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[5] Talking to Industrial Workers at the health camp in Alapakam Industrial Area

[6] The camp at Shastri Nagar, Palavedu a settlement in Thiruvallur District

The aim of the medical camps was to provide psychological support and relief to the flood affected people. Three Medical Camps were conducted during the visit, Two in Alapakkam Industrial Area on the 4<sup>th</sup> and 5<sup>th</sup> of January 2016 and One in Shastri Nagar, Palavedu, Thiruvallur District on the 13<sup>th</sup> of January 2016. Around 350-400 people were treated at the medical camps over three days.

There was a mixture of cases secondary to the floods and diseases occurring normally in the community. The Major Systems Treated by the DFY Camps in Reducing Order of Frequency in Dec-Jan were:

- 1) Respiratory Diseases
- 2) Nutritional Deficiencies
- 3) Skin Problems
- 4) Diarrhea
- 5) Non-Specific Body Aches
- 6) Gastrointestinal Problems

Most of the people who came to the camps came with complaints of Cough, Fevers, Running Nose, Generalized Weakness, Easy Fatiguability, Dermatitis, Non-Specific Body Aches, Headaches, Abrasions and Ulcers. There were a few people who came with Hypertension, Diabetes Mellitus, COPD, Otomycosis and Hypothyroidism. Some Cardiovascular Problems, Developmental Disorders, Neurovascular Problems and Surgical Problems needed a referral to a higher centre.

Focus Audience of Medical Camps in Chennai:

The focus audience of Medical Camps in Chennai Industrial Workers working and residing in Alapakkam Industrial Area, Primarily: Welders, Printing Press Workers, Steel Plant Workers, Automobile Plant Workers, Tailors, Kitchenware Factory Workers, Labourer, Construction Workers, Coolies and Drill-bit operators.

Flood Related Health Problems:

- 1) Respiratory Diseases
- 2) Nutritional Deficiencies

- 3) Skin Problems
- 4) Diarrhea
- 5) Non-Specific Body Aches
- 6) Fevers
- 7) Non Diarrheal Gastrointestinal Problems

#### Occupational Problems:

These were the problems that came up during the camps which I considered to be Occupational

- 1) Body Pains
- 2) Exertional Palpitations due to lack of age appropriate tasks
- 3) Arthritis of Fingers, Back and Knee problems

Many of the people presenting with these problems in the camps had an occupational history of longstanding unprotected lifting of weights or other labour intensive heavy work for long hours through the day. The workers did not work with gloves or hard hats and worked on tasks that were not appropriate for their age.

Here are some case studies I found interesting:

A 45 year old woman, illiterate with poor eyesight works as a drill-bit operator for roadworks on a daily wage. She is obese and she complains of chest pains and chronic body aches. She works 10-12 hours a day operating a drill for roadworks and has to manage the household chores once she goes back home, she cannot think of any other way to subsist and cannot afford to go to a hospital.

A 27 year old man works as a manual labourer for a company, he has shifted boxes of supplies all day without protective gear for 7 years. The joints on his fingers are swollen and he has chronic lower back pains. He decided to go back to his company and coax his superiors to give him gloves and didn't want a change of job.

#### Strengths Of Medical Camps:

- 1) Facilitates Entry into the Community
- 2) It Provides Psychological Relief to a community during a disaster and can be a useful spiritual support.
- 3) Fills a lacuna of Primary Health Care Demand to a Community
- 4) Caters to Normal Health Problems and Problems Secondary to the Disaster
- 5) Facilitates Organizational tie ups with External Agencies
- 6) Publicizes Organization to Community, Funders, Doctors and Support Staff
- 7) Publicizes Pharmaceuticals for Pharma Companies

- 8) Publicizes Products of Sponsors
- 9) Popularizes Funders
- 10) Provides Data For Diseases in a Community
- 11) Helps the Organization identify problems in a focus group or a focus area
- 12) Facilitates Networking among Medical Professionals and Public Health Professionals
- 13) Facilitates a Deeper Understanding of Common Knowledge, Beliefs and Practices of a Community through one to one interactions under the garb of a free Clinical Checkup
- 14) Useful in Early Response and Rescue Phases
- 15) Useful in Frontline Areas of Disaster
- 16) Facilitates knowledge and understanding of Medical Systems and Authorities in Affected Areas
- 17) Facilitates Contact with Authorities for Larger Scale Issues and Changes

