

BIHAR FLOOD 2008

weeklyreport

EMMANUEL HOSPITAL ASSOCIATION

❖ SEPTEMBER 5, 2008 ❖

Background

Kosi river – Bihar's sorrow

The state of Bihar is experiencing one of the worst national calamities in recent years.

On August 18, 2008 the Kosi River, which gathers water from some of the highest mountains in Nepal, including Everest, and enters India in north Bihar, changed its course, and shifted over 120 km eastwards. In the process it has rendered useless more than 300 km of embankments that had been built to control its waters, and picked up a channel it had abandoned over 200 years ago.

The people of Bihar had never expected such devastation, as the fury of the Kosi river had only been a myth in the past years. Little did they know that the river would wash out their land. With 2.5 million people affected in 1598 villages in 15 districts of Bihar, the entire situation looks very grim. People have lost family members and possessions and are giving up hope for further survival.

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Situation Report: Madhipura

Madhipura is one of the worst affected districts. Madhipura Christian Hospital, a unit of EHA, is also severely affected by the floods. The campus is under water, affecting normal clinical operations. 90% of the staff houses are under water. Electronic and electric equipment including medical equipments, drugs and other supplies have been shifted to higher levels as far as possible. The Administrative office is under water. Many of the hospital staff

have been evacuated to safer grounds. A group of staff members have stayed back and are involved in the relief operations.

EHA's Response

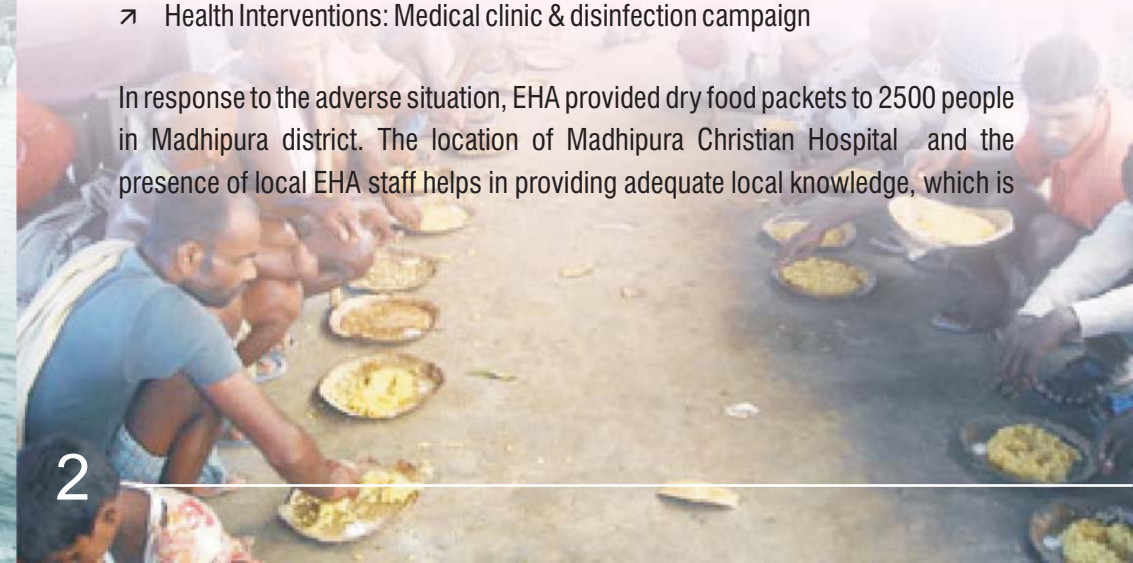
Madhipura

The EHA team in Madhipura began its relief operation by conducting an emergency assessment of the situation. The assessment done by the team in the flood affected areas indicated the following needs of the flood victims:

- Food items: Rice/Flat rice, Dal, Mustard oil, Chhatua, Salt, Biscuit, Jaggery
- Nonfood items: Candle, Match box
- Hygiene kits: Soap, Chlorine tablets
- Health Interventions: Medical clinic & disinfection campaign

In response to the adverse situation, EHA provided dry food packets to 2500 people in Madhipura district. The location of Madhipura Christian Hospital and the presence of local EHA staff helps in providing adequate local knowledge, which is

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Activities

EHA started its relief work with the distribution of dry food and drinking water to the people residing in the government allotted TP college relief camp. The team has also been distributing khichri, made up of rice, dal, salt and oil. The people residing in the Sabela relief camp are not being given adequate food supplies. EHA has clubbed in with this camp to provide food to the afflicted.

In the past week from September 1, 2008 to September 4, 2008, EHA has provided cooked meals to 8150 people residing in the government allotted TP college relief camp and has distributed 3700 dry food packets to the people in

Sabela relief camp and other areas. Chlorine tablets, bleaching powder and ORS are also being provided.

Two teams have been dispatched today, the 5th of September, 2008 to provide cooked meals to 5000 people. 2 community kitchens are being initiated to assist this operation.

The team is planning to visit 7 santhal villages in Murligunj block for further assessment of the problems and to plan a relief camp as soon as possible with a community kitchen for about 2000 tribals.

The team is networking closely with local officials, state government and other like-minded stakeholders.

Saharsha

The EHA relief team stationed at Saharsha is running a community kitchen along with the Discipleship Centre in Nagma. The community kitchen provides cooked meals to 600 people everyday.

A doctor has joined the team in Saharsha and a medical mobile clinic will be functional from today for providing medical aid to the flood victims.



Proposed plans

MEDICAL MOBILE CLINIC :

In view of the health related risks, the team is initiating a mobile clinic to provide medical assistance to the afflicted people.

As the water is slowly receding there are potential chances of an outbreak of diseases and epidemics. Health care is needed for pregnant and lactating mothers. The health team has discovered the following cases which need urgent attention - fever, cough, breathing problems, diarrhea, viral conjunctivitis and otitis media. Children are vulnerable to potential diseases as they are exposed to open air throughout the day. There are cases of foot injuries and snake bites. Safe drinking water also needs to be provided in order to stop the spread of water borne diseases.

GROUND REALITY: MOST VULNERABLE SECTION

The poor and the marginalized tribal communities are the most vulnerable in the community. Pregnant and lactating women and children are prone to maximum risk. Sanitation and hygiene facilities have to be provided to women, who are also prone to sexual harassment and other traditional and cultural norms.