



Report  
National Workshop on  
**Health Sector Actions to Reduce  
Disaster Risk and WASH Impacts of  
Climate Change**

22-24 November, 2022  
Bhubaneswar, Odisha



National Programme  
on Climate Change  
and Human Health

## Background

One of the most visible consequences of global warming is increased incidence and severity of extreme weather events (EWE). Indian population is exposed to a wide range of severe weather events and climate extremes, including tropical cyclones, thunderstorms, heat waves, floods and droughts etc. Based on existing vulnerabilities and access to institutional services, people are at varied risk of health impact of these events. India was the seventh worst-hit country due to extreme weather events in 2019 as per global Climate Risk Index of 2021. As the global warming continues towards 1.5°C mark, India is projected to witness more intense drought, frequent episodes of heavy rainfall, severe cyclones and heatwaves.

National Programme on Climate Change and Human Health (NPCCHH) works on health sector response to climate change. Capacity building of health care workers in identifying, and monitoring climate-sensitive health issues in the population, increasing general awareness, especially among vulnerable populations, and strengthening the health facilities by implementing various structural and functional adaptation measures is one of the key objectives of NPCCHH. Additionally, under Sendai Framework (2015-30) substantial reduction in mortality, impact on critical infrastructure and access to early warning system are three of the seven global targets for disaster risk reduction (DRR) that are pertinent for the health sector. NPCCHH recognizes health impact of climate change related disasters specifically, extreme weather events as an essential area of health sector adaptation and resilience planning.

Besides routine training sessions NPCCHH conducts routinely, it is realized that concepts, planning and implementation of actions/measures, and its logistical arrangements can be better explained by showcasing and direct interaction with the officers implementing those. Such kind of knowledge transfer method is relevant and necessary considering the urgency of climate action, and the vastness of our country.

Odisha's efforts in the area of disaster early warning and coordinated response are exemplary. Timely and effective early warning dissemination to the administration and communities, and coordinated disaster management have contributed in saving lives. Many districts of the state have also achieved considerable progress in terms of water, sanitation and hygiene (WASH) access and utilization under Swachh Bharat Mission and Jal Jeevan Mission. Odisha has also been successfully using a community-driven programme comprising malaria "saathis" (i.e., friends) and "doots" (messengers), who work with the ASHA workers and ANMs, to spread awareness on malaria prevention, conduct rapid testing and quickly distribute medicines. As such, NPCCHH organized a 3-day national workshop for its State Nodal Officers (SNO) on **Health Sector Actions**

## **Lessons learnt from the workshop**

### **State and district level**

1. Liaising with State-District Disaster Management Authorities is important to ensure health sector receive early warning signals, train health care workforce to plan and respond to locally prevalent disasters
2. When it comes to drafting action plans in general and for disaster preparedness, detailed planning is the key. Clear roles and responsibilities help in effective and timely actions.
3. Capacity building efforts, especially in area of environment and health, at any level should include link officers to ensure sustained exchange of information and coordination of activities.
4. Strong first response is the key to save lives and it can only be ensured through measures like detail action plans, thorough training and re-training and timely preparedness.

### **Health facility level**

1. Health facilities should prioritize implementation of structural and functional adaptation measures for climate resiliency that are relevant to prevalent hazards and diseases
2. A functioning disaster management committee enables the facility to prepare a plan, organize capacity building activities and respond to multiple hazards including fire.
3. Rainwater harvesting facility is helpful to reduce dependency on piped water especially during time of disaster.
4. Medical officers and community health workers should be aware of and monitor water quality, water related (non-infectious and infectious) and vector-borne diseases in the catchment population. Knowledge and documentation of these indicators are crucial to assess outcome of various developmental efforts like Swatchh Bharat mission etc
5. Health care workers should be integral part of coordinated disaster response at local level and should be trained adequately.
6. Disaster early warning mechanism should ensure warning dissemination to health facilities and workers for appropriate preparedness

### **Community level**

1. Empowering communities to take measures for their health and wellbeing like water quality monitoring helps it to sustain and increases community awareness.
2. Convergence of various community level efforts like water quality testing, health services and sanitation services are crucial for information exchange, early warning and coordinated

response in case of adverse health impacts. Gram Kalyan Samity and health days like Mamta-divas should be utilized for such convergence.