#### Weaknesses of Medical Camps:

- 1) Empowers Organizations and Individuals and not Communities
- 2) Impact of program affects a small group of individuals per day
- 3) Band Aid Impact: Impact of program is more short term than long term
- 4) Area of effect is small, with a radius around the medical camp location
- 5) Difficulties in Following up cases
- 6) Pushes products into communities
- 7) Not possible to give long term treatment or treatments which require monitoring
- 8) Medicines used for normal illnesses unrelated to floods can be used in an area of genuine need and shortage but it is impossible to turn down people with genuine health issues.
- 9) Acute care for critical/complicated cases requiring specialty or superspecialty treatment requires referrals to tertiary care centres which are often not accessible, unaffordable or have failed to provide quality care to the patients.

#### Opportunities:

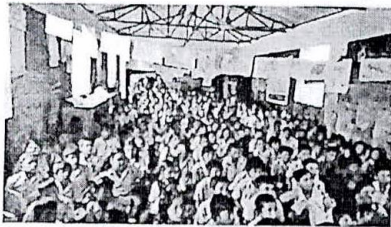
- 1) Access to Community
- 2) Access to Authorities
- 3) Access to Institutional Heads of Organizations
- 4) Access to Funders
- 5) Access to Medical Professionals
- 6) Access to Allied Professionals and Support Staff
- 7) Access to Pharmaceuticals
- 8) Access to Data
- 9) Access to Referral Networks

#### Threats in Medical Camps:

- 1) Lack of sufficient infrastructure to manage all health problems
- 2) Lack of Medicines for all

- 3) During Election Time Political Parties in power may try and stop NGO Work that is very visible like camps because it may remind people to ask what government is doing about filling the lacuna in Primary Health Care.
- 4) Alternatively Political Parties may take credit for medical camps to get more votes
- 5) People are suspicious of visible work and someone even asked us if we were doing our work for votes
- 6) False Cases and Malingering can be rampant since medicines are free which is a waste of time and resources and deviates resources from where they are truly needed.

## School Programs: Children as Agents of Change



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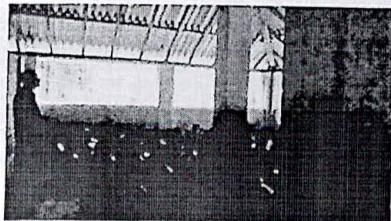
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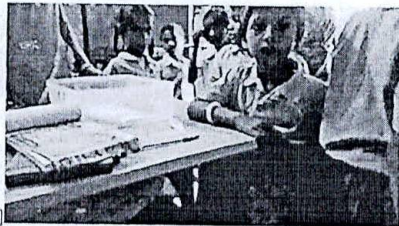
[6] Children at Villivakam Panchayat Union School listening to the health talk

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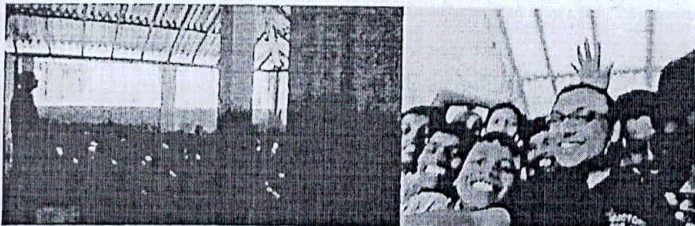
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[6] Children at Villvakam Panchayat Union School listening to the health talk

[7] True Companionship: A child talks without talking

[8] Engaging with students at N.Sama Rao Nursery and Primary School

[9] Talking about Deworming to Children and School Staff

[10] A class of naughty, somewhat rowdy adolescent boys who wouldn't let me start my talk on Reproductive Health for the first ten minutes transform into friends for life after the ARSH talk on reproductive and sexual health

## Social Reform in Tamil Nadu: Influence and Trends

Since Tamil Nadu comes from a Social Reformist Culture originating from the Periyar Period, Social and Welfare Programs are a subject of Pride and Healthy Competition between the DMK and the AIADMK through their periods of alternate rule in the state. Government School Health Programs in Tamil Nadu are excellent but implementation is variable and dependent on the quality of implementation of the local authorities at the municipality in which the school is located and is sometimes more on paper than in reality. NGOs play an important role in filling the gap in the delivery of services.

