



BEST PRACTICES FOR ADAPTATION AND DISASTER RISK REDUCTION

CASE STUDY-8: < PREVENTIVE MOTHER AND CHILD HEALTH PRACTICES IN FLOOD PLAINS OF BRAHMAPUTRA RIVER BASIN >: HYGIENE BASKET FOR SAFE HEALTH AND HYGIENE PRACTICES >



RURAL VOLUNTEERS CENTRE
VILLAGE+P.O=AKAJAN, VIA-SILAPATHAR
DISTRICT-DHEMAJI (ASSAM), INDIA
PIN-787 059



TITLE: < Preventive Mother and Child Health Practices in flood plains of Brahmaputra River Basin >: Hygiene basket for safe health and hygiene practices:

ORGANISATION: <Rural Volunteers Centre (RVC)>

1. THEME: Safe health and hygiene practices by the most flood vulnerable population.

2. STATE/REGION/COMMUNITY: Assam/Upper Brahmaputra River Basin/Flood vulnerable population of Brahmaputra River Basin

3. BACKGROUND

Context: The economic, social and geographical situation:

Geographical context:

The geographic area of operation of RVC covers the flood plains of Dhemaji and Lakhimpur District and Majuli Sub-Division of Assam in particular and whole of the 8 North Eastern states of India in general.

The District emerges from the foot hills of Arunachal Pradesh and stretches to the Brahmaputra River with Subansiri one side and the river Siang on the other. Geographically situated between the 94° 12' 18" E and 95° 41' 32" E longitudes and 27° 05' 27" N and 27° 57' 16" N latitudes, the district covers an area of 3237 Sq. Km and is a basically plain area lying at an altitude of 104 m above the Mean Sea Level.

The District Lakhimpur lies on north bank of the mighty river Brahmaputra. It is bounded on the north by Siang and Papumpare District of the state of Arunachal Pradesh and on east by Dhemaji District. Majuli, the largest River-island belonging to Jorhat District is on the south and Gahpur sub division of Sonitpur District is on the West. The exact location of the district is 26048' and 27053' northern latitude and 93042' and 94020' east longitude (approx.).

Being situated in a strategic location where the steep slope of eastern Himalaya abruptly drops, forming a narrow valley which makes the region, as well as the whole Upper Brahmaputra River-basin, immensely vulnerable to flooding, affecting 50% - 70% population every year for the last 3 decades. The mighty Brahmaputra River, the Subansiri River and numbers of their tributaries originating from the hilly terrain of Arunachal Pradesh account for the perennial flood problem of the region which has already caused irreparable damage to the region. In addition, extensive human interventions (deforestation, river stripping, construction of mega dams etc.) on the Brahmaputra River Basin compounded with probable impact of climate change are gradually making the whole of the Brahmaputra Basin immensely vulnerable to multiple hazards.



Socio Economical context:

- The District Dhemaji and Lakhimpur i.e. the immediate area of working of RVC is of rural character (98.5% populations are rural) and the economy is largely agro based.
- Livestock rearing is the main secondary livelihood practice of the community but the sector is yet to be commercially organized.
- Sericulture, fishing and driftwood business are practiced in smaller scale.
- Sand deposition, bank line erosion, shifting of river course and other adverse effects of chronic floods on fertile agricultural land have made even the affluent farmers land-less.
- The depletion of agro based traditional livelihood practices has resulted in inter-District and inter state seasonal and permanent migration in large.
- Access to basic needs (water, sanitation provisions etc) of the flood affected population is largely denied.

Rationale/ Justification for being a good practice and potential for scaling up /replication:

The **“Hygiene basket”** which has been designed to address issues of **“Mother Child Health”** during flood emergency is a good practice and potential for replication because it is comprehensive, ready and easy to use with high potentiality to influence and change community's unhealthy and unhygienic practices in a sustainable manner. **The intervention is based on the belief that to bring about changes in community's health and hygiene practices in a sustainable manner people's accessibility to resources should be in place.**

Brief on the local condition prior to Project initiation:

Local condition (in general): Assam ranks 14th amongst the 15 low performing States when ordered in the descending order in terms of Human Development Index (HDI) where as Dhemaji District ranks 20th among the 23 Districts when placed in descending order. When the HDI value derived for the state Assam as a whole is 0.407 the HDI value of District Dhemaji is 0.277. In case of Health the index for whole of Assam is 0.343 where as for the District Dhemaji it is 0.186. Rural urban disparities are high in several of the indicators. Life expectancy at birth is 54.1 in rural as compared to 63.3 in urban areas. 52 per cent of children are underweight in rural compared to 37 per cent in urban areas. These disparities are a matter of concern especially if we consider the fact that the level of urbanization in Assam is quite low. Around 10 per cent of the population lives in urban areas in Assam, where as 1.85% for Dhemaji District. The corresponding figure at the all India level is 30 percent.

Recently a survey (FGD) has been conducted in 2 Panchayats (namely Matmora and Kherkattta) of Dhakuakhana Sub-Division on impact of flood and erosion induced displacement on Health. The villages included in the survey are Matmora, Baghchuk, Juria, Ujoni Akoria, Maj Akoria, Namoni Akoria No. 1 Pithiyal, No.2 Pithiyal and Khamun Birina of Matmora Panchayat as well as Ujoni Janjhi, Namoni Janjhi, Jamuguri Kherkattta, Alimur Modarguri under Kherkattta Panchayat. The survey focused on both primary and secondary data. During the discussion (Primary data) it has been found that the people who have been displaced and living on the embankment are largely deprived of effective health services and been suffering from diseases like cough, skin-diseases



etc. During the survey It has been reported that that the women folk has been suffering from white-diseases. Not availing services due to rapid displacement and constant engagement on resettling are the main reasons affecting the health of the people. Mal-nutrition is one of the main concerns among the children and pregnant and lactating mothers. During the discussion with the PHC in-charge it has been confirmed that reaching out to the non-reachable (constantly engaged in resettling themselves due to bank-line erosion), is one of the major problems on ensuring health services to the people.

Inundation and water logging for a prolong period, breached surface communication, non-availability of mobile health services (water communication) etc further deteriorates the situation during the flood period. Maintaining hygienic environment becomes one of the major challenges of the flood affected communities. The pregnant and lactating mothers who have to maintain hygienic living conditions for themselves and for their babies have to shy away from responsibilities due to non-availability of services and non-accessibility to essential items.

Immediate conditions: After the devastating flood which had ripped through the Dhakuakhana Block of Lakhimpur District on 9th September 2007 affecting 1,50, 000 population from 161 villages RVC conducted a detail assessment in 10 worst affected villages (Identified by Government as well as other NGOs). Analyzing the assessment thoroughly it was found that Arkep village of Kherkattta G.P. and Janjhi villages of Matmora G.P. were the worst affected villages. Analyzing the damage, external aid and vulnerability aspect it was found that children and the pregnant women and lactating mothers were the most vulnerable group and were in urgent need for external support mainly on the issues of (i) Health and hygiene (ii) prevention of vector borne diseases like malaria and encephalitis (iii) Protection from cold as the winter season is advancing.

Project / Intervention Formulation:

Analyzing the vulnerable groups and the associated risks RVC has designed a **“HYGIENE BASKET FOR SAFE HEALTH AND HYGIENE PRACTICES”**. The design which was largely done on experimental basis basket consists of the following items:

Sl. No.	Support	Items details
1.	One hygiene kit per beneficiary	4 pieces of bathing soap, 4 pieces of baby soap, 4 pieces of washing soaps, 1 litre disinfectant(Savlon), 1 number of bucket, 2 numbers of bowl(1 for washing clothe and the other for bathing of the baby), 1 mug, 2 numbers of towels(1 for the mother and 1 for the baby)
2.	1 steel filter per beneficiary	
3.	2 numbers of mosquito nets every beneficiary	
4.	2 numbers of blankets per beneficiary.	
5.	1 set of Winter wear for the baby	

Goal and Objectives:



Goal: Safe health and hygiene practices during flood emergency are in place in Brahmaputra River Basin.

Objectives:

(i) To ensure that the most vulnerable groups within the community have access to minimum essential materials for maintaining safe health and hygiene practices.

(ii) To bring about sustainable changes in community's health and hygiene practices.

4. KEY ELEMENTS

Target Beneficiaries: The initial targeted beneficiaries are the flood vulnerable/affected people inhabiting the Upper Brahmaputra River Basin.

Geographical Coverage: Dhemaji District, Lakhimpur District and Majuli Sub-Division of Jorhat District (Presently).

Key Project Activities/ Key Innovative Features - (capacity building, institution building, awareness,

empowerment, etc) and methodologies/practices:

The project activities involve the following steps:

- (i) Selection of beneficiaries through village meeting.
- (ii) Orientation of the beneficiaries on emergency health and hygiene issues and linking the issues with the materials in the “Hygiene baskets”.
- (iii) Providing the “Hygiene basket for safe health and hygiene practices”. To the beneficiaries.
- (iv) Providing a leaflet on “How to use Savlon?” in demystified local languages along with the package.
- (v) Orientation of the recipients on using “SAVLON”.
- (vi) Monitoring and gap analysis.

Key Technical Inputs:

No technical input is required. Orientation of the beneficiaries on “how to use Savlon” was focused during intervention.

Impact – Social / Environmental/ Economical/ Policy Changes.

Social impact:

- Accessibility to minimum essential materials for maintaining safe health and hygiene practices has largely influenced the existing community's health and hygiene practices.
- Mother & child health related problems due to non-hygienic living conditions was largely eliminated which accelerated the restoration process.
- Right to live with dignity during disaster of the most vulnerable groups was asserted.

Economical impact:

- Access to “minimum essential materials for maintaining hygienic living conditions” prevented outbreak of water borne, vector borne and other common diseases otherwise prevalent in the region during and post-flood session has cut down the health expenditures of the beneficiaries and helped them to rebuild their lives fast.
- The “hygiene basket” has largely attributed towards household economy of the families whose houses had been totally washed out.



5. COST INCURRED:

Rs. 1400.00 per “hygiene basket”.

6. MONITORING MECHANISM:

No external formal monitoring mechanism is required except few field visits during initial days to ensure best storage and uses of the materials.

7. CHALLENGES:

1. The only challenge is bringing about behavioral change of community's health and hygiene practices in a sustainable manner.

8. LESSONS LEARNT (both Positive & Negative)

Positive:

- People's access to essential materials for maintaining hygienic living conditions largely influences people's practices in a sustainable manner.

Negative:

- There is very less opportunities to influence policy of Government departments or PRIs to adopt the practice.



9. CONCLUSION

In the year 2007 RVC designed a mother and child health related hygiene baskets with the objective to ensure immediate safety measures to the mother and the baby in distress out of flood as well as to influence the community's health and hygiene practices in the long run. Although the package had been adopted in an experimental basis but it proved the potentiality to achieve the set goal by meeting the set objectives. The package has been highly valued by the Office of the Sub-Divisional Officer as well as office of the Sub-Divisional Medical Officer. The package has been today adopted as model package by several National and international agencies working on the flood plains of Indian River Basins.

10. Submission may include photographs, graphs, charts, and other illustrations.

Photos are included.

End of the document.....