



REPORT

Camillian Task -Force India.

**On flood relief disaster medical camp,
from 28th June to 8th July 2018.
Organised by CTF India in association with
Caritas India, Seva Kendra Silchar.**

**CTF
TEAM**



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Introduction

Assam is once again submerged and marooned in floods, an annual feature that people of the state have been living with ever since time immemorial. Year after year, it's a repeat of loss of life, damage to crop and property, and loss of cattle and wildlife. The flood in Assam is such a regular feature that today hardly anyone takes a serious note of it. The state of Assam is frequently ravaged by the fury of mighty Brahmaputra and its tributaries causing untold human misery and devastation of indescribable nature. The recent floods in the state have been heavy blow to the people and the state as a whole. The floods have led to loss of lives and have left millions of people infected and affected.

1. Current Situation and Field Assessment

The overall situation has improved considerably in Assam, suggests the reports by state disaster management authority. The worst hit areas are Dhemaji, Lakhimpur, Jorhat, Charaideo, Cachar, Hailakandi and Karimganj districts of the state, confirms another report by Assam State Disaster Management Authority (ASDMA). According to their assessment and reports, there have been 36 relief camps, running in the affected districts, and have provided shelter to 13,555 residents. Based on initial assessment and discussion with affected community and the district administration there was an urgent need of Medical Support and assistance. Having studied and assessed the developments in Assam, the CTF India has joined hands with CARITAS international for the medical relief camps.

2. CTF – CARITAS Response and Strategy

Assessing the current situation of flood hit state of Assam; CTF-Caritas decided to respond to the disaster and soon mobilized human and financial resources for few needed areas in Assam.

The CTF team started the medical camps on 29th of June and ended on 8th of July. The CTF medical teams conducted 8 days of medical camps in different villages of Assam. The group was consisted of 17 members including doctors, para- medical staff and health care Volunteers. The whole team was divided into 2 sub teams. Each team was comprised of 3 Para medical Staff and 2 doctors, supported by a good number of volunteers from CTF and from the local area. The CTF team worked for 8 days in 2 districts conducting medical relief camps at various places for 4019 beneficiaries.

3. CTF Volunteers

The CTF volunteers arrived on 28th June 2018 in CPHC Bangalore, and had preliminary meeting with the National program coordinator of CTF Fr. Jaison MI, in which he briefed the forthcoming CTF camps in Assam and the logistics arrangements. In this meeting the team members raised some queries and concerns in relation with the CTF camps to be conducted. The meeting chose Frs. Shiju and Biju as the in charge of the finance and Frs. Sojan and Bijus as the leaders of the two groups. The first group led by Fr. Sojan decided to move to Assam on 29th June with seven members. This arrangement was made due to the lack of the availability of the air tickets for all the members on the same day. The necessary logistics needed for the medical camps such as file for reference, pens, papers and few Medical equipment, T-shirt were distributed to the members.

The first CTF team reached in Silchar on 29th and the second group reached by 30th of June 2018. Both the teams resided in Seva Kendra the social services centre of Aizawl diocese in Silchar Assam. The CTF coordinator Fr. Jaison convened the meeting at 9.30 on 30th June 2018 am and the meeting decided to move for the medical camps towards districts namely Karimganj and Hailakandi. Karimganj is very close to the Bangladesh border and nearly all inhabitants are from Bangladesh Muslim migrant community.

4. Administrative structure for the Flood Disaster Medical Relief Camp in Assam

1. Fr. Baby Ellickal MI: National Director, CTF
2. Fr. Paul Moonjely Executive Director Caritas – India

3. Fr. Jolly Puthenpura	Assist Director Caritas- India
4. Fr. Santiago	Director, Aizawl Diocese Social Service Society
5. Sr. Sherly Thomas	Chief Coordinator, Seva Kendra , Selchar
6. Fr. Biju Sebastian MI	National Coordinator, CTF
7. Fr. Jaison Mathew MI	National Program coordinator, CTF
8. Fr. Bijoy MI	Finance officer, CTF
9. Fr. Shiju MI	Logistic Manager
10. Fr. Bijullanjickal MI	Program officer, CTF
11. Fr. Sojan K.M. MI	Program Officer, CTF
12. Fr. Jofree MI	P.R. O– Communication CTF
13. Mr. Simon:	Program Coordinator, Caritas
14. Mr. Priyanka	Program Coordinator, Caritas
15. Mr. Prabal	Program Coordinator, Caritas
16. Sr. Rosaria	Seva Kendra
17. Sr. Seba	Health Program Coordinator, Seva Kendra
18. Sr. Nirmala	Program Coordinator, Seva Kendra