## School Health Programs: Children Are Agents of Change

DFY conducted school health programs at:

- 1) N.Sama Rao Nursery and Primary School, Singarachari Street, Triplicane, Chennai on 6<sup>th</sup> January 2016
- 2) Villivakam Panchayat Union Elementary School, Alapakkam, Chennai on 8<sup>th</sup> January 2016
- 3) Government Higher Secondary School Thandurai, Pattabiram, Tiruvallur District on 9<sup>th</sup> January 2016

DFY's School Program focused on the following Agendas:

- Discussing Health Programs and Policy with the Institutional Heads and Teachers
- Deworming
- Nutrition
- Sanitation
- Child Clinic
- Health Awareness
- Hygiene Talks
- Adolescent, Reproductive and Sexual Health Talks (ARSH)
- First Aid Kits and First Aid Education to Teachers

At the School Programs we would interact with the children and talk to children on a range of health topics and answered their questions if they had any, what are germs? the various types of germs, routes of transmission of infections and disease how to protect ourselves from these. We also spoke to them about Dengue, Malaria and brainstormed about how to protect families from vectors, Whether everyone had access to water, practical approaches on how to make water safe to drink. Students

demonstrated to each other the six steps of hand washing. Boys and Girls were separated and we would discuss with the students about safe and unsafe sex, sexually transmitted diseases and responsible sexuality. Students asked many questions about sex and sexuality and many myths were debunked. Mass Deworming was conducted at Villivakam Panchayat Elementary School. Chewable 400 mg Albendazole tablets were given to the students. Every school was given a First Aid Kit and the Physical Education Instructors were explained to, if they had any queries how to best use them. We distributed nutritional supplements at the Villivakam Panchayat Union Elementary School and gave every school a Model First Aid Kit.

The Model First Aid Kits Contained:

- 1) Betadine; Povidone Iodine
- 2) Medicated Betadine Gauze
- 3) Plain Gauze
- 4) Roller Bandage
- 5) Antibiotic Creams
- 6) Hand Sanitizer
- 7) Gloves
- 8) ORS
- 9) Deworming Tablets

**Focus Audience of School Health Programs:** Principal/Headmistress, School Teachers and Staff, Students - 90% of the children in these schools were from slums. They were children of Rickshaw Pullers, Autorickshaw Drivers, Small Shop Owners, Beachside Vendors, Taxi Drivers, Domestic Workers, Construction Workers, Labourers and Unemployed

**Types Of Schools Visited:**

- 1) Urban Private Slum School
- 2) Urban Government Slum School
- 3) Rural Government Slum School

**Some Observations:**

The parents of the students in these schools have a Seasonal Variation in Income, their livelihoods are affected during times of disasters or even rough weather for that matter, there are periods when the families have to manage with zero income. However, Parents want to pay fees even during times of economic hardship.

Parents of slum children seldom have time to meet teachers.

The Children are often more educated than parents and enable their parents with new knowledge and skills.

### School Health Programs:

ment of Institutions and Communities, not Organizations and Individuals

ings out your inner child as facilitator

Deeply Satisfying and energizing experience with Sharp, eager, vibrant, enthusiastic agencies of hope.

Impact of a few hours interaction lasts for a lifetime for both the facilitator and the facilitated

ffects large groups of people and their families

as a large area of effect across thousands of homes

ings out confidence in the Children

brings out Community-ship in the Children

Nurtures Creativity, Leadership and Life skills

Children are the emotional and spiritual barometer of a family or institution, School Programs

help you assess a community from a spiritual perspective if you spend a day in a school

Schools are a barometer of efficacy of government programs in a ward or municipality and

allows organizations to assess the spiritual quotient of the local authorities and agencies before

starting other work which needs their involvement

easy to review and follow up with the institutional head once rapport is established

Empowers Teachers and Students

mpoves Teacher-Parent Collaboration

Facilitates Institution-Government Collaboration

can affect institutional policy which will become a part of a student's habit and a life after they become adult citizens.

Increases Awareness at an Institutional level

Change is by word of mouth. Strength and impact of the program is a function of: strength of

inspiration, potency of the messages and memorability of engagement between the students

and the facilitators. These are intangible functions that aren't limited by infrastructure, human

resources, institutional or government policy and thus makes it a very potent program.

allows for large scale one time health interventions to children. Eg. Deworming, Immunization,

Education.

