**Integrating Disaster Risk Reduction (DRR) and Climate Change Adaptation (CCA):**   
*Understanding Flood risk and Resilience in Eastern India*

**Workshop Agenda**

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| **Time Frame** | **Particular** | **Methodology** | **Points to be Cover** | **Facilitation** |
| 10:00-10:30 | Registration |  |  |  |
| 10:30-10:40 | Welcome & Introduction |  | Objectives need to be clear whether this is training or workshop | Dr. Shiraz / Prof Verma |
| 10:40-11:00 | Project – Intro | PPT |  | Gautam Gupta |
| 11:00-11:20 | Climate Change & Impacts | PPT |  | Prof. S.S.Verma |
| 11:20-11:40 | Department Organogram | Open Discussion | * Draw & Place one chart in meeting hall | *One of the participants to draw organogram on the board. Others to guide* |
| 11:40-12:30 | Roles & Responsibilities – according to the structure | Group Work  Presentation & Discussion | * Who does what on organogram, *details of schemes programmes* & how does reporting take place (top to bottom and bottom to Top) | *Small groups – each working on the specific positions and their roles/resp. First see how many positions are there and then divide the number of people into groups. Ask which group would want to work on which position* |
| 12:30-01:00 | Presentation in plenary and discussions |  | Presentations by each group and immediate discussions | *Facilitator to take note of missing points that did not come up individual group work but highlighted in plenary* |
| 01:00-01:15 | Impact assessment | Group work facilitated by GEAG/Gautam | Impact of flooding (1998/2008/10)  Impacts, disruption of services, functions, damages, on/to department’s various infrastructure. Nature and extent of damage- spatial and communities |  |
| 01:15-2:00 | Lunch Break |  | *Check with the group if they want a shorter break than one hour, as this would enable them to leave earlier* |  |

POST Lunch Sessions

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| 2:00-02:45 | What are the factors within the Departmemnt’s structure, management, policies, programmes that contribute to resilience or exacerbate vulnerability? | Group Work  Presentation & Discussion | Physical Infrastructure Damage & reasons for it   * Causes related to Planning, Operation, Maintenance and monitoring * Flood preparedness and response * Availability of resources (human and finance, equipments, etc.) * Issues of design (spare capacity,   Hints:   * quality, * design, * codes of construction, * maintenance, * lack of preparedness/prevention, * lack of prior information on arrival of flood * lack of redundancy & flexibility * lack of knowledge * lack of co-ordination between departments * Availability of Resources (Human & Kinds) * Level of Damages in coming years due to frequent disasters or change in climate. | *Again divide these into specific questions (4 nos) and divide the group into four groups. Each group can then work on two questions they are most comfortable with* |
| 02:45-03:00 | Tea Break |  |  |  |
| 03:00-03:30 | Actions/ Responses needed to address the above issues as per the following categories:   1. Systems 2. Agents 3. Institutions | Group Work  Presentation & Discussion | * Capacity Building of key players * Access to Resources Human/ Knowledge/Financial can be improved * Inter linkages between various departmental programs/ schemes * Need some exposures * Best practices documentation | *These should be divided into specific questions and ask groups to put details on one each* |
| 03:30-03:45 | Presentation plenary |  | *Each group to stand in their table and tell two most important aspects they wrote for the group to comment upon and agree/disagree* |  |
| 03:45-04:00 | Tea and Vote of Thanks |  |  |  |

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**Workshop Reporting Format**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Participants: \_\_\_\_\_\_\_\_\_\_\_

Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Department Organogram**

Additional Director (Health & Family Welfare) **State Level**

Chief Med. Off. (CMO) **District Level**

Add. C.M.O. (5 nos.) **Zone Level**

Deputy C.M.O. (9 nos.) **Sub zonal level**

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**City Village**  **Block Level**

Health Post (15nos.) Health Suptd. CHC (7nos.) Block Level (Total 19 blocks)

MOIC (1 no.) PHC (12nos.) on each 30,000 pop.

MO II (1 or 2 no.)

Medical staff Non-Medical staff

Clinical staff Non-clinical staff

Pediatrician (1) X-Ray Technician (1)

Gynecologist (1) Pharmacist (1)

Ophthalmologist (1) Lab Technician (1)

Physician (1) Optometrist (1)

Surgeon (1) Sweeper

Dai

Staff Nurse (2/3 no.) Health Edu. Officer (1) Assit. Review Officer (1)

Ward Boy (2/3 no.) BDA (1) Health Inspector (1)

Health Supervisor (6) Optometrist (1)

Health Visitor (4) Lady Doctor (3)

Pharmacist (3)

AYUSH Doctor (4)

Family Welfare Counseller

Clark (3)

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**Sub Center Level**

5000 populationAuxiliary Nurse Midwife (1)

BHW (M) (6 nos)

**…………………………………………………………………………………………………………………………….**

**Village Level**

1000 -1500 population ASHA (1 no.)

1. **Roles & Responsibilities – According to the Structure**

* Director (Health) Additional Director (Health) are responsible for deciding health policy of state. It issues directives to Chief Medical Officers about new health programmes, policy decisions of government for implementation, decisions of health budget and government priorities in budget spending etc.
* Chief Medical officer has overall responsibility to implement health programmes of government in district/s of his/her charge. In discharge of his/her duty, CMO has to take administrative decisions and time to time evaluate status of health program of government in district.
* Chief Medical Officer is assisted by Additional Chief Medical Officer and Deputy Chief Medical Officers in preparation of implementation plan of government health program in district. Gorakhpur district has 5 Additional and 9 Deputy Chief Medical Officers.
* Additional and Deputy Chief Medical Officers are district level officers and are responsible to monitor progress of health programme implemented through CHC and PHCs.
* Medical Officer In-Charge (MOIC) is responsible officer at individual PHCs. Apart from programme implementation at Block-level MOIC also has administrative and financial management responsibilities.
* MOIC is assisted by a group of doctors (male and female), technicians and non-clinical staff in carrying out delivery of health services at Block.
* MOIC is assisted in work by Health Education Officer in each block. In consultation with ASHA and ANM, MOIC prepares Micro Level Plan (MLP), especially family welfare plan of each village.
* Health Inspector prepares health calendar for logistic supply and creating awareness.
* MIS is prepared by Block Data Operator in each block.

1. **Departmental Reporting Mechanism (Top to Bottom and Bottom to Top)**

Once programme is developed at district level, targets are fixed for each CHC, PHC and Sub-Centers depending on population of village, health cluster, blocks and district. Block level data of government schemes and other services are directly reported by MIOC to CMO at district. Additional and Deputy Chief Medical Officers are also updated on monthly basis.

1. **Factors within the region that Contribute to resilience or exacerbate vulnerability**

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| --- | --- | --- | --- |
| **Resilience framework** | **Resilient**  **Feature** | **Assessment parameter** | **Identified cause** |
| System and Infrastructure | Robustness & flexibility | Quality of design and code of construction | * Location of CHCs and PHCs in water-logged and cut-off areas * Old dilapidated PHC building, not constructed taking climate change data in account * Health services and schemes are impaired due to long months of water-logging in large number of villages * Lack of drainage system * Inadequate number of ambulance available at blocks. * Long hour of power cut affects communication and service delivery * Institutional access under JSY scheme is badly impaired due to lack of road connectivity * Cold chain management is difficult to achieve due to long power cuts at PHCs/CHCs |
| Redundancy | Lack of redundancy and flexibility |  |
| Agent | Responsiveness | Lack of preparedness and prevention | * Lack of support from locally elected leadership in villages * Women health staff feel unsafe to provide service in night as street are not properly illuminated and usually are dark |
| Maintenance of infrastructure | * Delayed response of electricity and other departments in restoring impaired electricity and road transport maintenance. |
| Resourcefulness | Lack of prior information on flood and disaster | * Insufficient training programme for staff capacity building |
| Lack of capacity | Lack of knowledge | * Lack of knowledge of other department’s programme and inter-dept plan integration * Lack of timely information to blocks |
| Institutional | Policy access | Lack of coordination between departments | * Lack of coordinated plan between ICDS and health departments |
| Management access | Availability of resources (Human and material) | * Delay in delivery of service/scheme from state to PHC levels, jeopardizing preparedness during flood and disaster. * Medicine purchase and procurement policy not available * Gap between demand and supply of drugs * Provision of contingent grant not available in PHCs * Huge understaffing due to paucity of new staff recruitment. * Inadequate number of human resource |
| Climate change |  | Changes in pattern and extent of damages in changing climate scenarios |  |

1. **Development Programs being implemented by the Department**

**Reproductive and child Health**

RCH-II goal is to reduce MMR, IMR and TFR

* ***Maternal health*** (ANC and PNC check up), JSY and accredited private facilities under JSY scheme, Training in life saving anesthesia skills, comprehensive emergency obstetrics care, skilled birth attendant training, Saubhagyawati scheme for participation of private sector to promote access of BPL women to access institutional delivery, voucher scheme for referral transport, Merrygold scheme for PPP offering quality RCH services at pre-fixed prices.
* ***Child health*** (Full immunization in children of 12-23 months, ORS for diarrheal control, comprehensive child survival programme. Programme is to provide facility based new born care training
* Bal swastha Poshan Mah: Biannual vitamin A supplementation along with intensive breast feeding, complementary feeding iodized salt consumption and referral services of undernourished children are organized in fixed months - June and December with ICDS
* Family planning services
* Adolescent reproductive and sexual health
* Urban RCH
* Institutional strengthening
* Behavior Change Communication (BCC)

**Immunization**

* Pulse polio (FI, BCG, Measles, DPT 3)

**Revised National Tuberculosis Control Programme (RNTCP)**

* Drugs provided in all districts

**National Vector Borne Disease Control Programme (NVBDCP)**

* Malaria control programme
* Elimination of lymphatic Filariasis (Mass drug administration with annual single dose of DEC tablet, Line listing of Lymphoedema and Hydrocele
* Control of Kala Azar in identified districts
* Control of Japanese Encephalitis and Acute Encephalitis syndrome (AES) through administration of vaccine
* Control of dengue
* Control of Chikungunya
* Proactive surveillance and establishment of Sentinel Surveillance hospitals

National Leprosy Eradication Programme (NLEP)

Integrated Disease Surveillance Project (IDSP)

**National Programme for Control of Blindness (NPCB)**

* Infrastructure development (upgraded medical college and district hospitals, mobile eye care unit, District blindness control society, upgraded PHCs, Eye banks)
* Cataract performance
* School Eye screening
* Grant in Aid to district and state blindness control societies

**National Iodine Deficiency Disorder Control Programme (NIDDCP)**

* Establishment of IDD control cell
* Establishment of IDD monitoring lab
* Health education and publicity
* IDD survey
* Workshop and training
* Lab maintenance

**National Rural Health Mission (NRHM)**

* Promotion of institutional delivery and general utilization of OPD and indoor services
* Formation of RKS
* Setting up of state, district and block monitoring system
* Fixed days services at facilities
* Infrastructure improvement and improved quality of services
* Male and female sterilization for population control
* Mobile medical unit
* Referral transport
* School health programme
* Regional drug warehouse

1. **How implemented programs can reduce the vulnerability (Action’s needed)**

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| * + 1. Capacity Building of key players | * Health department and Nagar Nigam should involve voluntary organizations in providing support and awareness to enhance preparedness actions in communities * Block level interdepartmental workshops to identify and map problems faced by health functionaries during floods and disaster * Public/community awareness programs could prove effective in minimizing disaster impacts * Organize Training / orientation program for locally elected representatives for developing common understanding among themselves |
| * + 1. Access to Resources Human/ Knowledge/Financial can be improved | * Village flood committee should be named disaster committee to broaden its scope of intervention * Preparatory meeting of Disaster committee and Rog kalyan committee should be organized to initiate preventive action and response * DDMA should directly work with MOIC to avoid delays in preparation of preventive action plan * Too many committees, too little use. E.g. Flood safety committee promoted by DDMA, Village Nutrition and hygiene committee formed by Health Dept. etc. There should be collaboration between functioning of individual committees. * Provision of flexi fund with specific expenditure guidelines need to be created * Spare ambulance services during disaster emergencies could prove to be very effective * District should prepare health emergency preparedness plan by issuing forecast/ advisories to CHC/PHCs through use of appropriate health models. |
| * + 1. Need some exposures |  |
| * + 1. Best practices documentation |  |
| * + 1. Inter linkages between various departmental programs/ schemes | * Block Development Officer convenes monthly meeting of all departments at Block office, however many departments do not send their representatives in meeting called by BDO. * Position of Civil Engineer that exists in health department should be attached directly with Construction department. Engineer should quarterly monitor and assess damages before damages are actually reported. * Coordination with NGOs |

1. **Specific Policy innovation’s** 
   * 1. Modification in their departmental practices
     2. Rules & Regulation
     3. Laws
     4. Policies – State follows national policy of health.
     5. **Reporting Mechanism –** Report is compiled every month from each sub-center under PHC and CHCs by Assistant Review Officer. Monthly progress report is sent by MOIC to the office of the Chief Medical Officer in district where data is entered in HMIS data base. Specific progress reporting formats are provided for monthly report writing purposes. Once field data is uploaded on system, it becomes available for analysis and monitoring.
2. **Action Plan**

Each District, CHC, PHCs and Sub-center has prepared micro-plan based on health priorities identified in district, block. Micro plan also incorporates to implement national health programme of GoI. Participants were facilitated to identify gaps in existing micro-plan in order for effective delivery of health programme of government. Considering the fact that government department will only implement its own action plan, parallel attempt to prepare separate action plan was not attempted by facilitators. Report therefore captures actions recommendations instead of an action plan.

**Signature & Date**

1. Facilitator – Dr. Monojeet Ghoshal
2. Co-facilitator – Ms. Pragya Tiwari
3. Co-facilitator – Dr. S. S. VErma
4. Co-facilitator – Mr. Gautam Gupta