



Disaster Management Community



**Maternal and Child Health
Community**



**Solution Exchange for the Disaster Management
Community**
**Solution Exchange for the Maternal and Child Health
Community**
Consolidated Reply

*Query: Integrating DRR into National Rural Health Mission (NRHM)
- Advice*

Compiled by [G. Padmanabhan](#) and [Meghendra Banerjee](#), Resource Persons and [Nupur Arora](#)
and [Gayatri Maheshwary](#), Research Associates

Issue Date: 16 December 2008

**From [Amit Tuteja](#), National Alliance for Disaster Risk Reduction (NADRR),
New Delhi**

Posted 21 November 2008

The National Alliance for Disaster Risk Reduction (NADRR) was formed in 2007 with an aim to bring together regional, national and local stakeholders in order to integrate Disaster Risk Reduction (DRR) concerns into mainstream development planning and actions on the ground.

As part of the alliance activities, it has taken up a grassroots campaign titled, “**Demystifying DRR**”, where in the alliance with its constituent members would learn, share, guide, advocate and partner to promote disaster resilient programmes and policies that enhance capacities of vulnerable communities.

In view of this NADRR has initiated the Action Group on “Collaborative Efforts for Disaster Risk Reduction: Demystifying DRR” with the Disaster Management Community of Solution Exchange. Among other activities planned, we wish to generate discussion on possibilities of integrating DRR with ongoing programmes of Government of India.

We would like to discuss the scope of integrating DRR in National Rural Health Mission (NRHM). Specifically NADRR would like members to provide their views on addressing the following concerns:

- Primary Health Centres and Community Health Centres are not fully equipped to continue functioning during disasters. Since NRHM is meant to strengthen these centres, can it also equip the centres to fulfill emergency response requirements by ensuring adequate availability of doctors, nurses, drugs and equipment? If so, how can these be done?

- Currently, health workers under NRHM are not equipped to help meet emergency health care needs of communities. What initiatives can be taken for ASHA, Anganwadi, ICDS (Integrated Child Development Services) Scheme, ANM and local NGO staff to be able to provide emergency health care needs/ support during disasters?
- Most of the Health Centres do not have Disaster Management Plans. What training can be provided at these centers as a part of NRHM to facilitate preparation of such plans (by integrating DRR with Health Plan).

Based on the valuable feedback received from members, the NADRR would prepare a detailed note to be put forth for consideration to the Government of India.

Responses were received, with thanks, from

1. [Kalika Mohapatra](#), United Nations Development Programme (UNDP), Orissa
2. [K. Arup Kumar Patro](#), FOCUS Humanitarian Assistance, Mumbai
3. [Madhu Sharma](#), Society for Participatory Research In Asia (PRIA), New Delhi
4. [Annie George](#), BEDROC, Nagapattinam
5. [Zahir Abbas](#), United Nations Development Programme (UNDP), Silchar, Assam
6. [Arun Jindal](#), Society for Sustainable Development, Karauli, Rajasthan
7. [Ikbai Hussain Laskar](#), United Nations Development Programme (UNDP), Morigaon
8. [Madan Mani Dhakal](#), Government of Sikkim, Sikkim
9. [Praveen Srivastava](#), Tranzlease, Pune
10. [P. Rajarethinam](#), Consultant for JORA Development Support Services, Chennai
11. [Ashok Kumar Pathak](#), United Nations Children's Fund (UNICEF), Lucknow
12. [Kiran Jayasa](#), Independent Consultant, Andhra Pradesh
13. [K. A. Benny](#), CARE India, Kanyakumari

Further contributions are welcome!

[Summary of Responses](#)
[Comparative Experiences](#)
[Related Resources](#)
[Responses in Full](#)

Summary of Responses

The query on "Integrating Disaster Risk Reduction (DRR) into the National Rural Health Mission (NRHM)" drew a range of insightful responses. Members welcomed the idea of integration, and explored the various avenues for linking DRR to NRHM, including mentioning several initiatives already working in this direction. They also highlighted that despite this, there is still a need to develop a proper framework and implementing strategy to ensure proper integration of DRR with NHRM.