Promotes Healthy Sexuality in Adolescents

Myths and Taboos about Sex Are removed

Educates Adolescents about the Dangers of STIs and Unwanted Pregnancies

Promotes healthy, respectful and responsible relationships with the opposite sex

Promotes Population Control at a young age

Reduces Sexual Insecurities

Screens reproductive diseases and allows early intervention

Able to identify, screen and refer children with massive health issues that require medical

attention to ethical pediatricians

- 1) Empowerment of Institutions is a function of intent, Involvement, engagement, moral fabric and skills of the institutional head, if one of these is lacking it is difficult to tie up with government agencies and bring about a lasting change.
- 2) Nepotism and favouritism is common when we make teachers an agency to screening malnourished or sick children, they would bring their relatives or friend's children or their favourite pupils rather than genuinely sick or poorly nourished children.
- 3) Malingering for free medicines was common
- 4) Teachers would use relief and aid materials for their personal use or for their families
- 5) Boys were often given more preference than girls unconsciously and girls unconsciously blindly accepted the inequality
- 6) Some Teachers were scared of approaching authorities. They felt unheard, invalidated and demotivated to bring about a change as they believed nobody would listen to them
- 7) Conversely Some Headmasters were overly dependent on the authorities out of fear and would refuse to make any independent decisions without a nod from above.
- 8) With Limited resources and a large audience of sick children, it is impossible to decide who deserves the resources and attention.
- 9) The program could increase sexual curiosity and the chances of underage sexual encounters.

#### Opportunities

- 1) Empowering teachers and institutional heads with awareness of programs
- 2) Empowering Teachers with skills and tools and networks to negotiate with government agencies for regular implementation of the programs
- 3) Capacity Building of Students in Leadership, Health Awareness and Self-Regulation through health clubs and moral debates.
- 4) Helping Government Agencies with implementation and delivery of services for its programs
- 5) Collecting health and family data for future programs and interventions
- 6) Sanitation and improvement of school toilets and providing a model for toilets in the community

#### Threats:

- 1) If the Teachers and Students are both unruly the whole program has the potential to go to waste.
- 2) Embezzlement of Resources by school staff
- 3) Following a program, if a few children fall ill institutional heads are wary that they would be blamed and have to face consequences
- 4) Some wards are very tightly regulated and programs cannot be conducted easily in these wards without the blessing of the authorities and it is difficult to get their approval.
- 5) Children may miscommunicate instructions and this may lead to more problems than before, it is thus important to keep instructions as brief, simple, entertaining and comprehensive as possible.
- 6) Sexual Curiosities may increase after sex talks and adolescents may have underage sexual encounters out of curiosity.

## Community Dialogue: Process



Indupriya of R.R Traders organized for us to meet 21 representatives from hamlets spanning a 750 strong population around Pattabiram, Thirunindravur, they spoke to us about their lives and the issues they faced before and post-floods. They were women who wanted opportunities to make money to either help a child go back to school or help a sick person at home with a serious medical condition get treatment. R.R Traders is training and employing some of these women to pack Dignity Kits for DFY's programs. The remaining women have now received employment from Gunj, another NGO partner of DFY. R.R Traders is looking to train two Widows at the Coimbatore Office of Arunachalam Murugasan to manufacture sanitary napkins and is planning on investing on a Machine that costs Rs.65,000/- to manufacture their own sanitary napkins once the training is completed. They are looking for ways to contact the office and are assessing the cost of funding the entire training program.

### Water Purification

Water supply is from Government electric Borewells, stored in overhead tanks. Water is also brought to villages from borewells in Tankers, Lorries and Tractors. People in the middle class choose to buy drinking water privately if they can afford it.

In badly affected areas, since there was no way of telling if contamination of water was at source or during transmission or at the point of collection till the water samples were analyzed Chlorine Tablets were Distributed along with the Hygiene Kits and Dignity Kits.

### Contents of Hygiene Kits: (Distributed specially where these are not accessible)

- 1) Soap and Towel
- 2) Nail Cutter
- 3) Shaving Kit
- 4) Powder
- 5) Toothbrush
- 6) Toothpaste

### Contents of Dignity Kits: