



EMMANUEL
HOSPITAL
ASSOCIATION

EMERGENCY RELIEF FOR MANIPUR 2023-24

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EHA's Humanitarian Response on conflict situation in Manipur

❖ Health

- Medical camps in the relief camps
- Provide support to local hospital
- Medicines & Medical equipment

❖ Psychosocial care

❖ Food and Nutrition

- Dry Food ration
- Nutritional supplements for babies, lactating mother and pregnant women

❖ Non-Food Items (WASH)

- Health & Hygiene kits
- Dignity kits

❖ Temporary Shelter

❖ Health Teaching

❖ Training



BACKGROUND OF THE STATE

The state of Manipur is located in the North-eastern Region of India, lies between a latitude of 23°83'N - 25°68'N and a longitude of 93°03'E - 94°78'E. The total area of Manipur covers 22,327 square kilometers. The state population according to 2011 census is 2,855,794. The state has two major physiographic regions: The Manipur river valley and a large surrounding tract of mountainous country. About 53% of the people are Meitei (Meetei) who chiefly occupy the Manipur valley and are largely Hindu by religion. Indigenous hill tribes, such as the Nagas in the north (24%), and the Kukis, Mizo-Hmar, Zomi (16%) in the south and a few Muslims make up the rest of the population. The tribal are divided into numerous clans or sub-tribes.

Agriculture and forest produce are the main sources of incomes. The state has faced several challenges in recent years, including ethnic conflicts, insurgency, and drug trafficking. The state is also prone to natural disasters such as landslides, earthquakes, floods, heavy rains, storms and forest fires.



Situation Report



The conflict which started on the 3rd of May 2023 has directly affected about 70,000 people and a lot of people indirectly. It is reported more than 200 lives have been lost and over 6000 people were injured and about 70,000 people internally displaced and more than 56,000 individuals have sought refuge in over 360 relief camps. The most

affected districts are Churachandpur, Kangpokpi, Imphal East and Imphal West, Bishnupur, Kakching, Tengenoupal and Thoubal.

It is evident that most of the districts in Manipur are facing an urgent humanitarian crisis and need physical, emotional, and mental health assistance. Losing loved ones and everything they had in a few days is hard to swallow. The conflict has affected the state so immensely that two of the communities (Kukis and Meiteis) couldn't even cross the boundaries.

OUR RESPONSE - EHA Intervention

The EHA's Disaster Management and Mitigation Unit quickly activated the emergency response system and swiftly responded to the immediate needs of the affected community within the first week of the violence with supports of its partners. The whole program was coordinated from EHA Office, New Delhi.



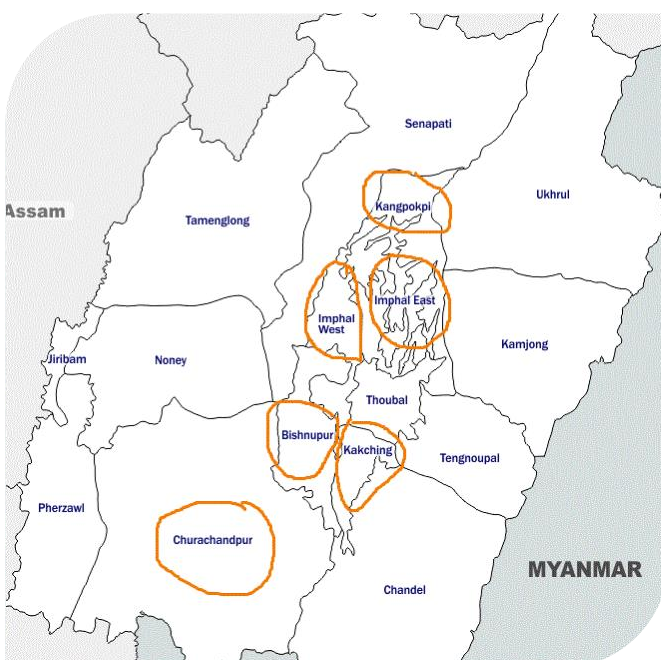
The **mid-term spot need assessment** was conducted from 12th – 20th September by visiting the ground zero in Kakching and Kangpokpi districts. The team interacted with the affected people in the camps and also local community, NGOs, CSO and local authority of both the districts. Necessary permission was taken from the district

administration to continue the work. The local authority vehemently supports the initiative of EHA and its partners in providing medical aid along with counselling services and other relief materials. The need for counselling has been strongly highlighted by both the district's administration.

The hill regions have been historically under-developed, especially in terms of health facilities as most the facilities are situated in the valley and the current crisis has only worsened the situation.

The assessment team includes medical doctors, clinical psychologists, and disaster management experts.

Target Districts in Manipur



- Bishnupur
- Churachandpur
- Imphal East
- Imphal West
- Kakching
- Kangpokpi and
- IDPs taking shelter in the relief camps in Assam and Delhi.

Formation of Emergency Response Team (ERT)



The response started with a small team of EHA staff aided by the local partners in Manipur. Thereafter, considering the dire needs prevailing in the state EHA launched a nationwide campaign in August to recruit volunteers for the holistic health intervention through various platforms and contacts. We are very encouraged to see the positive response from people all across the country. Hence the team was

formed and roster were prepared for the next 8 fourth months.

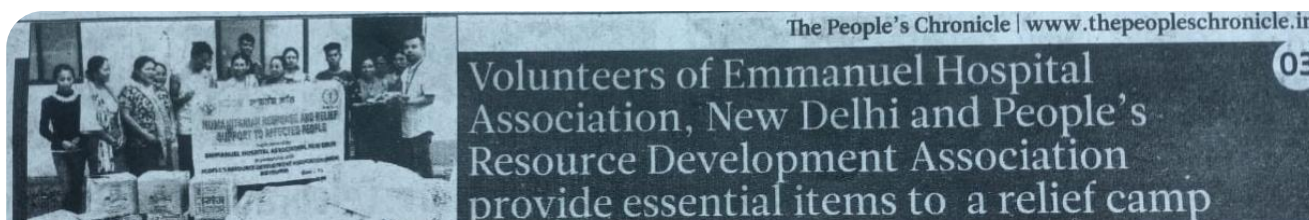
The Emergency Response Team (ERT) comprises medical doctors, psychiatrist, dentist, clinical psychologist, counselor, nurse, para-medics, health assistant, social workers, disaster management practitioners, and local volunteers. The ERT were supported by treatment protocols, as well as over the phone by specialists and they were helped in the field by local translators. Altogether 10 teams were sent to the field till date.

An Overview Statistic on Healthcare Interventions.

Date	From May 2023 till March 2024				
Activities	Relief camps covered	Medical camps conducted	People treated	Dental care provided	Counselling provided
Beneficiaries (Individual)	100+	158	9024	373	1305

An Overview Statistic on Relief Distributions and Health Teaching & Training

Date	From May 2023 till March 2024				
Activities	Dry Food relief & Baby Food	Non-Food Items	Women provided with Dignity kit	Temporary Shelter (Tarpaulin)	Health Teaching & Training
Beneficiaries (Individual)	24,239	12,044	840	200	500+



Relief Distributions



Dry food ration including rice, dal, oil, vegetables, onion, garlic, salt, sugar, tea, biscuit and safe drinking water were distributed. Nutritional supplements like nutrela, soyabean and baby food were also given for pregnant women, lactating mother and infant. Non-food items of health, hygiene & sanitation kits like bed sheet, bathing soap, washing powder, tooth paste & brush, bleaching powder, phynile, towel, mug, bucket and mosquito repellent were distributed. Tarpaulin sheets for temporary shelter and dignity kit (sanitary pad) for women were also given.

Medical Camps



Free medical treatment and medicines are given to the people staying in over 100 Relief Camps through 158 medical camps in the target districts. Follow up visits were carried out in most of the relief camps according to the needs of the IDPs.

Common complaints are mix of Upper Respiratory Tract Infections, Acute Febrile Illness, reduced appetite, neuropathic pain, Diabetes, Hypertension, Gastritis, Musculoskeletal pain, HTN, DM on irregular medication, acid peptic disease, and generalized body

pain scabies/skin problem, Fungal infections, reflux symptoms, gynecological, Tinea, alcohol induced gastritis and tension headaches etc. A few cases of chest pain and a good number of chronic disease patients which need to be followed up. Chronic infections like cold and cough, and respiratory infection are mostly due to consuming tobacco in high quantities.

The women in the camps have mostly UTI, Fungal infection, and skin infections due to hygiene issues. There are shortage of iron tablets and folic acid for pregnant women. One of the most important things that needs to be followed up is the mental health of those people who stay in the camps.

Dental Camps



There are a good number of people with very poor dental health. Psychoeducation on oral hygiene is important and essential in a relief camp to prevent acute pain and prevent dental problems.

A good number of Leukoplakia and erythroplakia patients were seen among the adults. Chewing tobacco and paan (betel nut chewing), and smoking are common among the people. Passive smoking is an issue as there are infants, women including pregnant women and children in the

relief camp.

Psychosocial Care

Counseling was provided using various mediums and therapists. Adult counseling, group counseling, guided imagery for children in group counselling, read and heal therapy and recreational activities that were given to the people in camps. Longer counseling session was essential as the people in camps had a lot of information to share.

The common cases seen are depression, anxiety, marital problems, substance abuse (alcohol, pain killers, tobacco, brown sugar) verbal and physical abuse. Children expressed trauma, loss of dignity and self-worth. Some people experience feelings of loneliness, sadness, rage, and guilt.

Group counselling sessions were conducted for children, adolescents, and adults. Group therapy including games, drawing, and other exercise were done by the counselors.

Football, sketch pen, note book were also given for recreational activities. The session also includes therapeutic reflection through music and dance.



Health Teaching & Training



Health teaching and basic training on health & personal hygiene, oral health, breathing exercise, and muscle relaxation techniques are provided to the people. These training were important because the people in camps are having issues like poor hygiene, Post Traumatic Stress Disorder (PTSD), sleeplessness, disturbed sleep, and grievances.

Training on psychosocial care was conducted for the local leaders and people from the community both directly and indirectly affected by the violence.

The session includes – self-care, how to identify signs and symptoms of mental health, stress, depression and anxiety. The children session includes teaching good touch and bad touch, the importance of mental health and Career counseling.

Health teaching covers topic like scabies, personal hygiene, menstrual hygiene, dental health, substance abuse, de-addiction, smoking, alcohol and nutrition.

ASHA and Anganwadi workers, Relief camps in charges and other local leaders also benefited through the various session undertaken.

Ground Realities

A few observations and findings were made on the issues faced by the people living in camps and some of them needed swift steps, which we were able to address.

- There are not proper health facilities/services and even the existing facilities are incomplete eg. Nebulizer with no masks, no dengue kit which is important as the relief camps are not properly maintained. On top of that people in the hill areas are not accessible to the medical facilities in the capital area.
- There are limited ambulance services coupled with very bad road conditions and financial constraint causing many affected people who suffer from major illness unable to go for proper checkup leading to few lives lost in the camps.
- People in the camps get sick easily as everyone stays together in such a small space that virus and diseases are spread easily.
- Due to the situation in Manipur, everything becomes pricey and makes it more difficult to survive for the IDP's.
- Engaging people who speak the local language is crucial especially for counsellors, language is very vital as it needs more emotional connection and someone understanding every word/sentence could bring more impact in the healing process.



Project Management and Implementation

EHA Delhi: The Disaster Management & Mitigation Unit (DMMU) of EHA directly monitors and



oversees the overall implementation of the program. The DMMU – Head is the overall in charge of the program supported by the Project Coordinator and Project officer. The entire logistics for the team was arranged by the EHA team.

Field Team: Relief Coordinators were identified through local partners and are appointed for smooth implementation of the program. In many cases the local partners themselves came forward to assist in implementing the program

Challenges and Risks managed by the team

- The situation in Manipur remains tense throughout the project implementation period but there were not any untoward incidents happen to the team.
- It is challenging for the team to smoothly carry out the relief activities due to continuous occurrence of fresh violence time to time.
- **Procurement:** Procurement of medicines was a big challenge as supplies are not fully available within the state. Many vendors are operating without GST registration for supplies so, getting a vendor who has the essential supplies with GST registration was a huge task. Initially, most of the procurement done outside Manipur but after much pursuit we could get vendors within the state.
- **Logistic:**
 - Flight ticket cost was costing much higher than budgeted
 - Local travel cost are costly due to hilly road cum very bad road and high cost of fuel in the state
- **Security and safety:** Security and safety for the team was one of the main concerns and we are glad that all the people involved in the relief response were safe and sound.



Our Partners

The EHA works in close coordination with the local partners and other stakeholders. We prioritized teamwork and partnership for effective and timely response. The EHA team visited the local authority in person to officially inform them about the relief program.

This relief program was a collaboration of over more than 100 individuals, funding agencies, organizations and volunteers.

Voices from the Relief Camps

#1. Mrs. Kh. Jamini is a widow from Serou Makha Leikai. She is 83 years old and lives with her daughter's family. Since the beginning of the violence the villagers have been living in fear as their village is situated right in the border area.



The miscreants attacked their village in the month of May and burnt down houses. They all ran for shelter and security in the nearby army camp. She saw her house burnt and since then she hasn't visited her village. They were all evacuated by the army to the safe area within Kakching district and currently she is staying in Lamjao relief camp in Kakching.

She has been coughing, having sleep disturbances and feeling fatigue. The medical team spoke to her and the doctor provided her the treatment and medicines were given.

She is thankful to EHA for the treatment and moreover for coming to be with them and helping in such a challenging time.

#2. Mrs Hetling Misao, a mother of four children and caretaker of her bedridden mother. She witnessed the mob on the 3rd May burning the houses and attacking people. Mrs. Misao said,



“Worried about the safety of my family, I sent two of my children to the army camp for safety. Meanwhile my daughter and I stayed back with my bedridden mother at home. The mob came looking for us in our house but we were saved by a neighbor who hid us and told the mob they left to take shelter in the army camp. We were very scared that the mob would see us, so we stayed in the house locked from outside for two days.

After two days, we moved from our house to one of our relatives' place and from there the army rescued us and took us to the army camp. As the army

camp was very congested with so many people they transported us to a safer place where my family reunited with my relative.

When I think of all the things we have lost and all that we had to go through, it is still traumatizing for me. We don't have anything right now only depending on the people and relief camp materials. We are very grateful for the support and help EHA is providing through their medical camps and counselling care services.



#3. Mr. Naorem is a 15 years old boy. He lost his father and is single parenting by his mother. He studied up to class seven and was compelled to stop schooling due to his bad eyesight. He started having poor vision three years back and now both his eyes are becoming affected. His right eye was operated on two years ago and he can barely see now.

Naorem, his sister and mother are affected by the violence that added to fear, stress and pain to his family. He came to our medical camp but the medical team is helpless as we do not have an ophthalmologist with us and any instrument to check his vision.

There are many like Naorem who are helpless and hoping something good will happen in their life.

#4. A journey through darkness – Nemneilam



When the conflict happened on May 3rd, 2023, I was 8th months pregnant, and the doctor suggested bed rest as I had miscarriage earlier. On that day, we spent our day as usual and around 8pm we got a call about a mob coming toward our village. So we ran out of our house just with the clothes on our back. We watched our house getting burnt from the deep forest, we were all traumatized and my husband had to pull me away from the sight of burning houses as I was crying.

We spent the night in the forest with mosquitoes and insects crawling everywhere. We decided to walk through the deep jungle at 2am. I was having a stomach ache and was crying the whole way. At one point I couldn't go due to pain, but I had to go with tears in my eyes as I don't have any choice. We rested in a village for five days and then reached our destination.

Few days later, I gave birth in the hospital. Staying in the relief camp and taking care of the baby makes life more difficult.

Looking Ahead

The situation in Manipur remains very grim and tense with no sign of visible improvement. People continued to stay in the relief camps as they had no place to go though the number has been reduced to some extent. Many of them lost their houses, property, land and belonging. So, unless the alternative arrangement is made they will not be able to settle any time soon.

Looking ahead the EHA would focus on the following areas:

1. Health and Psychosocial care
2. Livelihood – vocational engagement. To engage the affected community in productive and gainful activities.
3. Resilience building with special focus on youth – training, career counseling, income generation, mental health & reconciliation.
4. Capacity Building and training – first aid, counseling, income generation and other relevant training.

Conclusion

The EHA's aim to provide emergency relief, basic medical aid, psychosocial care and training to the Internally Displaced People (IDPs) of Manipur due to the ethnic violence was well accepted by the affected people as well as the local authority. On behalf of EHA, I extend my deepest gratitude to all our partners and donors for your invaluable support. Your timely contribution has made a significant impact on our ability to provide essential humanitarian services when they are most needed. Your support has been instrumental, especially during a period when both the communities face significant challenges in accessing essential health facilities. We recognize the importance of collaboration and collective effort in addressing pressing challenges. Together, we are making meaningful strides towards creating a brighter and more equitable future for all.

With your support EHA will continue to work towards meeting the immediate needs and sustainable growth for the disaster affected community.

Thank you

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