Discussants noted that the health sector is undoubtedly one of the most important areas that needs serious changes. The medical fraternity, while ready to help during emergencies, their support, especially in inaccessible but highly vulnerable areas is sorely missing.

On the issue of **Primary Health Centres (PHC) and Community Health Centres (CHC)** being capable of functioning during disasters, respondents expressed concern that PHCs and CHSs are not fully equipped to continue working. To address this issue, members suggested centres open daily at regular

times to ensure appropriate staffing. This they felt is an essential measure to keep centres' functional in the event of an emergency.

Another recommendation was to work with the Village Health and Sanitation Committees (VHSC), formed under NRHM, which cater to a number of groups and receive annual funding for health and sanitation related activities. The committee's membership includes panchayat representatives, individuals from community-based organization (CBOs), the local ASHA and Anganwadi workers (AWW) as well as local youths and teachers. Discussants suggested making the VHSC responsible for provision of First Aid during emergencies. They also suggested using the drug kits used by ASHAs during emergencies.

Discussing **training and involving health workers in disaster preparedness efforts**, members shared an experience from a [multi-state](#) programme in India that facilitated the inclusion of disaster management and first Aid into ASHA training curriculum. This has helped the ASHAs and AWWs to play a major role in providing support during disasters and at the village level, ASHAs are now members of the Village Disaster Management team, which coordinate disaster preparedness activities. Additionally, in [Andhra Pradesh](#) an NGO took up capacity building of AWWs, ASHAs and health volunteers on various aspects of health and hygiene during emergencies and in [Andhra Pradesh](#), a NGO involved ASHAs and AWWs in the process of developing the Village Disaster Management Plan and made them a part of the Community Emergency Response Team (CERT)- Disaster Management Team.

Along with mentioning experiences training health workers, respondents highlighted the work of an NGO integrating DRR with child protection systems in Tsunami affected areas of [Tamil Nadu and Andhra Pradesh](#). The initiative involved creating a forum of like-minded people, and then training and sensitizing them on the need for and methods to protect children. The training also provided handholding support for how to deal with child protection issues during emergencies.

Looking at how to ensure **health centers have disaster management plans** in place, members stressed the need to prepare disaster preparedness plans at all levels. For example, in [Morigaon district of Assam](#), the district administration has developed an emergency health management plan for the District Civil Hospital as well as for the PHCs, CHCs and state dispensaries. Respondents also highlighted efforts by the [Gol-UNDP Disaster Risk Management Programme](#) in various states to make Hospital Disaster Management plans and organize the training of doctors.

Discussants also recommended integrating the village disaster management plan with the health plan for the local Mandal/sub-centre, and making sure the mobile blood bank and an emergency transport system are available during emergencies.

Other suggestions for integrating DRR in NRHM included:

- Having Village Health Committees, Parent Committees, Mother Committees and Village Development Committee (VDC) articulate the need for health services to be available during disasters
- Introducing grants system in Gram Panchayats for promoting health development and training.
- Using ICT tools such as telehealth facilities and video-conferencing, for constant surveillance/monitoring of chronic and critically ill patients and to provide psychosocial counseling and training
- Equipping para- medical staff in villages which are hard to reach
- Leveraging existing national mechanisms like the Indian Red Cross Society for easier operation and linking the District Red Cross Societies with the District Health Societies, which fall within the scope of NRHM

While members overall agreed there is a need to strengthen the capacities of communities, local self-governments and district administrators on disaster management to diminish the threat posed by health and hygiene issues during disasters they also had a few **concerns regarding the process and implementation**. Respondents highlighted the issue of availability of workers and coordinators and their accountability at various levels and suggested addressing this to ensure integration of DRR into NRHM.

Another challenge noted was on how to effectively involve AWWs. Members pointed out that AWWs play a significant role in all government programmes, and felt that assigning additional responsibilities may result in lessening the quality of output. They, therefore, recommended dealing with this issue with caution to ensure that involving AWWs in DRR is a welcome move by all stakeholders and achieves qualitative indicators.

Finally, members stressed that after integrating DRR components into the activities of NRHM, it is important to keep monitoring the implementation of DRR activities in under these programmes.

Comparative Experiences

Andhra Pradesh

Andhra Pradesh Relief to Development Project Strengthens Communities to Respond to Hazards (from [K. Arup Kumar Patro](#), *FOCUS Humanitarian Assistance, Mumbai*)

Under the project, the Aga Khan Development Network strengthened the capacities of communities, local self-governments, AWWs/ASHAs and district administration to enable them to respond to hazards (natural and man-made) and also to mitigate existing risks. They did this by establishing a Disaster Management Team and developing Village Disaster Management Plan, working with AWW/ASHA. This reduced the communities' vulnerability and diminished the threat posed by disasters. Read [more](#)

Assam

Emergency Health Management Plan for Civil Hospitals, Morigaon (from [Ikbal Hussain Laskar](#), *United Nations Development Programme (UNDP), Morigaon*)

The district administration developed a specific emergency health management plan for civil hospitals and grassroots health institutions to combat disaster and tackle whatever situation as required. A sub-centre level emergency health management plan was also developed. In addition, the administration set-up PHCs, CHCs and State Dispensaries, and then to enable each department handling health services to effectively carry out the new emergency plan, the administration encouraged holding mock drills.

Tamil Nadu and Andhra Pradesh

Involvement of Local NGOs (from [P. Rajarethinam](#), *Consultant for JORA Development Support Services, Chennai*)

Save the Children involved local NGOs for integration of DRR with child protection systems during Tsunami. They created a Child Protection Committee at village level for protecting children and their rights, trained them and provided handholding support to help them deal with child protection issues during disasters. They also developed child rights forums of children, and sensitised them on their rights and linked local systems with district level systems. Read [more](#)

Multiple States

Disaster Management and First Aid Programmes in ASHA/AWW Training Curriculum (from [Kalika Mohapatra](#), *United Nations Development Programme (UNDP), Orissa*)

The GoI-UNDP Disaster Risk Management Programme introduced Disaster Management and First Aid trainings into the ASHA and AWW training curriculum to enable them to provide support to pregnant women, lactating mothers, and children during emergencies. They have trained doctors and prepared Hospital Emergency Management Plans. The programme has established linkages between disaster management teams and local PHC's for better coordination in service delivery. Read [more](#)

Related Resources

Recommended Documentation

The Andhra Pradesh Relief to Development (APR2D) Project (from [K. Arup Kumar Patro](#), FOCUS Humanitarian Assistance, Mumbai)

Newsletter; Focus Humanitarian Assistance; May 2008

Available at http://www.akdn.org/publications/2008_focus_na.pdf (PDF, Size: 230 KB)

Briefs on how capacities of local governments in communities and districts are strengthened to respond to hazards and disasters and how states implementing NRHM can replicate this process

Disaster Risk Management Programme: Community Based Disaster Preparedness and Risk Reduction through Participation of Communities and Local Self Governments (from [Kalika Mohapatra](#), United Nations Development Programme, Orissa)

Project Details; United Nations Development Programme (UNDP) and Ministry of Home Affairs, Government of India, New Delhi; August 2003

Available at <http://data.undp.org.in/dmweb/pro-doc/ProgDocV2.0.pdf> (PDF Size: 94 KB)

Discusses how the programme establishes linkages between government, local self-help groups, NRHM workers who are directly involved with programme to ensure sustainability of initiatives

Recommended Organizations and Programmes

Aga Khan Development Network (AKDN), Switzerland (from [K. Arup Kumar Patro](#), FOCUS Humanitarian Assistance, Mumbai)

P.O. Box 2049, 1-3 Avenue de la Paix, 1211 Geneva 2, Switzerland; Tel: +41 -22- 9097200; Fax: +41-22-9097292; <http://www.akdn.org/india.asp>

Dedicated to improve living conditions of poor by ensuring capacity building of NRHM workers in figuring out solutions to problems impeding social development to reduce disaster risks

Indian Red Cross Society, New Delhi (from [Madhu Sharma](#), Society for Participatory Research In Asia (PRIA), New Delhi)

Red Cross Bhawan, Golf Links, New Delhi 110003; Tel: +91-11-24618915; 24611756; Fax: +91-11-24617531; indcrossbr@vsnl.net; <http://www.indianredcross.org/program.htm>

Works to create awareness amongst people on risks faced during disasters; organizes and manages local resources by involving NRHM workers to cope up and reduce vulnerability

Aravind Hospital, Madurai (from [Annie George](#), BEDROC, Nagapattinam)

1, Anna Nagar, Madurai 625020, Tamil Nadu; Tel: +91-452-4356100; Fax: +91-452-2530984; aravind@aravind.org; <http://www.aravind.org/Telemedicine/index.htm>

Started a tele-ophthalmology initiative to link remote areas with city hospitals, suggested using the same approach, with help of local SHG and health workers to reduce risk during disasters

Save the Children, Bal Raksha, New Delhi (from [P. Rajarethinam](#), Consultant for JORA Development Support Services, Chennai)

4th Floor, Farm Bhawan, 14-15 Nehru Place, New Delhi 110019; Tel: +91-11- 42294900; Fax: +91-11-42294990; info@savethechildren.in; http://www.savethechildren.in/india/strategic_issues.html

Seeks to transform lives of children in aftermath of emergencies and works to reduce risks during disasters with help of SHGs and health workers, ensuring integration of child protection systems

Disaster Watch, Mumbai (from [Gayatri Maheshwary](#), Research Associate)

101, 1st Floor, Baptista House No. 76, Gaothan Lane No. 1, Behind Paaneri Show Room, S.V. Road, Andheri West, Mumbai 400058, Maharashtra; Tel: +91-22-22907586, 26211476; Fax: +91-22-26211476; sspinfo@gmail.com; <http://www.disasterwatch.net/activities.html>

Assists grassroots women's and local health workers' collectives to learn, evaluate, and manage disaster responses including initiatives and the performance of government to reduce risks

Related Consolidated Replies

Mass Casualty Management, from Deepa Prasad, United Nations Development Programme (UNDP), Bhubaneswar (Experiences; Advice). Disaster Management Community, Solution Exchange India. Issued 28 December 2007

Available at <http://www.solutionexchange-un.net.in/drm/cr-public/cr-se-drm-11110701-public.pdf> (PDF, Size: 139 KB)

Shares experiences on existing Mass Casualty Management systems at city level, challenges faced to implement them and ways to improve in cities and hospitals

Strengthening Pre-Hospital Care Systems during Emergencies, from Deepa Prasad, United Nations Development Programme (UNDP), Bhubaneswar (Experiences; Advice). Disaster Management Community, Solution Exchange India. Issued 28 February 2008

Available at <http://www.solutionexchange-un.net.in/drm/cr-public/cr-se-drm-05120701-public.pdf> (PDF, Size: 99 KB)

Shares experiences of linking volunteers with public health systems and suggestions to improve pre-hospital care systems and involving volunteers in Mass Casualty Incidents

Community Based Health Care and Psychosocial interventions Following Disasters, from Deepa Prasad, United Nations Development Programme (UNDP), Bhubaneswar (Experiences; Examples). Disaster Management Community, Solution Exchange India. Issued 28 March 2008

Available at: <http://www.solutionexchange-un.net.in/drm/cr-public/cr-se-drm-20020801-public.pdf> (Size: 154 KB)

Shares interventions on preventing disease outbreaks; strategies to involve volunteers in risk identification and community-based initiatives for psychosocial care during disasters

Standardizing First Aid and Search and Rescue Kits, from Adesh Tripathee and Eilia Jafar, International Federation of Red Cross and Red Crescent Societies (IFRC) - Regional Delegation of South Asia, New Delhi (Advice). Disaster Management Community, Solution Exchange India. Issued 16 May 2008

Available at <http://www.solutionexchange-un.net.in/drm/cr-public/cr-se-drm-21040801-public.pdf> (PDF, Size: 114 KB)

Brings out suggestions on preparing standardized first aid kits for family, school and trained volunteers and lists down items for them

Responses in Full

[Kalika Mohapatra](#), United Nations Development Programme (UNDP), Orissa

Thanks for raising a valid issue in mainstreaming of DRR in NRHM. We have initiated few activities mentioned below, would help in mainstreaming:

Hospital Disaster Management plan and Doctors training has been initiated in programme states under the GoI-UNDP Disaster Risk Management programme. Also, Hospital Disaster Management toolkit and Community Health Workers manual have developed out of the experiences of the DRM programme.

Secondly, Disaster Management and First Aid have been included in ASHA training curriculum in some of the programme states like Orissa, Assam etc to ensure that ASHA will play a major role in providing

necessary supports during any disasters. Cases are found in Orissa that few ASHAs have been saving lives of flood affected people in recent flood and well recognized by the State.

They are supporting pregnant, lactating mothers and children during the time of disasters, those who are most vulnerable groups in the community. At the village level ASHA are part of the Village Disaster Management Team also and coordinating preparedness activities very well.

Anganwadi workers are also trained in First Aid and part of the Village Disaster Management Team.

Efforts are made to established linkages between the First Aid and Health Disaster Management Team members of the Community with local PHCs and ANM sub- Centers for better coordination in service delivery.

All these above initiatives are made on pilot basis in few programme states and need to be institutionalized in NRHM for better integration of DRR into health System.

K. Arup Kumar Patro, FOCUS Humanitarian Assistance, Mumbai

Greeting from Aga Khan Development Network (AKDN)!!! The attempt to initiate discussion on exploring the possibilities of Mainstreaming DRR into NHRM is a welcome step!

Several attempts have already been made in this direction. However, there is still a felt need to develop a proper framework and implementing strategy to materialize proper integration of DRR into NHRM.

After the 2004 tsunami, The Andhra Pradesh Relief to Development (APR2D) Project is a three year initiative that seeks to enhance the state of disaster resilience and preparedness among disaster-prone coastal communities. APR2D is managed by Focus Humanitarian Assistance Canada and implemented by agencies of the Aga Khan Development Network (AKDN) namely the Aga Khan Foundation India (AKF,I), Aga Khan Planning and Building Services India (AKPBS,I) and Focus Humanitarian Assistance India (FOUCS,I).

The program was designed to meet four primary objectives-

- (i) Strengthen capacities of communities, local self governments and districts to prepare, mitigate, prevent and respond to hazards (natural and man-made)
- (ii) Reduce vulnerability and diminish the threat posed by health and hygiene risks;
- (iii) Establish linkages with key stakeholders and the dissemination of knowledge, learning and best practices; and
- (iv) Enhance gender equality in the program area.

Under the 2nd project objective we have already undertaken number of capacity building activities as well as providing different type of service to our different target group.

- Capacity building of AWW/ ASHA volunteers (Health volunteers) on various aspects of health and hygiene has been taken up.
- Developed and distributed different IEC materials related to different health issue during disaster.
- Organizing health check up camp and create awareness on health in regular interval.
- During developing Village Disaster Management Plan involve ASHA worker and AWW make part of Community Emergency Response Team (CERT)- Disaster Management Team. Team also and coordinating preparedness activities very well.
- In the village level stockpile items special focus given to pregnant, lactating mothers and children during the time of disasters.
- Capacity building to CERT –Community Emergency Response Team included First aid and Health and Hygiene as one of topic in their course curriculum.

- Through Kalajatha- traditional dance of AP (Cultural Program) create awareness to community on Health issue.
- In Village Disaster Management Plan, health issues are addressed and rectified by Gram Sahva the same for further action through Panchayat Raj Department.
- There are even initiatives, wherein Gram Panchayat Grant has been utilized for resolving Health issue.
- Supply of Emergency Water Treatment unit (Embrace technology) every village for ensuring getting 100 % safe water during disaster

This needs to be replicated in all the NHRM states.

Few measures which could go a long way in integrating DRR in NHRM are:

- Linking All Village Disaster Management Plan should be integrated with Health Plan of Mandal/ Sub-Centre
- Village Health Committee, Parent committee, Mother committee and Village Development Committee (VDC) for articulating need for health issue and promoting same for advocacy. This has not been attempted much; this starts advocacy at the Mandal, State level with the NHRM implementing Agency.
- Included First Aid and other related health issues specifically during disaster.
- In GP granting system may be introduced for promoting health development and training to people representative on same.
- Capacity Building needed on Disaster Management and Health issues to all health service providers and people representative.

Hope this would further stimulate discussion among the community members and contribute towards Mainstreaming DRR in NHRM.

Thank you for the opportunity to participate

Madhu Sharma, Society for Participatory Research In Asia (PRIA), New Delhi

I find this discussion regarding "Mainstreaming DRR into NHRM" very interesting and would like to share my views.

There can not be any doubt regarding the need for strengthening capacities of communities, local self governments and districts to prepare, mitigate, prevent and respond to hazards (natural and man-made) and reducing vulnerability and diminishing the threat posed by health and hygiene risks. But it does not have to be through newly constructed mechanisms. Rather optimal utilization of existing National mechanisms like Indian Red Cross Society would be far easier and beneficial.

Hon'ble President of India is the President and Hon'ble Minister of Health and Family Welfare is the Chairman of Indian Red Cross Society. It has large network of 700 District level branches spread across all states and its stated goals and objectives are

- Disaster relief
- Disaster response
- Disaster preparedness
- Blood banks
- Family counseling
- Capacity building

It is needless to say that all the above activities are key activities of envisioned Disaster Risk Reduction.

Presently some of the District Red cross societies are doing exemplary services, some doing seasonal services like distribution of sewing machines and aids for disabled and some becoming the total fiefdom of bureaucrats where red cross vehicle is mostly used by wives of bureaucrats as personal vehicle.

Under such circumstances instead of creating additional vertical mechanisms, it would be advisable to "gear up" and mainstream District Red Cross societies with District Health societies, which are envisioned under NRHM. This mainstreaming can be done administratively and functionally at least. Capacity building strategy can be more sharpened to include capacity building on first aids in schools/ collages/ major employment places. Etc. Family counseling cells mainstreamed with ICTC (NACP III) and skills of counselor broadened to cover counseling in trauma situations / emergency situations.

However, for the purpose of ensuring timely fund flow, which is necessary during disaster and emergency situations, it would be desirable to keep the financial channel separate.

This is for consideration and suggestions from other members.

Annie George, BEDROC, Nagapattinam

This is really an excellent move and it is heartening to see this concrete step from rhetoric to action. Congratulations to the team. Health is undoubtedly one of the major components in which serious changes have to be brought in. While the medical fraternity is all ready to help during emergency, their support, especially in inaccessible but highly vulnerable areas is sorely missing.

Three notable instances of overcoming this problem were- using ICT and telehealth facilities for constant surveillance/ monitoring of chronic ailments, video- conferencing for psycho- social counseling and training/ equipping para- medical staff in villages which are hard to reach on the same lines of "bare- foot doctors".

A combination of "bare- foot doctors" and telehealth linking them to the closest hospital will be a good and cost- effective option, specially where medical services will prove to be costly to establish. This has already been tried out succesfully by Arvind Hospital and am sure it can be adapted to our local situations. CMC, Vellore and some other hospitals have one- three month modules effective in training youngsters (+2) as para- medical staff.

Zahir Abbas, United Nations Development Programme (UNDP), Silchar, Assam

I agree with other members & their comments that there should mainstreaming of DRR & NRHM. For that following things can be initiated or kept in view:

1. The PHCs & CHCs or District Hospitals only provide curative care. Presently, they don't have any disaster management plans for their own institutions. But after the recent bomb blasts in Guwahati efforts are on to prepare the Disaster Management Plan of Health Department of Assam.
2. Now, if we talk of sustainability, instutionalisation or community ownership, the Village Health & Sanitation Committee (VHSC) under NRHM has been formed in form in every village catering a population of 1000. This committee includes the PRIs, ASHA, AWW, CBOs, local youths, teachers, etc as members. It gets an Untied Fund of Rs 10,000/- annually for health & sanitation related activities. If this committee is included or named as First Aid Team under DRR than it would be more fruitful.
3. Moreover, the ASHAs have drug kit which includes roller bandage, cotton & provide iodine solution, ORS which can be used during emergencies.

I hope these points will throw some light on the subject.

Arun Jindal, Society for Sustainable Development, Karauli, Rajasthan

It is true that Primary Health Centers and Community Health Centers are not fully equipped to continue functioning during disasters. First of all it is necessary that PHC's and CSC's should be open daily and timely and staff should be stayed at the posting place, otherwise there is no use to have facilities at the centers because disaster can occurred at any time. Sub centers, PHC's and CSC's don't have disaster preparedness plan (DPP). DPP should be prepared at all levels, so if disaster occurred one can find out the ways. In ordinary days Doctors and nurses are not available in the health centers, drugs are not supplying on time and equipments are not working. If these are available in ordinary days, we can hope that things will work in disaster time.

To help in meeting of emergency needs of communities, ASHA, Anganwadi worker, ANM and local NGO staff should be able to understand disaster preparedness and its need. They should also be trained in disaster preparedness. We have seen in routine that if health problem like malaria, diahorrea and others disaster occur, only trained team from district and block reach the place and work. Local staff and other stakeholders are unable to tackle the problem.

Ikbal Hussain Laskar, United Nations Development Programme (UNDP), Morigaon

It is very important to relate the DRR activities with health. Because, at the time of natural as well as Man-made disaster, it is observed that affected communities need health service which is not up to the mark. Every district health administration has a plan to combat the disaster which is more or less traditional , not giving much emphasis on the need of the hours.

Meanwhile, all the grass root health institution don't have any disaster management plan to tackle the situation. In this regards, the district administration of Morigaon had developed specific emergency health Management plan for Civil Hospital of the district. Also taken initiative to develop the PHCs, CHCs, State Dispensaries, Sub centre level emergency health management plan. Emphasis is also given for Mock drill so that each and every unit of the health institution is verse with new development in emergency management.

Meanwhile, the recent event related to man -made hazards, which reveal that there is acute need of mobile Blood Bank especially in each district H.Q. So while making any sort of emergency Plan, the aspects of Mobile Blood bank should be taken care. Secondly, the emergency transport system should also be taken care at the district level. Such as the model of EMRI- 108 so that the victim could get the first aid at the spot. The provision for essential primary medicine should be made available at Block as well community level health institution.

Madan Mani Dhakal, Government of Sikkim, Sikkim

As far as DM is concerned we all are at large because of the following reasons

- Who will be the workers?
- Who will be the coordinators?
- What about the accountability?

There is information, knowledge and we have to explore the possibilities

Praveen Srivastava, Tranzlease, Pune

I have been keenly following the discussions on the topic.

I appreciate the documentation, which is being done on the subject, however, shortcoming lies in the practice. We need to practice policies and procedures on ground at least once in a quarter in the first year followed by half yearly otherwise we will the repeat on the next occasion too.

P. Rajarethinam, Consultant for JORA Development Support Services, Chennai

Already many International NGOs such as Save the Children have demonstrated integration of DRR with Child Protection systems by following three-pronged approach by involving the local NGOs in Tsunami affected areas of Tamil Nadu and Andhra Pradesh.

1. Create a forum of likeminded people (called Child Protection Committee) including the ICDS personnel, health department staff, Panchayat President, etc. at the village level and sensitise them on the need and methods to protect the children who are the valuable assets.
2. Train them and provide handholding support in dealing with child protection issues and assist in preventing such issues.
3. Develop child rights forums of children (grouped in batches) and sensitise them on their rights and how to protect them.
4. Link to District level child protection systems such as Child Welfare Committee and Juvenile Justice Board.

Such systems could be propagated among the staff of health department. Integration would be successful and sustainable only when the local villagers and the local department personnel such as ANM, ICDS staff, etc. are involved meaningfully apart from the local NGOs. If this is done then we could reduce the losses/heavy expenses incurred during crisis situations.

Ashok Kumar Pathak, United Nations Children's Fund (UNICEF), Lucknow

I fully agree that our Health sub-centres, PHCs, CHCs are not well equipped for DRR. Do any of our community members have any data about how many health staffs take the benefit of their own centres for ANC, Institutional Delivery, Routine immunization, treatment, referrals etc.

Unless we are not using the facilities owned by us, we will never attempt to maintain and upgrade its quality. After all, most of the Indians take the services in these centres only and the quality is an issue. DRR is needed to be integrated to NRHM, so that many lives can be saved.

Kiran Jayasa, Independent Consultant, Andhra Pradesh

- Linkage of NADRR with GOI programmes is tedious. We need to take each and every step towards fine linkage. We need to make sure of foundation must be in fine form.
- Staff (doctors & nurses) interest's, availability / utilization of stuff (drugs & equipments) thoughts and regular attention / control from next higher level center are minimum for linkage.
- PHC & CHC must be in good before linkage. Maintenance of emergency response is additional to regular duties. We need to make sure of staff, disaster response services training & stuff budget also.
- We need to highlight possible disasters, counter actions, stuff checks, publicity / alerts of services and having supportive from respective region citizens towards make sure of maximum benefits of linkage.

- Regarding support of other than health centers, we need to place the outlines on their role, their additional role, priorities between roles, responses on both roles particularly adjustments and a priority on service reorganization.

K.A. Benny, CARE India, Kanyakumari

Anganwadi worker makes the world's biggest workforce. Though placed at the bottom of all the Govt. programmes they play a crucial role in generating statistics and implementation of the programme. All the Government programmes may be it Health programme, ICDS programme(their parental department), cattle survey, agricultural survey and for that matter the Census, all percolates down on the shoulders of a AWW. But if we see the capacity of the AWW, she is just a matriculate in most of the centres, with a small consolidated honorarium of about two thousand. The Govt. purposefully kept the honorarium thinking that not much work will be carried out by her in her centre. But in the present scenario, Anganwadi Centre is the centre of data generation.

With all these pre occupied jobs, giving another responsibility may be again limited to books.

I have an experience of working intensive with AWWs on convergence of MCH and ICDS services in Jharkhand. There are literally no months when these AWWs are not occupied with any other departments tasks. We can understand the quality of work if something more is expected from something not very capable.

Therefore, I feel that involving the AWWs in DRR is a good move but may not achieve qualitative indicators

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the Disaster Management Community in India at se-drm@solutionexchange-un.net.in and/or Solution Exchange for the Maternal and Child Health Community in India at se-mch@solutionexchange-un.net.in with the subject heading "Re: [se-drm][se-mch] Query: Integrating DRR into National Rural Health Mission (NRHM) - Advice. Additional Reply."

Disclaimer: *In posting messages or incorporating these messages into synthesized responses, the UN accepts no responsibility for their veracity or authenticity. Members intending to use or transmit the information contained in these messages should be aware that they are relying on their own judgment.*



Copyrighted under Creative Commons License "[Attribution-NonCommercial-ShareAlike 2.5](https://creativecommons.org/licenses/by-nc-sa/2.5/)". Re-users of this material must cite as their source Solution Exchange as well as the item's recommender, if relevant, and must share any derivative work with the Solution Exchange Community.



Solution Exchange is a UN initiative for development practitioners in India. For more information please visit www.solutionexchange-un.net.in
