balising	39	66	105
9.9.2014	Kendrapara	Marshaghai	Aitpur	Jalapok	51	99	150
10.9.2014	Kendrapara	Marshaghai	Aitpur	Srutipur & Kanibanka	37	46	83
<b>TOTAL</b>					<b>357</b>	<b>606</b>	<b>963</b>

Diseases like diarrhea, typhoid, cold cough, fever, skin infection & gastro enteritis, warm, Skin diseases, acute respiratory infection (ARI) etc. were treated during the health camps.

Following strategy was adopted while organizing the health camp:-

The health camp team consisted of One Doctors, One pharmacists, 2 female volunteers & 3 male volunteers.

#### **Process Initiated:**

- Identification of Place of Health Camp on the basis of Vulnerability and easy accessibility by involving the community.
- Involvement of local doctor, ASHA (health) worker & Anganwadi (Early Childhood Care Centre) workers in the Health camps.
- Special attention was paid to differently able persons, aged person, children, women, pregnant women.
- A group of male and female village volunteers helped in the campsite.
- Prior information to all villagers through the local volunteer
- Separate space for medicine distribution
- Free medicine distribution

#### **Food & Nutrition :**

Nutrition is a pre requisite for growth and development during childhood. Sustained nutrition is to control wear and tear of the body and make us resilient to different diseases. Child Nutrition becomes one area of grave concern after the flood having immediate and long term effects on children unless timely interventions are in place to replenish the nutritional deficiency. In the short term, children develop symptoms of under nourishment/malnutrition. In the long run the things become critical as morbidity, sickness and illness witnessed among children. Children's motor development is endangered to affect their growth and well being as a healthy individual. On the other hand, the negative impact of child nutrition raises pressure on household economy. The affected poor families are pushed to incur spending of their valuable savings in availing medical care and protection for the child. Precisely,



nutritional deficiency further increases vulnerability of the affected communities to future calamities; jeopardizes growth and cripples the future of the nation.

During and after flood the people lost their livelihood, damaged agricultural land and cultivation, house, and also lost their livestock.

People again took time to regain their livelihood. Therefore children are most neglected . Visualizing the problem People's Cultural Centre (PECUC) with support from Deusch Indisches Kinderhilswerk e.v (DIK) initiated distribution of Ready to eat ( chatua )



to the affected community after flood. In 2 villages of Bacharai Grampanchayat of Marshghai Block, kendrapara District and 1 village of Dimiria G.P of Anandapur Block of keonjhar District .500 house hold have been covered under the support of chatua 2kg each house hold .



Detail of Distribution :

District	Block	GP	Village	Total House hold	Population male	Population Female	Total Population
kendrapara	Marshaghai	Bacharai	Godhana	265	691	674	1365
kendrapara	Marshaghai	Bacharai	Bartunga	135	324	354	678
Keonjhar	Anandapur	Dimiria	Balipada	100	257	225	512
			<b>TOTAL</b>	<b>500</b>	<b>1272</b>	<b>1253</b>	<b>2555</b>

**IMPACT:**

- Reduced the impact of flood on nutrition of the affected children and their families in the Community.
- Prevented children from suffering from malnutrition/under nutrition and subsequent illness and thereby controlled household expenditure in accessing curative health care.
- Halved the burden of household expenditure on child nutrition in the wake of flood and subsequent break down in economic activities in the area.
- Children are encouraged to begin their routine activities and become regular to school/education.
- A large number of patients, i.e. 963 consisting of children and adults were treated successfully. Villagers use to attribute the quality of treatment to the quality of medicine.
- Timely, health camps help control the possibility of epidemic and improved people's health and hygiene related practices.