3. Assessing issues related to water quality, quantity in view of climate change and accessibility and finding multi-prong solutions for clean water access, sanitation services and behavioural modification are important to improve water-borne disease burden in the community.
4. Community level training in disaster response saves lives. Local volunteer identification and their specialized training helps community organize effective evacuation, first aid, search and rescue with first responders, ultimately saving lives.
5. Model of dedicated community level responders like Malaria Sathi, greatly improves awareness, early disease identification and control.

## Field visits

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### ▪ Day 1: 22nd November, 22 (District Puri, Odisha)

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#### **1. Urban Health Centre (UHC)-4, Bhubaneswar**

The day 1 began with a visit to Urban Health Centre (UHC) unit 4 in Bhubaneswar. The UHC has implemented many green and climate resilient measures and is been recently expanded. Mr. Sirsendu Rakshit, Public Health Manager showcased following measures.

- IEC posters on lightening, heat-related illnesses, snake-bite, which are particularly prevalent in the area, hand washing and water conservation were displayed clearly on relevant places in local language.
- Rainwater harvesting: The facility was collecting roof-top rain water into an underground tank for use as backup when regular water supply was not available.
- Lightening conduction rods: As the health facility is situated in the area prone to lightening,
- Disaster management committee: The facility has a disaster management committee which has prepared plan for response and evacuation of the facility in case of a disaster. The staff was also trained in disaster response through training and mock drills.
- Disaster management plan and fire safety preparedness: The facility has largely focused on fire safety and safe evacuation. The facility has marked evacuation route, assembly point near the facility and IEC on fire extinguisher usage.
- Dedicated heat room with air conditioning facility
- Chemical disinfection of liquid bio-medical waste: The laboratory of the UHC was collecting the liquid biowaste in a closed container with 2% hypochlorite solution which was connected directly to the water disposal pipe of the sink of the laboratory with a tapped connection. After overnight disinfection, the liquid solution was being ultimately released into the regular waste water connection.



- Herbal garden has multiple medicinal plants growing.

*Figure 1: Fire safety instructions, lightning conduction rod, rainwater harvesting system, instructions for infected liquid waste disposal, marked assembly point, WASH related IEC, IEC on lightning and heat, herbal garden in UCHC-4, Bhubaneswar, Odisha*



## 2. Subudhipara, Puri

The first day of the visit was centered on WASH and healthcare. In order to understand the nuances of integration, the team visited a village in Puri district, Pipili tehsil, Sahajpur panchayat, namely Subudhipara, which has seen considerable progress under the Jal Jeevan Mission as well as Swachh Abhiyan, thereby, at the crossroads of both improved drinking water supply as well as sanitation practices.

Located close to the coastline, Subudhipara village, has been experiencing salt water intrusion along with frequent flooding. The groundwater which was accessed by the communities by hand pumps was seen to have high content of iron along with high salinity on a regular basis. During floods and post floods, diarrhoea used to be experienced by a majority of the population due to unavailability of safe drinking water. There has been a practice of submergence of the water source i.e. hand pump during the flood occurrences. Further, due to climate change, there is an increased frequency of flood events along with increased salt water intrusion in the area, thereby posing greater threat for the health of the human population. In addition to this, as the entire village has been dependent on a single source of water, it contributed to multiple issues of access as well as quality on a frequent basis. Additionally, water contamination during the transit was also experienced.

Under the central scheme of Jal Jeevan Mission as well as Government of Odisha's Sujal scheme, pipe water supply has reached Subudhipara. Although the community member mentioned that this has been a very recent development for a couple of months, they are already experiencing better access to quality drinking water. Under the scheme, overhead storage tank has been constructed with a connection of one tap for each household covering about 200 households. Under Jal Jeevan Mission, the panchayat facilitated digging of a deep borewell further inland. Following a satisfactory water quality test, the pipelines were laid and the deep-water source was connected to an overhead water tank. Through household tap connections, the water was then provided to each household.

Furthermore, to ensure access to quality drinking water, community-based water quality testing and monitoring system is being implemented. Under this, the women members from the Self Help



*Figure 2: (L) Field Water Testing kit (FTK) demonstration, (R) Demonstration of Iron content measurement using FTK, Subudhipara village, Puri, Odisha*

Groups (SHGs) under the Livelihood mission were provided with Field Testing Kits (FTKs) along with receiving training for water testing. The Community Resource Person (CRP) cadre under the livelihood mission for each village has received training on using the FTKs. This testing helps to check bacterial contamination in water and is primarily used pre monsoon and post monsoon. The result reports are then shared with the community and also with the health division cadres such as ASHAs and ANMs during Mamta Diwas which is organized every month in addition to other panchayat level meetings such as Gaon Kalyan Samitis.

Due to access to water, the sanitation and hygiene practices in the community have also improved. Under the Swachh Bharat mission, sanitation facilities were built but the usage of the same was restricted due to lack of water availability.

This has now changed in the region, with the presence of taps in every house hold. Also, through self-help groups, efforts were made for behaviour modification of communities towards open defecation practices which facilitated improved sanitation practices. Further, during extreme weather events such as floods, the community has access to safe drinking water.

The discussion around WASH practices in the village and its interlinkages with public health and improved wellbeing of human health supported the healthcare professionals in realizing the interlinkages and working towards improved coordination and deliberation between the departments to better the health outcomes in the context of climate change. Mr. Gautam Patnayak from UNICEF, Odisha facilitated the interaction with the community.



*Figure 3: Newly installed household water connection, Subudhipara village, Puri, Odisha*

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▪ **Day 2: 23rd November, 22 (District Ganjam, Odisha)**

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**1. Visit to New Boxipalli Village**

Coastal villages of Odisha are highly prone to extreme weather events like cyclone, tsunami, thunderstorm etc. Venkataipur, a village about 600m from the coastline in Ganjam district, is Declared Tsunami ready village in 2020, the 1st in Indian Ocean Region. The participants visited a multi-purpose cyclone shelter in a nearby village—New Boxipalli and witnessed

*Figure 5: Demonstration of coordinated evacuation efforts following early warnings of an impending extreme weather event, by New Boxipally Residents, Ganjam, Odisha*

community preparedness and evacuation measures in response cyclone or tsunami as a mock drill.



The participants were informed about village's disaster management plan which outlines early warning mechanisms, evacuation routes and targeted measures, identifies volunteers and first responders and their actions, includes social mapping and available transportation arrangements for vulnerable groups.



*Figure 4: Multi-purpose Cyclone Shelter, New Boxipally, Ganjam, Odisha*

The village had four different volunteer teams: Aapada mitra, Swayam Siddha, task force volunteers and search and rescue. Every residential street in the village had 1 or 2 volunteers identified who with the help of ANM or ASHA would know about vulnerable people e.g., children, pregnant women, disabled and elderly in their residential area. The volunteer would also have knowledge of evacuation of these people when early warnings are received. These volunteers are trained by Disaster

Management Agency and Disaster Relief Agency. Community members were also trained in preparing survival kit, safety measures and following evacuation plan.

The locality had a system of early warning dissemination. At state level, there is State Emergency Operation Centre (SEOC) which generates early warning based on weather information provided by central or regional meteorological department. It is sent to district emergency operation centres and disseminated further with order of special relief commissioner. At block office it is further disseminated to Sarpanch through instant messaging and to the population through sirens placed on government buildings which alerts population through sound warnings or verbal warnings as needed within area of 2km radius, usually with 2hrs of leading time from time of impact. This warning triggers a stepwise coordinated response. Health facilities are also alerted to ensure



preparedness for relevant EWE. Once the danger of the hazard reduces a de-warning message disseminated to end the emergency response.

