

A report on Chennai flood relief medical camp organized by CTF in association with Caritas & MSSS (Madras Social Service Society) between 13th to 17th December 2015

1. Introduction



Date	8 November 2015 - 14 December 2015
Location	South India (Tamil Nadu, Puducherry, Andhra Pradesh)
Deaths	Tamil Nadu: At least 347 (official as of 10 December) Andhra Pradesh: 81 Puducherry: 3
Property damage	Over ₹100000 crore (US\$15 billion) (unofficial estimates) Tamil Nadu: Over ₹9800 crore (US\$ 1.5 billion) (official estimates; unofficial estimates of over ₹50000 crore (US\$ 7.5 billion)) Andhra Pradesh: ₹3819 crore (US\$570 million) Puducherry: ₹333 crore (US\$50 million)

From October to December each year, a very large area of South India, including Tamil Nadu, the coastal regions of Andhra Pradesh and the Union Territory of Puducherry, receives up to 30 percent of its annual rainfall from the northeast monsoon (or winter monsoon). The northeast monsoon is the result of the annual gradual retreat of monsoonal rains from northeastern India. Unlike during the regular monsoon, rainfall during the northeast monsoon is sporadic, but typically far exceeds the amount produced by the regular monsoon by up to 90 percent.

On 1 December this year, heavy rains led to inundation in many areas of Chennai. By afternoon, power supplies were suspended to 60% of the city while several city hospitals stopped functioning. For the first time since its founding in 1878, the major newspaper 'The Hindu' did not publish a print edition on 2 December, as workers were unable to reach the press building. The Southern Railways cancelled major train services and Chennai International Airport was closed until 6 December.

Chennai was officially declared a disaster area on the evening of 2 December. At the MIOT Hospital, 14 patients died after power and oxygen supplies failed. With a letup in rainfall, floodwaters gradually began to recede in Chennai on 4 December, though 40 percent of the city's districts remained submerged and safe food and drinking water remained in short supply. Though relief efforts were well underway across most of the area by 3 December, the lack of any coordinated relief response in North Chennai forced thousands of its residents to evacuate on their own. As intermittent rains returned, thousands of displaced residents from Chennai, Kancheepuram and Tiruvallur districts attempted to flee the stricken region by bus or train to their native places.

2. Initial Assessment

On 4th December, the first team of CTF went to Chennai to make the initial assessment of the current situation and had a meeting with Caritas India, CRS and MSSS in Chennai and during the discussion, it was decided that CTF would take initiative to organize Medical Camps with its volunteers, along with Caritas India and MSSS. The assessment team was consisted of Fr. Baby Ellickal, the director of CTF, Fr. Jaision, the program officer and Fr. Siby Kaitharan, the National Coordinator of CTF India. It was also decided that the medical relief camp should begin on 12th December.

Source:

In tune with this CTF partnered with Caritas and MSSS (Madras Social Service Society) social service arm of the Latin rite in Chennai. Caritas provided us with medicines required for the camp and MSSS arranged the places in which we can conduct our camps. From CTF we took care of the logistics, lodging & food for the volunteers. Team stayed in Mother Josephine Vannini Senior Citizens Home in Neelankarai at daughters of St. Camillus. Each camp was some 50-60 KM away from the place of stay.

3. CTF volunteers for the Medical Relief Camp

Our mission was to reach out to people affected with medical relief. Doctors, nurses from different catholic congregation and from St. John's hospital Bangalore along with a couple from Hyderabad and a CTF staff came forward to be a part of this mission. MSSS volunteers guided us each day to the place of the camp. They also ensured arrangements are made at the venue for the proper conduct of the camp. We got the services of very committed, passionate and dedicate doctors for the conduct of this camp. Doctors from FCC, SD & MI congregation along with 3 doctors from St John's Bangalore were part of this medical camp.

Administrational structure for the medical camp in Chennai

1. Fr. Baby Ellickal MI- Director of CTF
2. Fr. Paul Moonjely- Caritas India Asst. Coordinator
3. Fr. Jacob- Director (MSSS)
4. Fr. Siby Kaitharan MI- CTF National Coordinator
5. Fr. Bijoy MI-CTF Financial Officer
6. Mr. Sunchoe Felix- CTF National Asst. Coordinator
7. Mr. John- Caritas Coordinator
8. Mr. Anjan- Caritas Coordinator
9. Fr. Teji Thomas MI- CTF Medical Officer
10. Fr. Shiju Joseph MI- CTF Logistics Accountant
11. Fr. Kuriakose MI- CTF Program Officer
12. Fr. Jaison MI-CTF Program Officer
13. Fr. Biju Mathew MI- CTF PRO
14. Mrs. Manju Sunchoe- CTF Asst. PRO
15. Mr. Chand Pasha- CTF Logistic Manager

Our Medical Doctor Volunteers

1. Dr. Sr. Stephina FCC
2. Dr. Sr. Venma Puthenveettil SD
3. Dr. Sr. Shanti Maria FCC
4. Dr. Br. Thomas MI
5. Dr. A. Suguna (St. Johns' Medical College Hospital)
6. Dr. Nancy Angeline (St. Johns' Medical College Hospital)

7. Dr. Joseph Sushil Rao (St. Johns' Medical College Hospital)

Our Medical Nurse Volunteers

1. Sr. Tessina SD
2. Sr. Aruna SD
3. Sr. Betty SD
4. Sr. Merleena SD
5. Sr. Jeenet SD
6. Sr. Eby J Kottathil SD
7. Sr. Jency Prabha SJL
8. Sr. Thaines Arockia Mercy SJL
9. Sr. V. Francis Mary SJL
10. Sr. Gracy Vailapally SCV
11. Sr. Nimmy SD
12. Sr. Alin Therese SD
13. Sr. Lisbin SABS
14. Sr. Therese George SABS
15. Sr. Elsy Jose SH
16. Sr. Mary Jose FCC
17. Sr. Celine Rose MSMI
18. Sr. Mariet FCC
19. Sr. Aleena SD
20. Sr. Ancelet SD
21. Sr. Arogiamary SAB
22. Sr. Moksharani SAB
23. Sr. Reenet SD
24. Sr. Rosmi DSC
25. Sr. Daisy DSC
26. Sr. Jessy DSC

27. Sr. Jeneeta DSC

28. Sr. Philomy MSJ

29. Sr. Sheela MSJ

Our Social Work Volunteers

1. Sr. Infant Joe Ruby CSJB

2. Sr. Ramya Kanthi CSJB

3. Sr. Kulanthaiammal CSJB

4. Medical relief camps conducted from 13th to 17th December 2015

In a snapshot the details of the camps conducted date wise given below

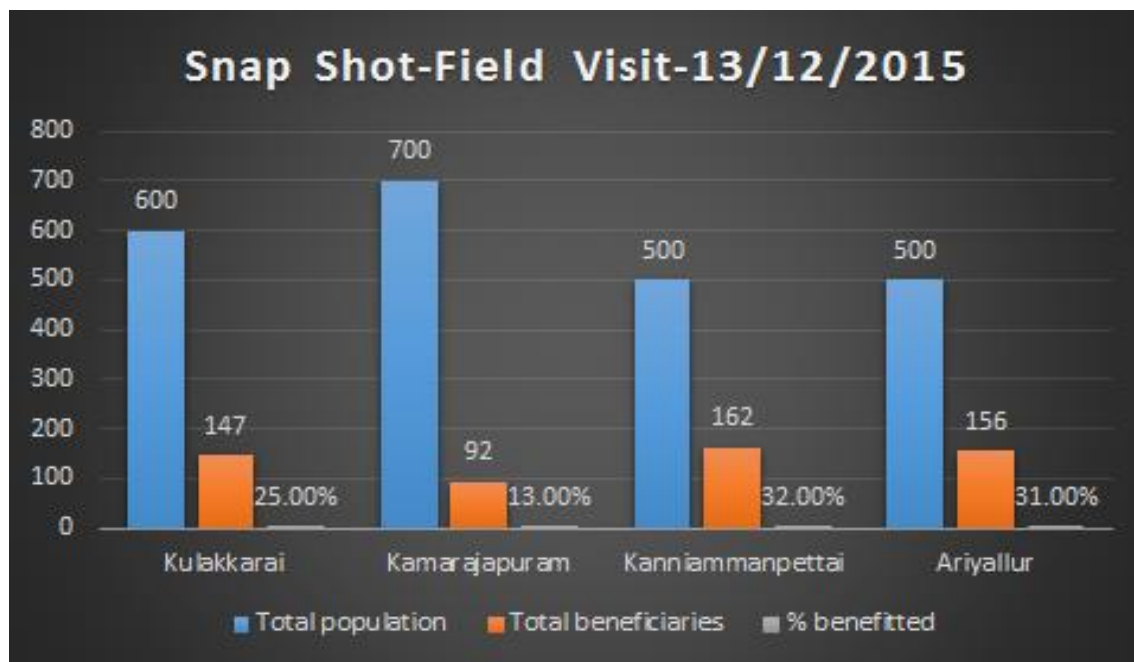
Medical camps conducted by team CTF					
Taluk	Pulal Taluk	Pulal Taluk	Minjur Taluk	Minjur Taluk	Minjur Taluk
Dates	13/12/2015	14/12/2015	15/12/2015	16/12/2015	17/12/2015
PLACES	Kulakkarai	Elanthancherry	Pattamandiri	Kunakuppam	Nandiambappakm
	Kamarajapuram	Kadapakkam	Nenjampakkam	Kottaikuppam	Kondakkarai
	Kanniammanpettai	Jeniffer nagar	Nandiambakkam	Chattankuppam	Velur
	Ariyallur	Rajiv gandhi nagar	Pungampedu	Pasiyavaram	Velliyoyalchavadi
				Gunankuppam	T.R.Palayam Nandiyampakkam

Chennai, the capital city of the Indian state of Tamil Nadu, is located on the Coromandel Coast of the Bay of Bengal. It is the biggest industrial and commercial centre in Southern India and a major cultural, economic and educational hub. The recent flood there resulted from heavy rainfall during the annual North-East monsoon in the months of November and December 2015. It affected the states of Tamil Nadu, Andhra Pradesh and the union territory of Puducherry. However Tamil Nadu, particularly Chennai, was the hardest hit. As of 10th December 2015, more than 400 people had died and over 1.8 million people had been displaced owing to the heavy downpour. Manali New Town, a satellite township developed by Chennai Metropolitan Development Authority, was the focus of our flood relief activity. This township includes areas from Edayanchavadi and Sadayankuppam Panchayat of Thiruvallur

District. It is a northern suburb of Chennai. The camp on 13th of December was organized around the following places of New Manali Township:

- Kulakarai Village
- Kamarajapuram
- Kanniammanpettai
- Ariyallur

The camps were located approximately 80 km away from the place of our stay, which was Neelankarai.



1. Kulakarai Village: District: Thiruvallur

Kulakarai village was very badly affected because it is in a low lying area. Water level rose 5.6ft high and stagnated for 7 days. People had to swim to reach nearby places for safety. Many survived without food and drinking water for over 2 days.

People in this area seemed not particular about education. There was only one school in the village and there was none who has gone up to college. Because of the lack of education, people were superstitious and they lacked basic knowledge of health and hygiene. Their favorite pastime was watching movies and most of the aged population stayed idle. Alcoholism seemed to be a common problem.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
260	210	130	600	Labourers	Agriculture	Nil	Nil	1	Nil	10	35	60	100 acre	65

Medical Camp- Kulakarai

Gender	Number of cases diagnosed	Main diagnosis
Children-<=5 years boys	5	Respiratory track infection
Children-<=5 years girls	6	Respiratory track infection
Children:6-18 years boys	3	Anemic
Children:6-18 years girls	9	Anemic
Male (18-59 Years)	25	Respiratory track infection
Female(18-59 Years)	50	Respiratory track infection
Pregnant ladies	-	Nil
Above 60 -male	15	Body pain
Above 60 -female	34	Body pain
Grand Total	147	

Analysis

There is no proper healthcare facility in the village for any medical emergency. The people have to travel a distance of 5 km to reach the nearest Government Hospital. Lack of a proper source of drinking water and the lack of knowledge on safety practices for drinking water is adding to the health issues here. The village has derived its name from the pond located in the center of the village, however this pond has turn out to be a breeding ground for mosquitos. Sewage water from a nearby industryalso gets mixed with the pond water adding to the misery of the people.

In our analysis we didn't find any specific flood related diseases in this village.However, their contaminated water source along with the huge accumulation of garbage and other debris may lead to contagious disease in the future.

2. Kamarajapuram Village: District: Thiruvallur

Kamarajapuram village is the lowest laying area among all the villages of this area including Kulakarai, Kanniyammanpettai-2, Kadambakkam, Andarkuppam, Rajiv Gandhi Nagar and Kadapakkam-1. Water level rose to 7 ft during the flood. Here too, they survived 2 days without food and drinking water. Water was contaminated and entire place was still stinking when we visited. People are not educated and most of the males are working in nearby companies as daily laborers. The women do sustenance farming but after the flood, the entire cultivable land remains fully submerged. Very few are self-employedand run small businesses such as 2 wheeler repair, plumbing, electrician, painting etc.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
270	200	230	700	Labourers	Agriculture	Nil	Nil	1	Nil	25	55	N/A	Fully submerged	N/A

Medical Camp- Kamarajapuram

Gender	Number of cases diagnosed	Main diaognsis
Children-<=5 years boys	10	Gastroenterities, respiratory track infection
Children-<=5 years girls	8	Respiratory track infection
Children:6-18 years boys	9	Anemic
Children:6-18 years girls	3	Anemic
Male (18-59 Years)	8	Respiratory track infection
Female(18-59 Years)	19	Respiratory track infection
Pregnant ladies	2	Nil
Above 60 -male	18	Body pain, skin problem
Above 60 -female	15	Body pain, skin problem
Grand Total	92	

Analysis

They don't have a proper health care facility in this village. Children in the age group of '5 and under' were suffering from gastroenteritis due to unhygienic food practices. Children aged up to 19 were anemic due to lack of nutritious food. People lacked basic awareness of health and hygiene. This could be attributed to their poor education. The only disease which we could relate as a direct impact from the flood was the skin disease prevalent among the senior citizens, both male and female.

3. Kanniamman Pettai: District: Thiruvallur

Kanniammanpettai is a small village/hamlet in Pulal Taluk in Thiruvallur district of Tamil Nadu. It comes under Kadapakkam Panchayat. It is located 45 km towards East from Thiruvallur town and 17 km from Chennai city.

This place was fully submerged in water and they too had to survive without food for 2 days. All the agriculture fields were fully submerged resulting in loss of livelihood. People in this village lack awareness on health and hygiene.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
180	165	155	500	Labourers	Agriculture	1	Nil	Nil	Nil	20	35	N/A	Fully submerged	N/A

Medical Camp- Kanniammen Pettai

Gender	Number of cases diagnosed	Main diagnosis
Children-<=5 years boys	5	Skin problem
Children-<=5 years girls	8	Respiratory track infection
Children:6-18 years boys	11	Anemic
Children:6-18 years girls	20	Anemic
Male (18-59 Years)	25	URTI
Female(18-59 Years)	70	URTI
Pregnant ladies	0	Nil
Above 60 -male	9	Body pain
Above 60 -female	14	Body pain
Grand Total	162	

Analysis

Children in this village who were brought to us for treatment had skin diseases most likely from playing in contaminated flood water. Children, both male and female, were anemic. URTI was the most prevailing disease among the 18-59 years age group. Older people were complaining about body pain. However, we could not correlate this to the impact of flood.

4. Ariyalur: District: Thiruvallur

Ariyalur is a small village/hamlet in Pulal Taluk in Thiruvallur district. It comes under Ariyalur Panchayath. This place lies on the border between Thiruvallur and Chennai and is located 37 km east of Thiruvallur and 15 km from Chennai. This place too was fully submerged in the recent floods. Water level suddenly rose due to the huge release of water from Pulal dam. A local politician, Mr Narayanan, managed to bring a bulldozer and demolish the walls of the nearby Toshiba plant. This resulted in the water receding from this village and thus prevented human causality. Most of the males are engaged as daily laborer and females are involved in small-time farming i.e. harvesting spinach. The flood has completely damaged the livelihood options available to them.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
170	145	105	500	Labourers	Agriculture	1	Nil	Nil	Nil	9	28	N/A	Fully submerged	9

Medical Camp- Ariyaloor

Gender	Number of cases diagnosed	Main diaognsis
Children-<=5 years boys	10	Respiratory track infection
Children-<=5 years girls	7	Respiratory track infection
Children:6-18 years boys	7	Anemic
Children:6-18 years girls	9	Anemic
Male (18-59 Years)	31	URTI
Female(18-59 Years)	76	URTI
Pregnant ladies	0	Nil
Above 60 -male	2	Body pain
Above 60 -female	14	Body pain
Grand Total	156	

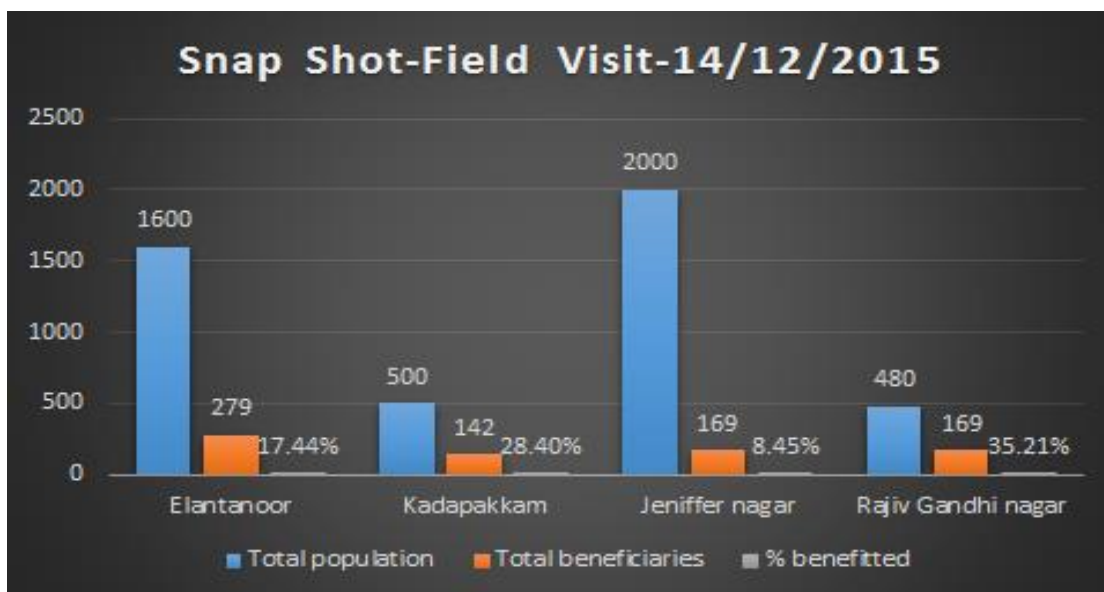
Analysis

As per the headmistress of the only school available in the vicinity, villagers lack basic hygiene and awareness. Almost all children had contracted respiratory tractinfections and they were anemic due to lack of proper nutritious food. Those above the age of 60 were complaining about body pain.

The learnings from the camp on the 13th of December 2015 guided us to be better prepared for the camp on the 14th.Three more doctors from St.Johns-Bangalore joined our team of 5 qualified doctors.We arranged an extra vehicle to ensure volunteers were well seated during their journey.

The following areas around Manali New Town (MPT) were covered for the camp on the 14th of December 2015.

- Elantanoor City
- Kadapakkam
- Jeniffer nagar(Manali New Town)
- Rajiv Gandhi Nagar



5. Elantanoor: District: Thiruvallur

This place was recently added to corporation of Chennai. This is a low laying area which includes 250 families and has a total population of 1600. There are no government hospitals near this village. For any emergency, the villagers have to travel 25km to go to a government hospital and 4km to reach a private hospital facility. Out of the 250 families living in that village, only 25 households have toilet facilities in their dwelling. Of the total 10 were well-to-do families and one was employed with government.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
500	650	450	1600	Labourers	Agriculture	Nil	Nil	Nil	Nil	75	115	N/A	Fully submerged	7

Medical Camp- Elantanoor

Gender	Number of cases diagnosed	Main diagnosis
Children-<=5 years boys	16	Respiratory tract infection
Children-<=5 years girls	20	Respiratory tract infection
Children:6-18 years boys	14	Respiratory tract infection
Children:6-18 years girls	25	Respiratory tract infection
Male (18-59 Years)	43	Respiratory tract infection
Female(18-59 Years)	115	Respiratory tract infection
Pregnant ladies	0	Respiratory tract infection
Above 60 -male	17	Respiratory tract infection
Above 60 -female	29	Respiratory tract infection, skin disease
Grand Total	279	

Analysis

As per the data given above, females below the age of 60 were the most affected people in this village. The flood has left the entire area of the village unhygienic and contaminated. As a result of this, airborne respiratory illnesses were predominant. Skin diseases were also found among these people.

6. Kadapakkam: District: Thiruvallur

Kadapakkam is a developing residential area in Northern Chennai. This part of Chennai was considered socially backward a decade ago. Now part of this area is occupied by new real estate developments. The villagers depend mostly on daily labour work for their sustenance. There were no government or private enterprise employees in this village. Children travel 2 km to go to a government school since they don't have a school in their village. Water scarcity was acute since the corporation water supply reaches them only once in every five days. The village lacked proper toilets and sanitation. Due to the flood, the water

level rose 5ft high killing most of their their livestock. Two houses had collapsed completely and ten houses damaged partially due to the flood.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
155	145	200	500	Labourers	Agriculture	0	Nil	Nil	Nil	2	10	N/A	Fully submerged	14

Medical Camp- Kadapakkam

Gender	Number of cases diagnosed	Main diagnosis
Children-<=5 years boys	4	Respiratory tract infection
Children-<=5 years girls	6	Respiratory tract infection
Children:6-18 years boys	16	Respiratory tract infection
Children:6-18 years girls	15	Respiratory tract infection
Male (18-59 Years)	30	Respiratory tract infection
Female(18-59 Years)	57	Respiratory tract infection
Pregnant ladies	0	Respiratory tract infection
Above 60 –male	4	Respiratory tract infection
Above 60 –female	10	Respiratory tract infection
Grand Total	142	

Analysis

Lack of proper drinking water and the absence of toilets has left the surroundings very unhygienic and a potential reason for any kind viral or fungal infections. The data suggests that, females are most affected group and easily prone to infections.

7. Sadayankuppam, Manali New Town, Jennifer Nagar: District: Thiruvallur

Sadayankuppam village is located in Madhavaram Tehsil of Thiruvallur and is part Manali New Town a satellite town in the northern suburbs of Chennai. 60% of the villagers are private employees working in nearby companies primarily MRF and Ashok Leyland. It is a comparatively a developed area where people have access to schools and other facilities. 80% of the houses have toilet facilities. 5% of the population belongs to high income families but 65% are poor and depend on labor work with minimum wages for their sustenance.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
1000	600	400	2000	Private employed(Ashok Leyland/MRF)	40% daily labourers	0	0	1	5	0	14	N/A	Fully submerged	12

Medical Camp- Sadayan Kuppam, Jennifer Nagar

Gender	Number of cases diagnosed	Main diagnosis
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Children-<=5 years boys	10	Respiratory tract infection
Children-<=5 years girls	16	Respiratory tract infection
Children:6-18 years boys	21	Respiratory tract infection
Children:6-18 years girls	21	Respiratory tract infection
Male (18-59 Years)	34	Respiratory tract infection
Female(18-59 Years)	43	Respiratory tract infection
Pregnant ladies	2	Respiratory tract infection
Above 60 -male	3	Respiratory tract infection, skin problems
Above 60 -female	19	Respiratory tract infection, skin problems
Grand Total	169	

Analysis

Sadayankuppam village is one of the less affected areas where the water level raised only up to 2 feet. One of the reasons for the spread of disease in the areas was due to death of animals which had escaped from the low lying heavily flooded areas. People sought treatment for all kind of respiratory and skin diseases.

8. Rajiv Gandhi Nagar, Manali New Town: District: Thiruvallur

The population in Rajiv Gandhi Nagar comprised of 96 families out of which 3 families were well-to-do. 50% of the families were daily wagers engaged in skilled contract work like plumping, painting, welding and construction related activities. 5% of the families were self-employed and worked in real estate business. 45% of the population belonged to middle class and worked in nearby private companies like Toshiba, Ashok Leyland and MRF. Water level in this village reached above 6 ft. and they didn't have food and electricity for the initial 2 days of the flood. Government and army deployed helicopters came to their rescue and provided food and other essential substance for their survival.

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
130	232	118	480	Labourers	Agriculture	1	Nil	2	1	10	18	N/A	Fully submerged	11

Medical Camp- Rajiv Gandhi Nagar, Manali New Town

Gender	Number of cases diagnosed	Main diaognisis
Children-<=5 years boys	10	Respiratory tract infection
Children-<=5 years girls	16	Respiratory tract infection
Children:6-18 years boys	21	Respiratory tract infection
Children:6-18 years girls	21	Respiratory tract infection
Male (18-59 Years)	34	Respiratory tract infection
Female(18-59 Years)	43	Respiratory tract infection
Pregnant ladies	2	Respiratory tract infection
Above 60 -male	3	Respiratory tract infection, skin problems
Above 60 -female	19	Respiratory tract infection, skin problems
Grand Total	169	

Analysis

The data above clearly projects that people in this area are largely affected by respiratory tract infections. This infection is mainly due to unhygienic living conditions primarily from the pollution air and water. In this village people lack basic awareness of health and hygiene. Most of the families don't have proper toilet facilities. People who were 60 and above had skin problems in addition to respiratory tract infections. People here were very appreciative of the medical camp run by team CTF. They seemed touched by the warmth, care, love and affection displayed by the team CTF. They were also generous in sharing their happiness by preparing dinner of Kichadi for the CTF team who visited the village.

Real life incident: A pregnant woman

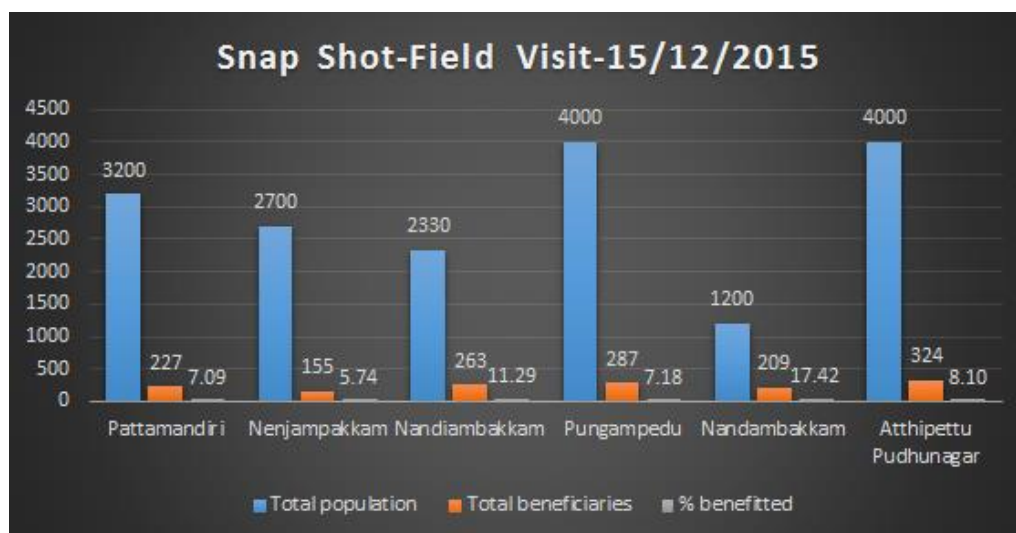
Here is a narration of a real life incident shared by villagers which brings out the gravity of the sufferings due to the flood.

Thankamani was 9 months pregnant at the time of the floods. As soon as the water started filling, her family became aware of the danger. But in a short time, the water reached up to her waist. She quickly climbed on top of her cot and placed a bench on it to stay safely above the water level. She stayed that way until it was dark. By then electricity had failed and with the water level climbing higher, she knew that the water would swallow her at any moment. Fortunately for her, her father and brother came swimming to her rescue. They lifted her up and continue to swim across until they reached the school where they found temporary residence along with some other.

They stayed at the marooned school without water and food for a day and night. They kept hoping that someone would bring them food and water. But nothing came. Finally they decided to go to another camp nearby. Among other there were small children at the school. Thankamani's family helped to make a temporary raft using some thermocol pieces for transporting the children to the next camp. Again this lady had to be carried by her father and brother to the neighboring camp. After carrying her for over an hour they reached the camp, tired, weary and hungry. They finally got some bread and water for their survival, the only food available in that camp for the next 4 days.

They returned home only after the water level receded. When they reached home they found they had lost everything - ornaments, clothes, utensils and furniture. What was left was only just a heap of waste.

When she came to see the doctor at the CTF camp, she was still suffering from that horrible disaster. Tears dropped down her eyes as she spoke to us. She was still suffering from body pain and mental trauma. Even though her loss of property was irretrievable, she said the flood brought her closer to her family and strengthened her relationships with fellow beings who faced the sufferings alongside her.



Pattamanthri, Attipattu Pudunagar Village, Nanjampakkam Irular colony, Pungampedu Village and Nandampakkam are villages belonging to the district of Thiruvallur in the Minjur Taluk of Tamil Nadu. As reported by the villagers, they recollect having had a similar but low intensity flood 20 years ago.

These villagers have always suffered from the lack of healthcare facilities in their village. For any emergency care, they have had to travel several kilometres to reach a hospital. In some of these villages, they have private schools in addition to the government school which have minimum facilities. 40% of the total population holds contract jobs in nearby private companies like North Chennai Thermal Power Station, Electricity Board of Chennai, Ashok Leyland, Cumi etc. In these villages, most of the ladies stay at home or spend their time on agriculture since they will have to travel far to get other work.

In villages like Nanjampakkam Irular Colony, people are suffering because they lack basic necessities such as drinking water and a hygienic living environment. They also lack transportation even to reach the sick to hospital in case of emergency. Toilet facilities built by either the government or by private agencies are available in some of the villages, but remain unused since they consume more water. Since a large number of villagers are uneducated, they depend on menial labour work for their survival. They also lack the ability to develop any scheme to support their livelihood. They constantly complain about their poverty and they never attempt to make a difference in their own lives.

9. Pattamandri Village: District: Thiruvallur

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
900	800	1500	3200	Labourers	Agriculture	nil	nil	2	8	5	23	N/A	Fully submerged	9

Medical Camp-Pattamandri

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	6	Skin infection
Children-<=5 years girls	17	Respiratory tract infection
Children:6-18 years boys	21	Skin infection
Children:6-18 years girls	29	Anaemia
Male (18-59 Years)	22	Acute Gastro
Female(18-59 Years)	105	Acute Gastro
Pregnant ladies	2	Respiratory tract infection
Above 60 –male	5	Respiratory tract infection, skin problems
Above 60 –female	16	Respiratory tract infection, skin problems
Grand Total	227	

10. Athipettu Pudhunagar village: District: Thiruvallur District

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
1500	1300	1200	4000	Contract labourers	House wives	Nil	Nil	1	Nil	420	80	N/A	Fully submerged	33

Medical Camp- Athipettu Pudhunagar

Gender	Number of cases seen	Main diaognisis
Children-<=5 years boys	21	Vitiamin deficiency
Children-<=5 years girls	31	Respiratory tract infection
Children:6-18 years boys	27	Skin infection
Children:6-18 years girls	29	Aneamia
Male (18-59 Years)	25	Respiratory tract infection
Female(18-59 Years)	170	Respiratory tract infection
Pregnant ladies	0	Respiratory tract infection
Above 60 -male	2	Respiratory tract infection, skin problems
Above 60 -female	19	Respiratory tract infection, skin problems
Grand Total	324	

11. Nenjampakkam Village: District: Thiruvallur

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
600	900	1200	2700	Labourers	House wives	Nil	Nil	1	Nil	3	10	N/A	Fully submerged	Nil

Medical Camp-Nenjampakkam

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	9	Respiratory tract infection
Children-<=5 years girls	8	Respiratory tract infection
Children:6-18 years boys	22	Skin infection
Children:6-18 years girls	32	Skin infection
Male (18-59 Years)	13	Respiratory tract infection
Female(18-59 Years)	53	Respiratory tract infection
Pregnant ladies	Nil	Nil
Above 60 –male	5	Respiratory tract infection, skin problems
Above 60 –female	13	Respiratory tract infection, skin problems
Grand Total	155	

12. Nandambakkam village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
700	680	950	2330	Labourers	Farming	Nil	Nil	1	Nil	9	10	N/A	Fully submerged	3

Medical Camp- Nandampakkam-1

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	11	Vitamin deficiency
Children-<=5 years girls	9	Respiratory tract infection
Children:6-18 years boys	28	Skin infection
Children:6-18 years girls	28	Anemia
Male (18-59 Years)	48	Respiratory tract infection
Female(18-59 Years)	106	Respiratory tract infection
Pregnant ladies	3	Respiratory tract infection
Above 60 –male	7	Respiratory tract infection, skin problems
Above 60 –female	23	Respiratory tract infection, skin problems
Grand Total	263	

13. Pungampedu village, Minjur Town: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
1500	1300	1200	4000	Contract labd	House wives	Nil	Nil	1	Nil	420	80	N/A	Fully submerged	33

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	12	Respiratory tract infection
Children-<=5 years girls	15	Respiratory tract infection
Children:6-18 years boys	34	Skin infection
Children:6-18 years girls	41	Skin infection
Male (18-59 Years)	27	Respiratory tract infection
Female(18-59 Years)	114	Acute Gastro
Pregnant ladies	Nil	Nil
Above 60 –male	12	Respiratory tract infection, skin problems
Above 60 –female	32	Respiratory tract infection, skin problems
Grand Total	287	

14. Nandambakkam village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
625	450	125	1200	Daily labourers	Farming	Nil	Nil	1	Nil	7	16	N/A	Fully submerged	7

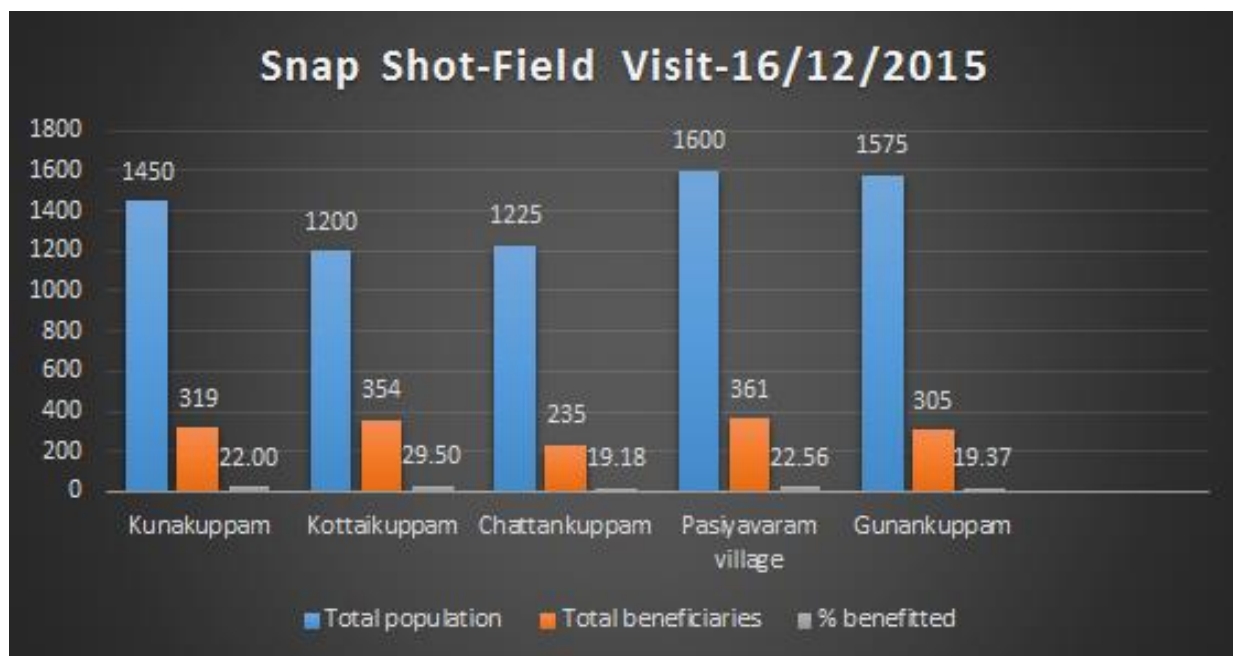
Medical Camp- Nandambakkam

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	7	Respiratory tract infection
Children-<=5 years girls	17	Respiratory tract infection
Children:6-18 years boys	12	Skin infection
Children:6-18 years girls	13	Skin infection
Male (18-59 Years)	32	Gastro
Female(18-59 Years)	88	Gastro
Pregnant ladies	0	Nil
Above 60 –male	8	Respiratory tract infection, skin problems
Above 60 –female	32	Respiratory tract infection, skin problems
Grand Total	209	

Analysis

All these villagers were badly affected by the floods and are still suffering from illnesses. In most of the villages where we conducted healthcare camps, upper respiratory tract infection was the commonly found illness. The flood had facilitated the spread of several airborne diseases. The people in the flood affected areas were also hit by the water-borne diseases such as gastroenteritis and skin diseases (fungal infections and dermatitis). This was primarily due to their long term contact with the contaminated water and the use of polluted drinking water.

Due to the heavy downpour and the inflow of water, the air became extremely humid. As a result, people with pre-existing ailments such as asthma and arthritis experienced a worsening of their medical condition. Health and hygiene is serious matters of concern in these areas as there are no toilets and they lack proper sanitation. All these heighten the chance of infection and add to their misery.



On the 16th of December, the villages visited include Kunakuppam, Kottaikuppam, Chattankuppam, Pasiyavaram village and Gunankuppam. These villages are situated north of Chennai approximately 60km away, and 3km from Elavur on the Barrier Island of Sriharikotta which separates Pulicat Lake from the Bay of Bengal.

It is comparatively a less affected village. Here most of the villagers are fishermen. Even the new generation youngsters go fishing despite being educated.

There is a 500 years old church built in the heart of the village named 'Mother of Glory'. It has a long history and is named after a statue of Mother Mary which was found at Sea. This place is also growing as a tourist centre since it has the second largest brackish water lake/lagoon in India. The people are hardworking and go fishing whenever the time permits them to do so.

15. Kunankuppam village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
750	450	250	1450	Fishing	Fish sales	Nil	Nil	2	1	Nil	14	N/A	Nil	Nil

Medical Camp- Kunankuppam

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	14	Skin infection
Children-<=5 years girls	11	Respiratory tract infection
Children:6-18 years boys	50	Skin infection
Children:6-18 years girls	39	Skin infection
Male (18-59 Years)	85	Respiratory tract infection
Female(18-59 Years)	103	Respiratory tract infection
Pregnant ladies	1	Respiratory tract infection
Above 60 -male	6	Respiratory tract infection, skin problems
Above 60 -female	11	Respiratory tract infection, skin problems
Grand Total	319	

16. Kottaiuppam village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
550	500	150	1200	Fisherman	Fishesales	Nil	Nil	1	2	Nil	Nil	Nil	Nil	Nil

Medical Camp- Kottaiuppam Village

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	24	Skin diseases
Children-<=5 years girls	24	Respiratory tract infection
Children:6-18 years boys	42	Skin infection
Children:6-18 years girls	47	Skin infection

Male (18-59 Years)	69	Gastro
Female(18-59 Years)	124	Gastro
Pregnant ladies	0	Nil
Above 60 -male	11	Respiratory tract infection, skin problems
Above 60 -female	13	Respiratory tract infection, skin problems
Grand Total	354	

17. Chattankuppam village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood			
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles	
600	400	225	1225	Fisherman	Fishesales	Nil	Nil	1	2	Nil	Nil	Nil	Nil	Nil	Nil

Medical Camp- Chattankuppam

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	21	Respiratory tract infection
Children-<=5 years girls	10	Respiratory tract infection
Children:6-18 years boys	23	Skin infection
Children:6-18 years girls	16	Skin & Respiratory
Male (18-59 Years)	49	Respiratory tract infection
Female(18-59 Years)	91	Respiratory tract infection
Pregnant ladies	0	Nil
Above 60 -male	12	Respiratory tract infection, skin problems
Above 60 -female	13	Respiratory tract infection, skin problems
Grand Total	235	

18. Pasiyaram village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood			
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles	
700	550	350	1600	Fisherman	Fishesales	Nil	Nil	1	2	Nil	Nil	Nil	Nil	Nil	Nil

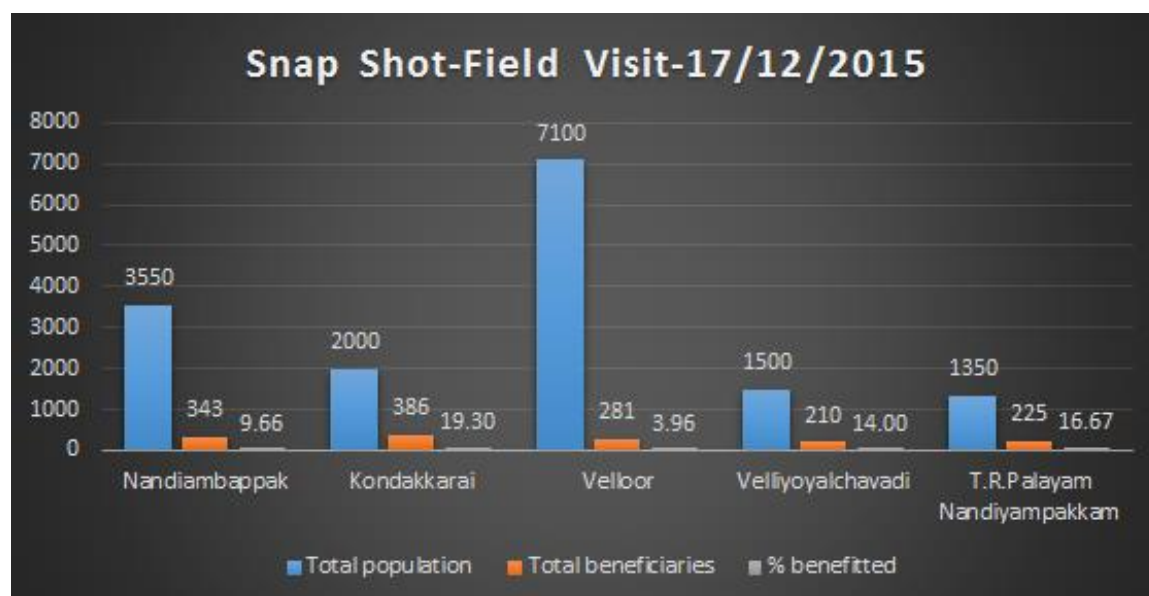
Medical Camp- Pasiyavaram

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	28	Skin diseases
Children-<=5 years girls	49	Respiratory tract infection
Children:6-18 years boys	36	Skin infection
Children:6-18 years girls	25	Anaemia
Male (18-59 Years)	56	Respiratory tract infection
Female(18-59 Years)	42	Respiratory tract infection
Pregnant ladies	0	Nil
Above 60 -male	35	Respiratory tract infection, skin problems
Above 60 -female	28	Respiratory tract infection, skin problems
Grand Total	361	

Analysis

There was no flood related medical emergency in this village. However people lost their livelihood due to the heavy rain. Many of them could not venture out to sea for fishing due to the rough weather. Also, since the nearby areas were affected by flood, they could not get supply of their day-to-day essential needs.

In this village the traditional way of fishing is still being practiced. Youngsters are not willing to go out of their village in search of new jobs even though a few of them are post-graduates.



19. Gunankuppam village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
750	600	225	1575	Fisherman	Fishesales	Nil	Nil	1	2	Nil	Nil	Nil	Nil	Nil

Medical Camp- Gunankuppam

Gender	Number of cases seen	Main diaognis
Children-<=5 years boys	18	Vitiamin deficiency
Children-<=5 years girls	8	Respiratory tract infection
Children:6-18 years boys	37	Skin infection
Children:6-18 years girls	37	Aneamia
Male (18-59 Years)	85	Respiratory tract infection
Female(18-59 Years)	105	Respiratory tract infection
Pregnant ladies	0	Nil
Above 60 -male	5	Respiratory tract infection, skin problems
Above 60 -female	10	Respiratory tract infection, skin problems
Grand Total	305	

20. Nandiampakkam Village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
1650	1550	350	3550	Labourers	SHG	Nil	Nil	2	1	Nil	Nil	Nil	Nil	Nil

Medical Camp- Nandiyampakkam

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	25	Respiratory tract disease
Children-<=5 years girls	27	Respiratory tract infection
Children:6-18 years boys	31	Respiratory tract infection
Children:6-18 years girls	36	Skin diseases
Male (18-59 Years)	33	Respiratory tract infection
Female(18-59 Years)	149	Respiratory tract infection
Pregnant ladies	0	Nil
Above 60 -male	20	Respiratory tract infection
Above 60 -female	22	Respiratory tract infection
Grand Total	343	

21. Kondakarrai Village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
850	750	400	2000	Labourers	SHG	Nil	Nil	1	1	Nil	Nil	Nil	Nil	Nil

Medical Camp- Kondakarra

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	12	Vitamin deficiency
Children-<=5 years girls	36	Respiratory tract infection
Children:6-18 years boys	36	Skin infection
Children:6-18 years girls	38	Anemia
Male (18-59 Years)	47	Respiratory tract infection
Female(18-59 Years)	160	Respiratory tract infection
Pregnant ladies	1	Respiratory tract infection
Above 60 -male	20	Respiratory tract infection, skin problems
Above 60 -female	37	Respiratory tract infection, skin problems
Grand Total	386	

22. Velloor Village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
3200	2900	1000	7100	Contract labourer	House wives	1 Primary health center	Nil	1	2	Nil	Nil	Nil	Nil	Nil

Medical Camp- Velloor

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	17	Vitamin deficiency
Children-<=5 years girls	29	Respiratory tract infection
Children:6-18 years boys	19	Skin infection
Children:6-18 years girls	31	Skin diseases
Male (18-59 Years)	27	Respiratory tract infection
Female(18-59 Years)	115	Gastro
Pregnant ladies	0	Nil
Above 60 -male	17	Respiratory tract infection, skin problems
Above 60 -female	26	Respiratory tract infection, skin problems
Grand Total	281	

23. Vellivoialchavadi Village: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
700	600	200	1500	Contract labourer	House wives	Nil	Nil	1	1	3	11	Nil	Nil	Nil

Medical Camp- Vellivoialchavadi villag

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	14	Vitamin deficiency
Children-<=5 years girls	11	Respiratory tract infection
Children:6-18 years boys	26	Skin infection
Children:6-18 years girls	27	Anemea
Male (18-59 Years)	45	Respiratory tract infection
Female(18-59 Years)	70	Gastro
Pregnant ladies	0	Nil
Above 60 -male	5	Respiratory tract infection, skin problems
Above 60 -female	12	Respiratory tract infection, skin problems
Grand Total	210	

24. T.R.Palayam Village, Nandiyampakkam: Thiruvallur district

Total Population				Main occupation		Hospitals		Educational Institution		No of damaged houses		Loss of Livelihood		
Male	Female	Children	Total	Male	Female	Govt	Private	Govt	Private	Fully	Partially	Livestock	Agriculture	Vehicles
650	550	150	1350	Contract labourer	House wives/Farming	Nil	Nil	1	1	4	14	Nil	Fully submerged	Nil

Medical Camp- T.R. Palayam Village

Gender	Number of cases seen	Main diagnosis
Children-<=5 years boys	8	Respiratory tract infection
Children-<=5 years girls	25	Respiratory tract infection
Children:6-18 years boys	10	Respiratory tract infection
Children:6-18 years girls	34	Respiratory tract infection
Male (18-59 Years)	16	Respiratory tract infection
Female(18-59 Years)	42	Respiratory tract infection
Pregnant ladies	0	Respiratory tract infection
Above 60 -male	9	Respiratory tract infection, skin problems
Above 60 -female	81	Respiratory tract infection, skin problems
Grand Total	225	

Analysis

Many people who came for treatment in these villages started comparing the CTF camp with other camps organized there. Though not flood related, due to the poor nutritional status, poor personal

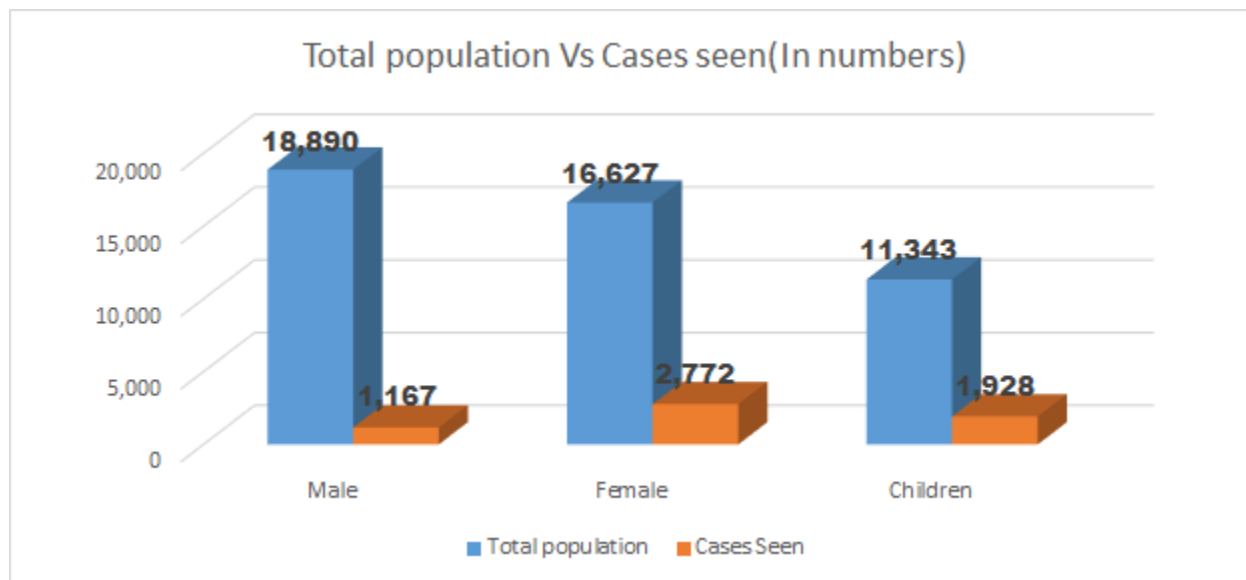
hygiene and poor environmental sanitation, worm infestations, vitamin deficiencies and anemia became a common occurrence in addition to RTI. Lack of proper health care facility in their villages severely affected those who were physically and mentally handicapped.

During the floods, the affected people had stood in the water for a long period time. Also after the flood they had to clean out their houses and their surroundings. As a result many suffered from a condition called Myalgia. Some of them who had been under treatment for illness like diabetics, BP, TB etc. stopped taking treatment ever since the flood affected their lives. This has become the reason for the development of various other illnesses, mostly among the elderly people.

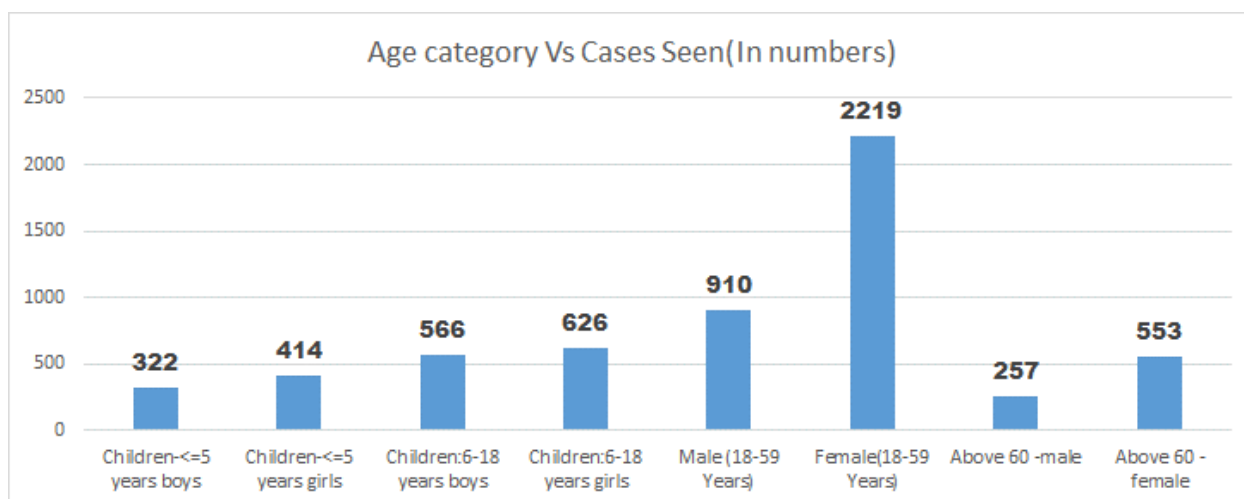
Further, due to the floods which washed away their belongings, several patients had post-traumatic stress disorder and grief. This was evident because they repeatedly shared their troubles with the physician who was treating them.

KEY FINDINGS

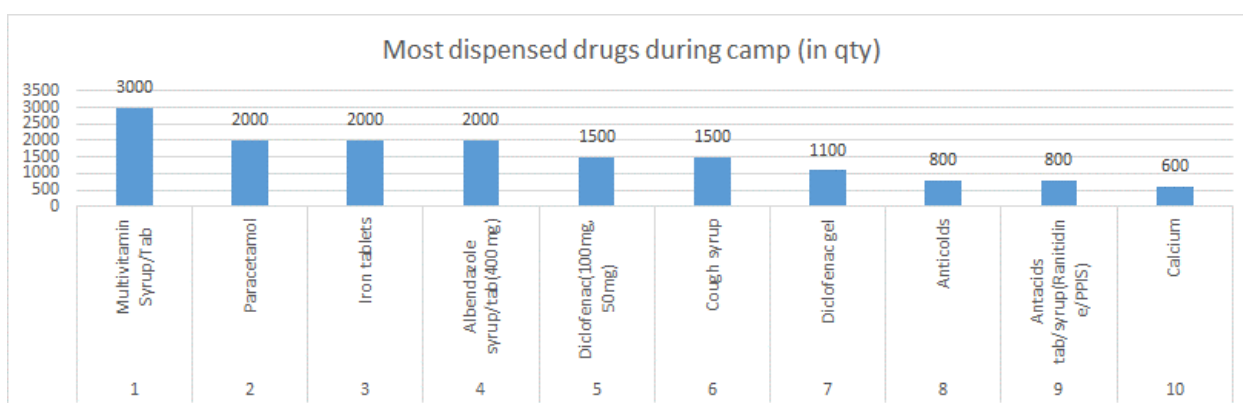
1. Total population of the camp area was 46,860 but only 5,735 people came forward to attend our camps which are roughly 12.23% of the total population.



2. Females aged between 18-59 years were the maximum who got benefitted by this camp



3. Drugs most dispensed during the camp days were multivitamin syrup/tab and Paracetamol. In our medical camps Paracetamols, anti-colds and cough syrups were the mostly used in our campus because the mostly found symptoms were cough, cold and fever. Analgesics (Diclofenac, Aceclofenac) were the medicines used to treat arthralgia and arthritis, the second most common symptoms found in the flood affected areas. Though not flood related, due to the poor nutritional status, poor personal hygiene and poor environmental sanitation, worm infestations, vitamin deficiencies and anemia were the other illnesses we have treated. A small quantity of anti-hypertensives and oral hypoglycemic agents were also used to manage the high blood pressure and sugar levels seen among the flood affected villagers in this area since they had no accessibility to the health facility due to the disaster.



4. Other medical conditions like tonsillitis, pharyngitis, otitis and acute gastro enteritis were also seen among these groups. A limited number of anti-biotic also were used to treat these conditions.

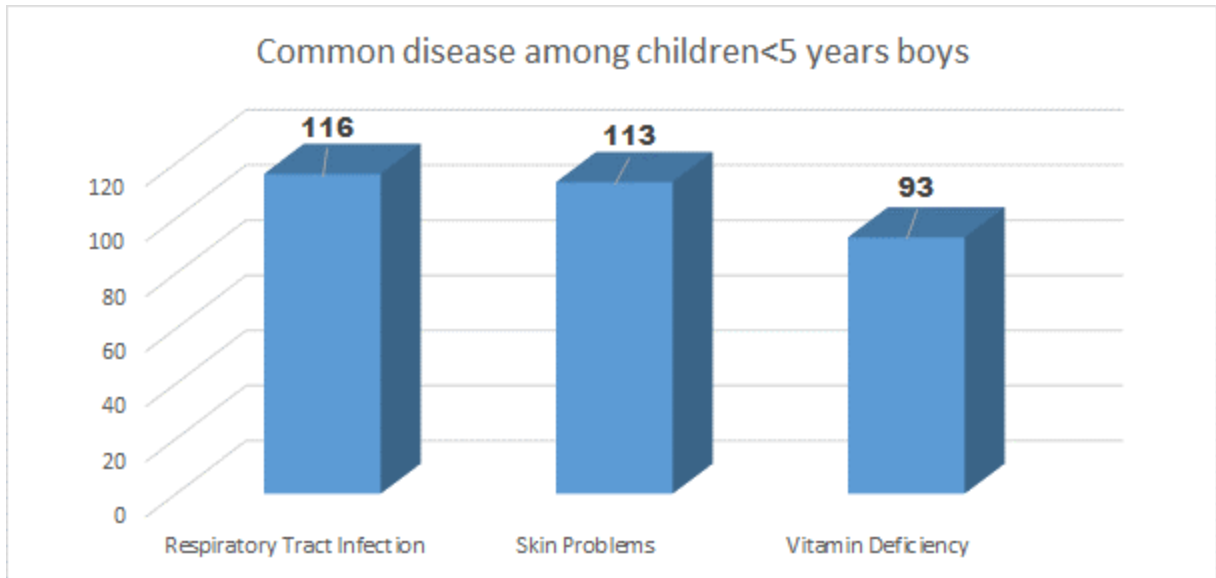
S.No	Name of the medicine
1	Azithromycine 500,250mg
2	Livofloxacin 500mg
3	Ciproflox 500mg
4	Norflox 400mg
5	Cefixim 100,200mg
6	Amoxicillin 250,500mg
7	Cefpodoxime 5ml/50mg
8	Amox 250mg+Clavulanic acid 237mg
9	Metronidazole 400mg,200mg

5. Upper respiratory tract infections were the commonly found illnesses in the flood affected areas we visited. The flood has facilitated the spread of several airborne diseases. The people in the flood affected areas also hit by the water borne diseases such as Gastroenteritis and skin diseases (fungal infections and dermatitis) due to their long term contact with the contaminated water and the use of polluted drinking water. Due to the heavy downpour of rain and in flow of water, the climatic conditions became moist and the people started getting exacerbation of preexisting disease conditions like Asthma and Arthritis. During the floods the affected people have stood in the water for a long time and after the floods, they have cleaned their houses and their surroundings resulting in Myalgia.

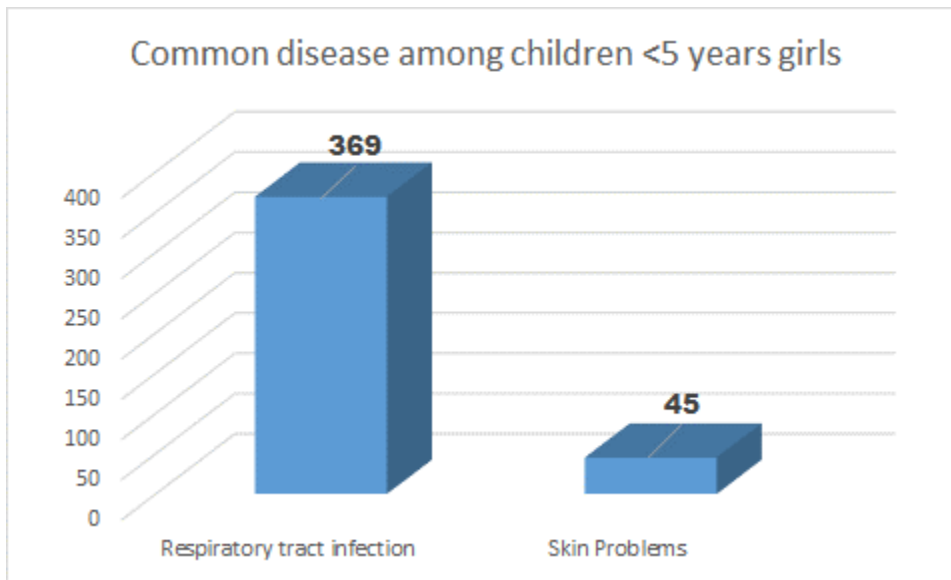
Due to the floods which washed away their belongings several patients had post-traumatic stress disorder and grief which could not be ventilated to the others. This was evident by their repeated sharing of troubles to the treating physician.

	Mostly found flood related diseases	
Sl.No	Sypmtoms	Diagnosis
1	Cold, Cough, Fever	Upper Respiratory tract infection (URTI)
2	Itchy leisions over body (focal/generalized)	Fungal infection
3	Fever, Loose stools, Vomiting	Gastroenteritis
4	Exacerbation of existing diseases	Asthma, COPD, Arthritis
5	Psycho-social Issues	PTSD (post traumatic stress disorder), Grief
6	Uncontrolled hypertension	Non-communicable diseases (poorly controlled)

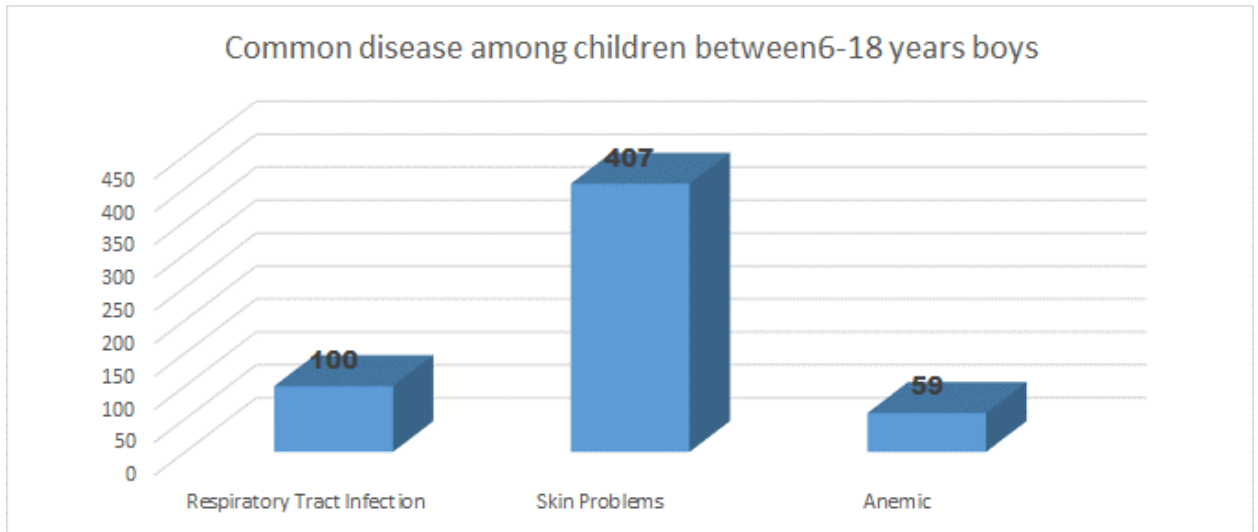
6. Respiratory tract infection was the most common disease among the children <5 years old



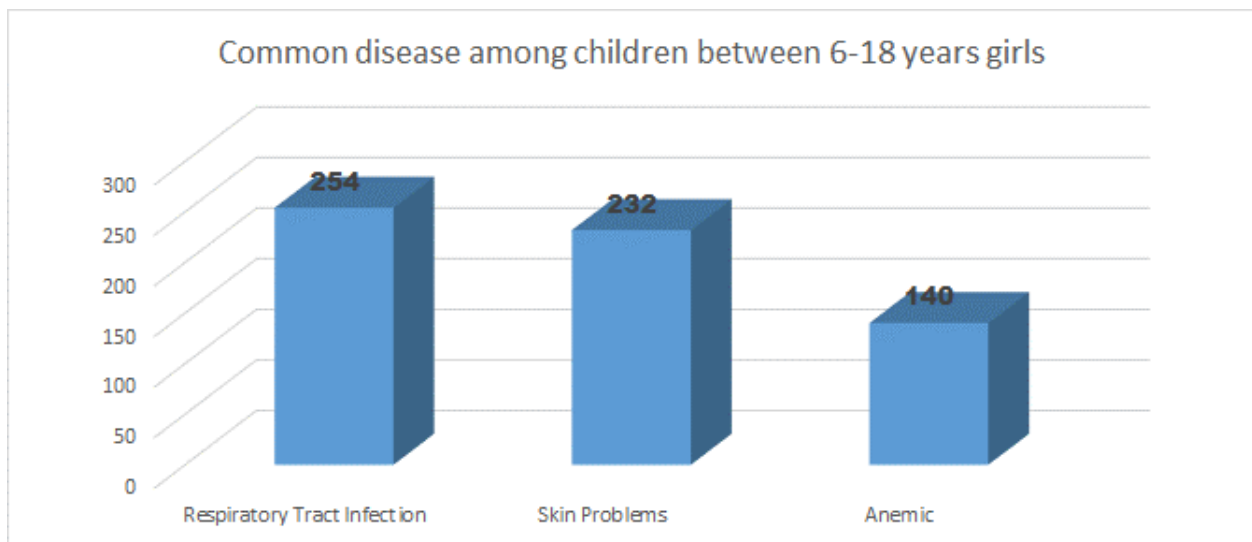
7. Among the girls aged <5 years we find URTI has the most common disease



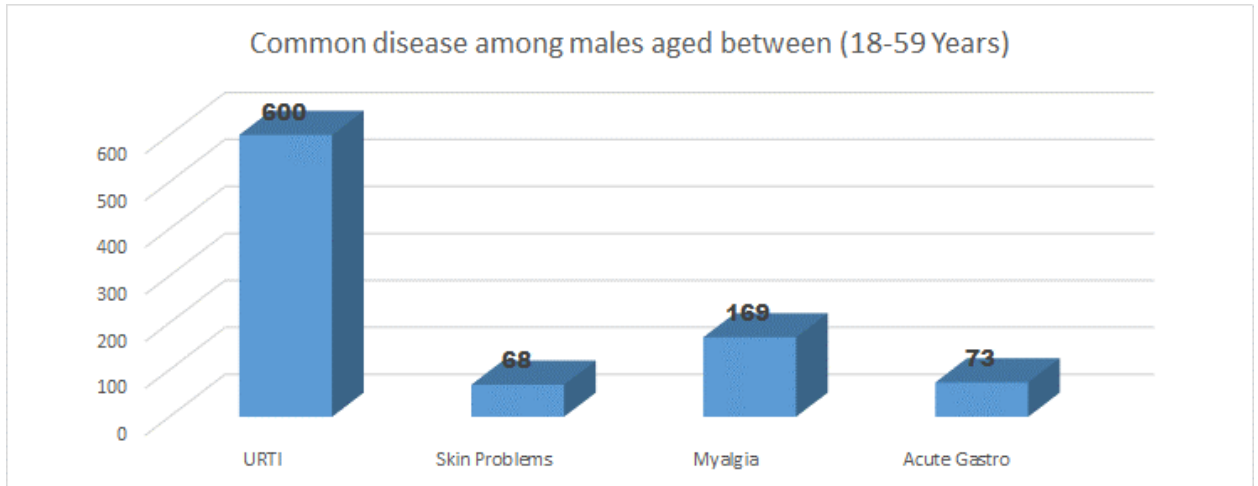
8. Among the boys aged between 6-18 years we find out skin problems tops the list of disease



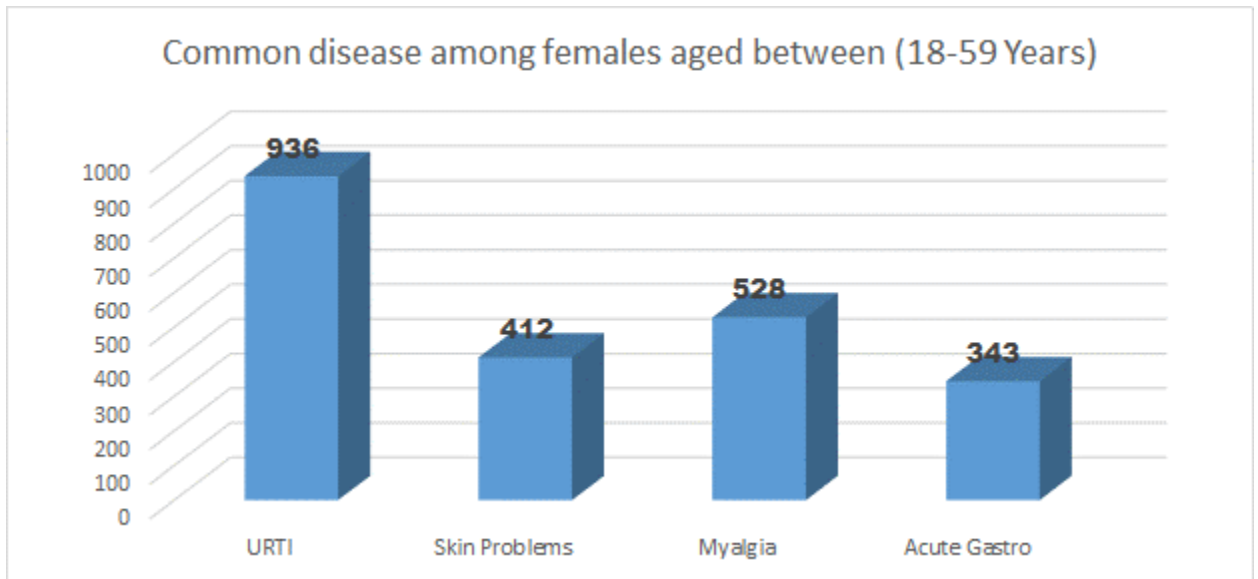
9. Among the girls aged between 6-18 years URTI has the most common but many of them also suffer from skin problems and few of them were anemic too.



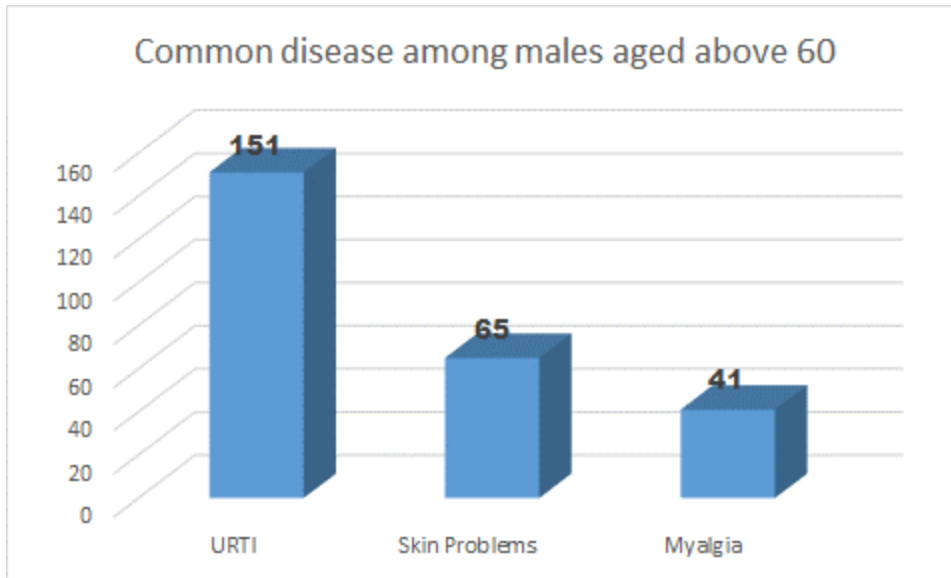
10. Most of the males in the age category 18-59 suffer from URTI. Among the people we treated 169 of them suffer from Myalgia (Body pain) and few of them suffer from Acute gastro and skin related problems.



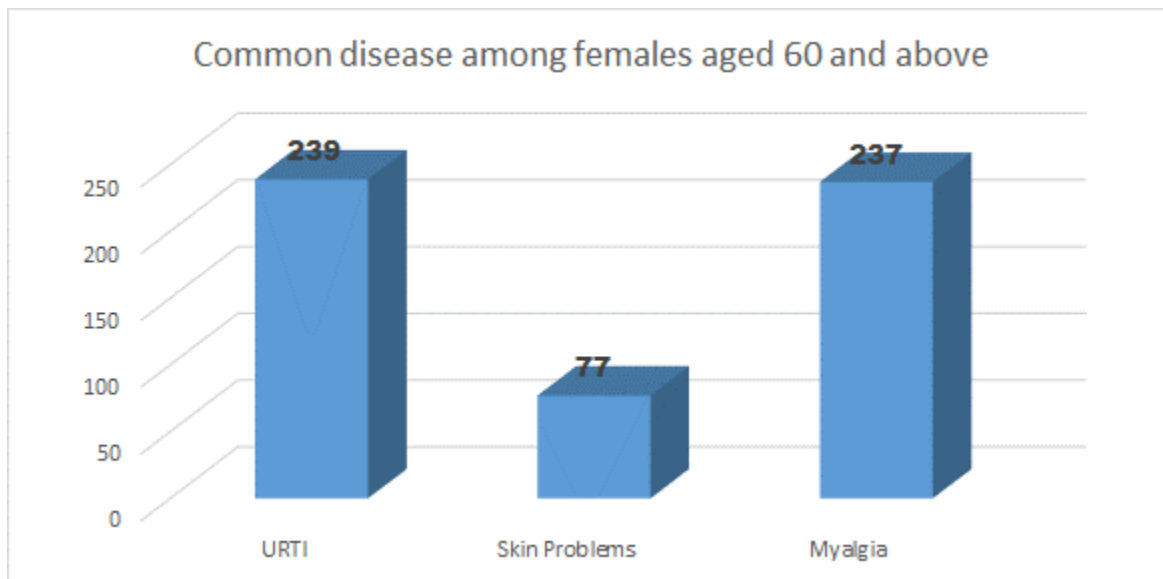
11. Among the females in the age group 18-59 most of them suffer from URTI. But Myalgia came second among the disease affecting this age category. Good number of people also suffer from acute gastro and skin related issues.



12. Among the males who crossed 60 and above URTI tops the list of disease but few of them also suffers myalgia and skin related problems.



13. Females aged 60 and above are mostly affected with URTI. But body pain or myalgia comes close among the list of disease affected in this age category. Few of them are affected with skin problems too.



Other Findings:

14. The diseases observed in our camps could have occurred due to contaminated drinking water, mixing of sewage water with the stagnant flood waters, poor personal hygiene, inadequate hand washing practices, consumption of unhygienic food and poor environmental sanitation.
15. Illiteracy was found to be playing a major role in the cause of these diseases, awareness of flood related diseases among those who are affected should be increased by means of health education.
16. Alcoholism and tobacco consumption was rampant among the affected areas with many men visiting the camp in drunken state. These issues should be addressed during rehabilitation. Substance abuse delays and hampers rehabilitation process. It affects the family members including children's health and education.

Recommendations

- ✓ CTF can take initiative in reaching out to CHAI and other catholic organizations in India to find a common ground for manufacturing generic drugs which can be sold at much lesser price. This will reduce the medical bill across all sections of the society and will be a big help for people living below poverty line
- ✓ CTF has a volunteer base after successfully conducting 3 camps in India and an ongoing one in Nepal. CTF can think of creating a data base of all likeminded people across cast and creed who wish to support in times of national calamities. Being a volunteer based organization such a data base will really help to mop up volunteers at short span of time
- ✓ CTF can prepare a list of most commonly used medicines and the source of availability in bulk which will come in handy in terms of any unforeseen calamities
- ✓ CTF can spearhead in bringing likeminded Catholics organizations and people involved in drug discovery in creating facilities for coming out with new formulations which will help save lot of money
- ✓ CTF should think of coming out with e- newsletter once in every quarter to update its volunteer with list of its activities
- ✓ Since post-traumatic stress disorder and grief was observed among some patients due to loss of houses and livelihood, a counselor should have accompanied the camp team to provide psychosocial support
- ✓ During emergency government and private agencies should act together in providing relief measures such as disease preventive strategies, transport, food, safe drinking water and shelter. Disaster preparedness education should be given to the public by means of effective mass media
- ✓ The environmental sanitation measures such as chlorination of drinking water, proper urban planning, sewage disposal, proper solid waste management, prior slum clearance, housing facilities for the slum dwellers should be taken by the concerned authorities
- ✓ Since working age group was observed to be most affected by health problems, vocational support should be targeted for them.

Team CTF