During and post-disaster period, volunteers with health care works provide first aid, rescuing, triaging the injured sending them to nearest health facilities through appropriate transport and surveillance of injuries and deaths.

## **2. Visit to Chatrapur, Odisha Disaster Rapid Action Force (ODRAF)**

ODRAF is the first of its kind force of 20 units carved out of the Orissa Special Armed Police (OSAP). ODRAF battalions are equipped with specialized equipments to mount rescue and response. ODRAF's 8th battalion, Chatrapur showcased the equipments used for rescue and emergency communication. They also demonstrated a fire rescue drill.



*Figure 6: Search and rescue equipment showcase by ODRAF, Chatrapur, Ganjam, Odisha*

## **Symposium**

### **Day 3: 24th November, 22 at Hotel Hindustan International, Bhubaneswar, Odisha**

The day-3 events began with a welcome address by Dr. Aakash Shrivastava, Addl. Director and HoD, Centre for Environmental and Occupational Health, Climate Change and Health (CEOH-CCH) and lead of NPCCHH. Dr. Niranjana Mishra, Director Public Health, Dept. of Health & Family Welfare (DHFW) in his message outlined Odisha health departments efforts in strengthening disaster risk reduction. Mr. Manjeet Saluja, NPO environment and health, WHO-India talked about importance of action in health sector. Dr. Suchitra Sasmal, Senior Regional Director, RoHFW, Bhubaneswar elaborated on protecting environment for better health. Prof. (Dr) Atul Goel, Director General Health Services, highlighted importance of health sector preparedness to extreme weather events due to climate change. In this message to the State Nodal Officers (SNO), NPCCHH, Mr. Lav Agarwal, Addl. Secretary, MoHFW emphasised importance of urgent actions in response to climate change and encouraged participants to implement relevant measures for DRR and WASH in their states.

The morning technical session began with Mr. Manjeet elaborating on climate change, WASH and health linkages. He highlighted how floods, droughts, which are expected to increase with climate change impacts, will impact quality and quantity of water and ultimately affecting drinking water and sanitation services, leading to various water-borne, vector-borne diseases (VBD) and antimicrobial resistance. Dr. Purvi Patel, Sr. Consultant, NPCCHH talked about vision and

activities of NPCCHH at various levels in terms of health sector response to EWE and WASH challenges due to climate change. Mr. Praveen G, Sr. Consultant, NPCCHH described NPCCHH's plan and activities in area of vector-borne diseases. Mr. Biswajeet Mohapatra, State Lead, Malaria No More (MNM), further elaborated on changing patterns of vector and VBD distribution and how MNM supports general awareness activities and community engagement for vector control in Koraput and Malkangiri districts,

Odisha. MNM trains people from the local community to spread awareness, supply medicines, conduct rapid antigen tests and maintain registers on the malaria situation in their area of operation. Mr. Mohapatra emphasised contribution of measures like early diagnosis and complete treatment, and convergence with village health and nutrition day in reducing incidence of malaria reduction. He highlighted need for weather based early warning signals for potential VBD outbreaks. Ms. Chehak Ahuja, Consultant, UNICEF shared results of a survey of 14 flood and cyclone-prone districts of Odisha. The survey included vulnerability assessment based on health facility accessibility, building infrastructure, critical systems, logistics, staffing, and operation and management.



*Figure 7: Presentation on Flood and Cyclone Management by Odisha DPHFW, Bhubaneswar, Odisha*

Dr. Basanta Pradhan shared details on preparedness and response of Odisha health department in state's flood and cyclone management. He talked about a range of measures e.g., identification of flood prone areas, coordination among state and district level administrations, preparation at health institutions (stocking of medicines and supply of disinfectants, planning for casualty services and contingency plan for medical relief centre etc), ambulance and referral services, disinfection of drinking water source, health education and post-disaster health surveillance. More details are at Annexure 2.

This was followed by presentations from the state level activities in the thematic areas. Dr. Manimozhi shared UT Puduchchery's various vulnerability assessments, emergency support functions in health sector, incidence response system and capacity building of health care workers. Dr. Shenba talked about Tamil Nadu's preparedness for North East Monsoon with focus on vector-borne diseases.

The afternoon session began with an interactive session where Dr. Purvi invited learning points from the participants, based on previous two days of field visits, and linked those with implementable actions under NPCCHH. It was followed by a talk from Dr. Asad, Aga Khan



**Figure 8: Panel discussion attended by State representatives, Bhubaneswar, Odisha**

Foundation on role of WASH measures in health sector response to climate change. He shared experiences from the field level projects—1. Integrated approach for model for improved WASH access in various states, 2. WASH in health care facilities programme in UP, 3. Water Safety Planning (WSP) framework under Jal Jeevan Mission framework in 5 districts of Uttar Pradesh.

Next, Dr. Basanta shared a case study on health sector preparedness and response to Cyclone Fani.

As a last session, a panel discussion was held with

state and district government health officials and experts from WHO, UNICEF (Mr. Hemant Das) and Indian Institute of Public Health-Bhubaneswar (IIPH-B) (Dr. Upasana) on various level actions and support each agency provides.

The event ended with a summary of learnings and programmatic actions under NPCCHH by Dr. Aakash Shrivastava. Key points highlighted for SNOs as way forward are listed below.

## Way forward

1. Detail record keeping of IEC creation (locally relevant) and dissemination activities
2. Prepare master trainer list for each district and level in the state to facilitate tiered learning process as per PIP targets
3. Prepare detail state level training plan and keeping detail records of the training conducted
4. Ensure training of surveillance reporting officers and complete and timely submission or surveillance reports
5. Ensure coordination with stat pollution control board and IMD offices to receive relevant environmental data and district level analysis of the surveillance reports as per the guidelines
6. Ensure early warning (for EWE, air pollution) reaches to medical officers
7. Complete state action plan on climate change and human health (SAPCCHH) and support districts in drafting of district action plan in similar lines. Use available vulnerability assessments from State assessments (SAPCC, SDMA) or project-based assessments for health sector planning.
8. Ensure progress in development in green and climate resilient health facilities with focus on cyclone, heat and flood resilient measures
9. Document and monitor water-borne diseases, be aware of water quality mapping and sanitation in the state and ensure training of medical officers in these aspects

10. Ensure medical officers are trained in understanding and tracking change in vector-borne diseases in context of climate change impacts



Figure 9: Guest experts, state nodal officers-NPCCHH with NPCCHH-HQ team, National workshop, Bhubaneswar, Odisha, November 24, 2022

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## Annexure 1



Ministry of Health & Family Welfare  
Government of India



National Programme  
on Climate Change  
and Human Health

**NATIONAL PROGRAMME ON CLIMATE CHANGE AND HUMAN HEALTH**  
National Workshop on  
**Health Sector Actions to Reduce Disaster Risk and WASH Impacts of Climate Change**  
22-24 November, 2022 at Bhubaneswar, Odisha

### Agenda

All SNOs arrive by the evening of 21 November 2022 and have a night halt at Bhubaneswar		
<b>22 November 2022, Tuesday (Field Visit)</b>		
0700-2000hrs	Field Visit: <i>From Bhubaneswar to Puri - Return to Bhubaneswar</i> <ul style="list-style-type: none"> <li>Climate resilient health facility, Urban Health Centre, Bhubaneswar</li> <li>Resilient sanitation facilities: Swachh Bharat Mission, Sahajpur</li> <li>Resilient water supply: Jal Jeevan Mission, Sahajpur</li> </ul>	
<b>23 November 2022, Wednesday (Field Visit)</b>		
0630-2000hrs	Field Visit: <i>From Bhubaneswar to Ganjam - Return to Bhubaneswar</i> <ul style="list-style-type: none"> <li>Tsunami ready village: Multisectoral coordination in disaster risk reduction, Venkatraipur</li> <li>Emergency medical response: State Disaster Response Force (ODRAF)</li> </ul>	
<b>24 November 2022, Thursday (Symposium)</b> <b>Hotel Hindustan International, Bhubaneswar</b>		
Time	Subject	Speaker
9:00-9:05am	Welcome Address	Addl. Dir. NCDC
9:05-9:15	Address	WHO Representative, India
9:15-9:25	Address	State Health Dept. Odisha
9:25-9:35	Address	OSDMA
9:35-9:45	Address/Message	Addl. Sec. Health, MoHFW
9:45-9:50	Special Address/Message	DGHS, GoI
9:50-10:00	Vote of Thanks	NPCCHH team
<b>Tea/Coffee Break – 10:00-10:15am</b>		
<b>SESSION 1</b>		
10:15-10:30	WASH and Health interlinkages	WHO-India
10:30-10:40	NPCCHH vision in WASH and DRR	NPCCHH team
10:40-11:00	Early warning and response to climate-sensitive vector-borne diseases at the district level	Malaria No More
11:00-11:20	Disaster vulnerability assessment of health facilities in Odisha	UNICEF & Taru
11:20-11:45	Odisha health department response to DRR	State Health Department
11:45-12:45	Gallery walk/Presentation of the work carried out by each state in given theme	Moderated by NPCCHH Team
<b>Lunch – 1:00-1:30pm</b>		
<b>SESSION 2</b>		
1:45-2:15pm	Interactive session	
2:15-2:35	Role of WASH measures in health sector response to climate change	WHO & Aga Khan Foundation
2:35-3:00	Learnings from recent climate-related disaster response: Fani	State Health Department
3:00-4:00	Panel discussion: Role of various agencies in WASH & DRR at various levels in the state (Moderated by WHO-NPCCHH)	DPH (state, district, health facility), OSDMA, UNICEF, WHO, ODRAF, IIPH-B
4:00-4:15	Q and A session	
4:15-4:30	Concluding Remarks	NPCCHH
<b>High Tea – 4:30-5:00pm</b>		
All SNOs leave for their respective States/UT		

## **Annexure 2**

### **Flood/Cyclone Management, Odisha**

by Dr. Basanta Kumar Pradhan, Joint Director, Disease Control, Odisha DPHFW

#### **Preparedness**

In the event of any flood/cyclone, there is anticipated damage to the life and properties along with possible mass causality, disease outbreaks and other emergency situation arising out of such disasters.

#### **State Level**

- Functioning of control room 24X7.
- State Rapid Response team (RRT) in readiness.
- The 24X7 control room will function in the IDSP unit.
- To attend state level preparedness and monitoring meetings
- Inter- departmental coordination with SRC, OSDMA, IMD, Bhubaneswar and other related departments.
- Monitoring and supervision of logistics supply and preparedness of district and sub district level.
- Mobilization of additional manpower and additional support.
- Monitoring of rumors, press clippings and due dissemination of information.
- Collect and collate the reports and analyze for further action and upward transmission.

#### **District Level**

- Prepare district action plan for flood/cyclone.
- Functioning of control room 24X7 at district and block level.
- Readiness of district and block RRT.
- Coordination with emergency departments and other emergency rescue and response teams.
- Participate and prepare under the chairmanship of Collector & DM of the districts.
- Preparedness of logistics.
- Mapping of vulnerable block and areas.

#### **Preparation at Health Institutions**

- Provision of alternative power supply.

- Adequate stocks of essential drugs.
- Maintain and shifting of ILR points.
- Pre stocks of drinking water/ food.
- Fixing of loose boards, window etc.
- Contingency action plan.
- Shifting of indoor patients if necessary.
- Line of communication and inter departmental coordination at field level with Panchayat Raj and Drinking water (PR & DW), Electricity, NDRF/SDRF etc...

### **Identification of Flood Prone areas (Vulnerable Mapping) & Formation of Zones**

- The district authorities identify flood prone areas of the district (Block, G.P & Village wise with population.
- The districts divide into suitable zones keeping in view the operational aspects & each zone is assigned to an officer of the rank of ADPHO /SDMO for supervision and monitoring.

### **Casualty Services & Contingency Plan for Medical Relief Centre**

- Arrangements already made to provide casualty services 24X7 at all health institutions.
- **Medical Team** is formed to take care of the evacuated people in temporary shelter with medicine & all other logistics uninterruptedly till normalization of situation.
- Mobile Medical team will render the services regularly to displaced persons at their place of shelter and in marooned villages.
- Contingency plan to open **Medical Relief Centers (MRC)** at strategic places to be done by CDM & PHO immediately.
- The pregnant women of the area with expected date of delivery within the next one month need to be identified and to shifted to the nearest delivery points / **Maa Gruha**. The high-risk pregnancy among them to be shifted directly to DHH.

### **Supply of Drugs, logistics & Disinfectants**

- Contingency Plan for Mobile Health Team & Deployment of staff
- Availability of Inj. ASV (Anti-snake Venum), ORS packets, Halazone tablets, IV fluids, Anti-Diarrhoeal drugs & bleaching powder from village to district level are prepositioned and replenished on regular basis.
- Arrangements are ensured for alternate power backup with sufficient POL / DOL at health institutions

### **Ambulance Services and referral**

- All the Ambulances 108/102 / RBSK vehicles of different health institutions of the districts are kept in readiness for management of emergency situation.
- Instructions are issued to the districts on the event of flood.
- Ambulances from neighboring blocks / districts are diverted based on requirement in coordination with cluster manager 108/state manager 108.

### **Disinfection of Drinking Water Sources**

- Disinfection of all drinking water sources by bleaching powder are undertaken immediately and on regular basis with follow up OT test.
- Water quality analysis of different sources and distribution points is to be done with the help of other departments like RD, PHED & RWSS etc.

### **Health Education: -**

- Mass Media Organization (electronic, print, outdoor display), health service providers like M.O., AYUSHs, PHEIOs, MPHS (M & F), MPHWS (M & F) are instructed to propagate the messages relating to personal hygiene, hand washing, safe drinking water, use of ORS, Halazone & Bleaching Powder, Food Hygiene & Environmental sanitation to AWWs/ASHAs/SHGs/Villagers.

### **Additional Safety Measures: -**

- In case of requirement of motor boats by the district for Medical Relief Operations, CDM & PHOs are requested to place requisition for motorboats from respective revenue authorities in advance.

### **Inter-Sectoral Coordination: -**

- District natural calamity committee meeting under the Chairmanship of District Magistrate cum Collector will be held on regular basis.

### **Reporting**

- Daily reports are to be sent to State HQ in the prescribed format by 6.00 PM.
- Daily evening review meeting is to be conducted by CDM & PHO by 6.00 PM.
- Post disaster need assessment and follow up action.



FORMAT A : Flood Situation Profile													
DAILY REPORT OF FLOOD SITUATION PROFILE FROM AFFECTED DISTRICTS													
Name of State												Date:	
Sl.. No.	Name of District	Flood Profile in District											
		No. of Village Affected		No. of Health Institution Affected		No. Of Population Affected		No. of Relief Camps		Relief Camp Population		Medical Camps Held	
		Today	Cumu-lative	Today	Cumu-lative	Today	Cumu-lative	Today	Cumu-lative	Today	Cumu-lative	Today	Cumu-lative
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Total													

FORMAT B : Communicable Diseases Profile																									
DAILY REPORTING FORMAT FOR COMMUNICABLE DISEASES FROM FLOOD AFFECTED DISTRICTS																									
State		Date :																							
Sl. No	Name of District	Acute Diarrhoeal Disease (including acute gastroenteritis)			Bacillary Dysentery			Cholera			Viral Hepatitis			Enteric Fever			Malaria			Measles			Snake Bite		
		Today's cases	Cumulative cases	Total Deaths	Today 's cases	Cumulative cases	Total Deaths	Today's cases	Cumulative cases	Total Deaths	Today's cases	Cumulative cases	Total Deaths	Today's cases	Cumulative cases	Total Deaths	Today's cases	Cumulative cases	Total Deaths	Today's cases	Cumulative cases	Total Deaths			
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