Medical Doctors

19. Dr. Thomas MI	Medical Officer CTF
20. Dr. Sumesh MI	Medical Officer CTF
21. Dr. Sr. Stefina FCC	Mananthavady
22. Dr. Sr. Anjali SD	St. Joseph Hospital Pathrkandi Assam

Para Medical Staff

- 23. Sr. Celia FCC
- 24. Sr. Soumya FCC
- 25. Sr. Bincy SABs
- 26. Sr. Ligi SABs
- 27. Sr. Sindhu SD
- 28. Sr. Jasmin SD
- 29. Sr. Franciline SD
- 30. Sr. Alin Paul SD
- 31. Sr. Sunday SD
- 32. Dr. Dipankar
- 33. Mr. Ziaur
- 34. Ms. SuklaNathMazumder
- 35. Ms.BinaNandi
- 36. Ms. Sukla Nandi
- 37. MsRustana Begum Laskar
- 38. Ms.Monibala Das
- 39. Ms.Santana Das
- 40. Ms Bina Singha

Social Work Volunteers

- 41. Mr. Antony Carter
- 42. Mr. Bivash
- 43. Mr. Dipnarayan
- 44. Mr. LeliCarter
- 45. Mr. Rajentanti
- 46. Mr. DejmenBinti

47. Mr. Rafael

48. Mr. Rajesh

49. Ms. Helena

5. Camps and the details

5.1.Craig Park, Katigorah, Cachar Districts, on 1st July 2018

On July 1, soon after the lunch the teams with the help of the pastoral health coordinator of the diocese, were able to conduct a medical camp in Craig park, which is in Cachar district, about 100 kilometres away from Silchar. Craig has 800 hundred families with 4000 members who have migrated from different parts of north India to work in the tea gardens. They speak Assami, Hindi, Bengali and Sadri languages. Craig is situated in the northern side of Assam and it is very close to the Bangladesh border. The people in the Craig park villages were very receptive and over 110 people could receive medical assistance. The main beneficiaries of the camp were women and children. People who attended the camp have been suffering from general diseases like fever, tiredness and common cold.

POPULATION 4000

FAMILIES 800

LITERACY 75.48%

SEX RATIO 865

Beneficiaries

Age group	Popula tion	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
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<5 yrs.	13	Male	3	4	3	-	3	-	4	-
	9	Female	1	4	-	-	3	-	5	-
6-18yrs	17	M	3	7	3	-	4	1	5	-
	24	F	6	13	-	-	8	1	8	-
19-59 yrs.	8	M	3	1	1	-	3	1	2	-
	37	F	3	18	4	-	2	-	19	1
>60 yrs.	-	M	-	-	-	-	-	-	-	-
	2	F	-	1	-	-	-	-	1	-
Total	110		19	48	11	-	23	3	44	1

Analysis

The total number of beneficiaries stood at 110. Majority of the attendees were children belonging to the age group 6-18. Most of them were having gastritis and respiratory tract infections. Skin infections were also common due to the lack of proper hygiene. Other significant conditions that were reported were anemia.

Recommendations

As the flood wreaked havoc, the life situation was further aggravated for the people who were already living in impoverished conditions. Based on the observations made during the medical camps and in the interactions post the camps, the medical team recommended and taught them some practices which could help them to stay healthy and prevent themselves from communicable and life style diseases. Some of the recommendations made were:

- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day
- good hand washing practices
- Use of boiled water for drinking to prevent water borne and communicable diseases.

- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension, diabetics, high cholesterol.
- It was observed that overcrowding can lead to respiratory tract infections, so the team taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.

5.2. BaithakalBasti Village, Karimganj District, on 2nd July

This medical camp was conducted in BaithakalBasti, 7 kilometers away from Patharkanditownship, which has the nearest PHC. It is situated near the banks of the Longai River. The main occupation of the people here is agriculture; especially tea cultivation. The massive flood it witnessed was, according to the villagers, the first one in since 1984, was due to the overflow from the Barak valley. Their crops were completely destroyed and there was also reported loss of livestock. Government has taken a survey of the people to financially help them. But, so far no help has reached them. The majority of the villagers follow the joint family system and the elder members of the family are neglected.

Medical Relief Camp

The camp was held at the community hall of the village. The local volunteers had helped the CTF team in registration process of the attendees.

POPULATION 2755

FAMILIES 590

LITERACY 61.97%

SEX RATIO 987

Beneficiaries

Age group	Age group	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	24	Male	1	15	9	-	2	-	3	-
	26	Female	5	14	1	-	4	1	6	-
6-18yrs	58	M	3	31	8	-	10	-	16	-
	56	F	7	33	3	1	4	1	8	-
19-59 yrs.	85	M	2	45	12	1	13	-	39	2
	117	F	3	65	2	-	3	-	54	-
>60	17	M	0	11	2	-	2	-	7	3

yrs.	20	F	3	9	0	-	1	-	9	-
Tot al	403		24							

Analysis: a vast number of 403 patients received medical assistance on this day. Majority of the attendees were in the age group 19-59. The most common diseases found among the attendees were Anemia, skin infections, Dyspepsia, and joint problems especially arthralgia. Addiction to tobacco chewing is a prevalent factor and the most probable reason for the large amount of cases of dyspepsia. There is also increased prevalence of oro - pharyngeal cancers. There were also many cases of untreated hypertension among the elderly.

Recommendations:

It was observed that people were badly affected by the flood, and majority of them are living in impoverished conditions. The team recommended people and taught them some practices which could help them to stay healthy and prevent themselves from communicable diseases. Some of the recommendations made were:

- The importance of taking bath every day
- Washing and drying cloth in sunlight every day.
- good hand washing practices
- Using boiled water for drinking to prevent water borne and communicable diseases.
- We also taught them about the nutritive value of locally available cheap food and how to increase the nutritive value and absorption by adding vitamin C. This can prevent malnutrition to some extent.
- We also found few hypertensive patients; we advised them to reduce salt intake and regular walking. This will prevent non-communicable diseases like hypertension, diabetics, high cholesterol and stroke.

- We also could find overcrowding which leads to respiratory tract infections, so we taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.
- Awareness about tobacco chewing was also given.

5.3. Katlicherra Village, Hailakandi Districts on 3rd July 2018

The medical camp began at around 11: 00 am in Katlicherra. This was one of the worst hit areas by the flash floods for many weeks. The people are slowly recovering from the shock wreaked by this calamity. People here have been suffering due to torrential rains for the past few weeks and even their drinking water facilities have been collapsed completely. Katlicherra is, 60 kilometre far from Silchar, bordering to Mizoram. The residents had been very co-operative in terms of registration, transportation, food and other necessities, though they are mainly from working class population. The patients who came to our camp found to be infected by the common diseases like cold, skin problems and allergic infections. There was a huge influx of people who needed medical attention which continued till evening. Since people kept coming the teams were forced to stop the registration by 6: 30 pm. The day saw an overwhelming number of 226 patients getting the medical assistance and the main beneficiaries were children and women aged between 15 to 45. The camp drew to a close at 7: 30 pm.

POPULATION 2400

FAMILIES 600

LITERACY 65%

SEX RATIO 976

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	7	Male	3	5	-	-	2	-	5	-
	8	Female	4	1	1	-	2	-	4	-
6-18yrs	18	M	2	7	1	-	3	-	9	-
	22	F	7	13	1	-	3	-	12	-
19-59 yrs.	47	M	7	14	9	-	4	1	25	-
	85	F	9	26	7	-	6	1	70	-
>60 yrs.	11	M	1	4	-	-	2	-	9	-
	28	F	-	6	3	-	4	1	19	-
Total	226		33	76	22	-	26	3	153	-

Analysis

The number of people received medical attention were 228. The most common affected age group were 19-59 and most of them were females.

The major three morbidities are:

- Dyspepsia
- Acute Respiratory tract infections
- Skin infections

People here lack the basic knowledge regarding personal hygiene and need for good health. In this village of kallichera, there were more patients in the age group of 19-59, which is dominantly women. People have been severely affected by flood. The common illnesses noted herewere, gastritis, respiratory tract infections, fever, skin problems and headache. Many of these diseases affect the people due to lack of proper food, overcrowding and poor personal hygiene. Other significant conditions that were reported were cataract.

5.4.Radhapiyari Village, Karimganj District, on 3rd July 2018

RadhapiyariBaghela is a village in Karimganji District. This village was severely hit by the flood. The water level was raised to 4 feet above the roads and 6 feet above the basement of the houses. The roads were damaged and washed away by the flood water. People took shelter in a school which was little above the water level. Food packets were provided during the flood but it was not sufficient to their needs.

Medical Camp

Flood relief medical camp was conducted in the common bazaar. Basic medical check-ups were done and medicines were prescribed for the flood related illnesses.

POPULATION 1821

FAMILIES 425

LITERACY 76.07%

SEX RATIO 938

Beneficiaries

Age group	Population		Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs	17	Male	11	5	4	-	0	2	4	-
	31	Female	15	10	7	-	2	-	7	1

6-18yrs	51	M	18	18	8	-	2	-	15	2
	61	F	18	16	12	-	4	1	15	2
19-59yrs	99	M	12	10	17	-	8	-	64	3
	98	F	20	18	12	-	5	-	65	3
>60yrs	43	M	1	14	3	-	4	-	28	1
	25	F	3	11	3	-	1	-	21	1
Total	425									

Analysis

The total number of beneficiaries who attended the camp stood at 425. Majority of the patients were females belonging to the age group 19-59. The total number of males who turned up for the camp was low in all the age groups. Majority of the cases turned out to be non-specific symptoms like myalgia and long standing cases of osteoarthritis. Acute gastritis and abdominal pain were the common illness followed by skin infections. Most of the children had respiratory diseases and skin diseases like scabies and fungal infections. Other significant conditions that were reported are anemia, typhoid, and eye infections. Many cases of cataracts were also noted among the elderly. Tobacco chewing was very much prevalent among the population. Interventions including medical treatment, nutritional rehabilitation, mass deworming were done. Referrals were made for conditions which required steroid and intravenous antibiotics.

Recommendations

This village was gravely affected by the flood. The water level was not receded Even during the visit by CTF. It was noted that people were seriously affected by the flood, and majority of them are living in poor conditions. The CTF team proposed certain recommendations based on the observations to safeguard them from communicable diseases. The recommendations made were:

- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day.
- good hand washing practices
- Using boiled water for drinking to prevent water borne and communicable diseases.
- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension.
- We also could find overcrowding which leads to respiratory tract infections, so we taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.
- Awareness about tobacco chewing was done using audio-visual aids.

5.5.Madhaupur Village, Hailakandi Districts, on 3rd July 2018.

Madaupur is a flood hit area where people are still having the impetus of the tragedy. Most people are farmers by occupation. We arranged registration, OP counter and pharmacy and local people really cooperated with us in registration language translations and food. The medical team examined about 210 people, who had predominantly skin infections, respiratory issues and general weaknesses. We could conclude our camps by 5: 00 p.m.

POPULATION 6315

FAMILIES 862

LITERACY 58%

SEX RATIO 996

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	13	Male	4	2	5	-	-	-	2	-
	10	Female	3	2	3	-	1	-	2	-
6-18yrs	29	M	1	6	11	-	3	-	8	-
	28	F	4	4	10	-	2	-	8	-
19-59 yrs.	41	M	6	5	11	-	1	-	18	-
	65	F	6	5	18	-	1	-	35	-
>60 yrs.	10	M	-	-	3	-	-	1	6	-
	10	F	-	2	3	-	-	-	5	-
Total	206		24	26	64	-	8	1	84	-

Medical Camp

There were 206 attendees in the camp who received medical assistance. The doctor explained to them the importance of drinking clean and pure water. All the attendees had undergone medical examination and those having ailments were given adequate treatment.

Analysis

The number of beneficiaries on this day was 206. Highest numbers of beneficiaries were in the age group 19-59. Commonly found illnesses were, gastritis, respiratory tract infections, fever, skin problems and headache. Many of the diseases we found here are due to lack of proper food, overcrowding and poor personal hygiene. Tobacco chewing was prevalent and part of their culture.

5.6. Achairghat village, Karimganj District, on 4th July

Achairghat in Dengarbond Gram Panchayat is situated in Karimganj District. Agriculture and livestock are the main occupations of the villagers. Drinking water is one of the main concerns of this village. Facilities for Medical and health services are very poor.

This village too was heavily hit by the flood. Most of them lost their livelihood and uncertainty is still looming large over them. Even during the camps by CTF, the water level was yet to be abated, as evidenced by the flooded paddy fields.

POPULATION	1273
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FAMILIES	600
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LITERACY	82.47%
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SEX RATIO	993
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Medical Relief Camp

Medical camp was conducted in this village and the camp was arranged in the local government school. The attendees received treatment for their illnesses. Most of them underwent health examinations for detecting life style diseases like hypertension.

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	38	Male	9	25	10	-	2	-	8	-
	19	Female	5	11	7	-	3	-	2	-
6-18yrs	61	M	13	25	13	1	4	-	21	1
	73	F	15	24	21	-	5	1	27	2
19-59 yrs.	78	M	14	27	11	1	3	-	49	1
	145	F	15	53	19	-	5	1	81	1
>60 yrs.	18	M	-	3	2	-	1	1	12	1
	37	F	3	11	1	-	-	-	25	-
Total	469		74	179	84	2	23	3	225	6

Analysis

A rather big number of 470 patients underwent physical examination on this day. The highest numbers of participants were in the age group 19-59. Majority of the cases turned out to be gastritis most probably due to improper diet intake and tobacco chewing. Non-specific symptoms like myalgia and long standing cases of osteoarthritis were prevalent among elderly. Dermatological infections were the second common illness followed by acute respiratory tract infections. Most of the children had respiratory diseases and skin diseases like scabies and fungal infections. Other significant conditions that were reported included Tinea, Anemia, multiple sclerosis, cataracts. Interventions including medical treatment, nutritional rehabilitation, mass deworming were done. Tobacco chewing was also very prevalent in this village.

Recommendations

This village was gravely affected by the flood. While the visit by the CTF team the water level was still high. The team suggested certain recommendations based the observations to safeguard them from communicable diseases. The recommendations made were:

- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day.
- good hand washing practices
- Using boiled water for drinking to prevent water borne and communicable diseases.
- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension, diabetics, high cholesterol.

Another finding was obviously overcrowding which leads to respiratory tract infections, so we taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.

5.7. Medical camp in Dolai Garden, Hailakandi District, on 4th July.

Dolai Garden is serene place filled with lush and refreshing tea gardens. People in this place work in the tea gardens for their livelihood. The place is comprised of 4 villages and there are 560 families and 1360 people live in this place. Nearly 80 percentages of the children are well educated and the average birth rate is 4 in a family. The medical camps here had 179 people getting registered and receiving medical assistance. Most of the beneficiaries have been women and children. The camp ended by 5: 00 pm. and the teams returned to their place of residence for

review meeting of the day.

POPULATION 1360

FAMILIES 550

LITERACY 80%

SEX RATIO 985

Analysis:

Of the 179 patients who received treatment there were 105 people in the age group 19-59; 25 in the age group 6 to 18; 11 in the age group 5 and 38 in the age group above 60. Most of them had acute gastroenteritis and skin diseases like scabies and fungal infections. Other non- specific symptoms like myalgia and long standing cases of osteoarthritis were also reported. Other significant conditions included Tinea, Anemia and Dyspepsia.

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	6	Male	2	3	2	-	4	-	2	-
	5	Female	2	3	3	-	1	-	-	-
6-18yrs	16	M	2	9	5	-	1	1	2	-
	9	F	-	10	3	-	-	-	-	-
19-59	58	M	2	15	11	-	2	-	42	-

yrs.	47	F	7	20	3	-	4	-	37	-
>60 yrs.	16	M	-	7	1	-	2	-	8	-
	22	F	3	11	1	-	1	-	11	-
Total	179		18	78	29	-	15	1	102	-

Recommendation

Based on the observations made during the medical camps and in the interactions post the camps, the team recommended and taught them some practices which would help them to stay healthy and prevent themselves from communicable and life style diseases. Some of the recommendations made were:

- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day.
- good hand washing practices
- Use of boiled water for drinking to prevent water borne and communicable diseases.
- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension, diabetics, high cholesterol.
- We also could find overcrowding which leads to respiratory tract infections, so we taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.

5.8. Baluncherra Village, Hailakandi Districts on 4th July 2018.

This is a village whereby Tribal people are the inhabitants who have no much accessibility with the world outside. The village is nearly isolated due to heavy rains and the river separates them from the rest of the people. Since the local sources said that people in this place are rather rude the BPHS discouraged the team to conduct the camps there. However, the team could examine over 140 patients and most of them were having Anemia, skin sickness and general weakness.

POPULATION 1685

FAMILIES 380

LITERACY 26%

SEX RATIO 948

Analysis:

141 patients received treatment on this day. Most of them had acute gastroenteritis and skin diseases like scabies and fungal infections. Acute respiratory tract infections were significantly low. Other non-specific symptoms like myalgia and long standing cases of osteoarthritis were also reported. Other significant conditions included Anemia and cataract.

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	16	Male	4	5	4	-	1	-	2	-
	8	Female	2	3	1	1	-	-	3	-

6-18yrs	10	M	1	3	2	-	-	-	4	-
	12	F	-	3	5	-	-	-	5	-
19-59 yrs.	20	M	4	2	4	1	1	-	13	-
	45	F	3	11	6	-	1	-	35	-
>60 yrs.	10	M	2	3	-	-	-	-	5	-
	10	F	3	-	-	-	-	-	8	-
Total	131		19	30	22	2	3	-	75	-

Recommendation:

It has been observed that people were badly affected by the flood, and majority is living in impoverished conditions. The team recommended and taught them some practices which would help them to stay healthy and prevent themselves from communicable diseases. Some of the recommendations made were:

- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day.
- good hand washing practices
- Using boiled water for drinking to prevent water borne and communicable diseases.
- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension, diabetics, high cholesterol.

- We also could find overcrowding which leads to respiratory tract infections, so we taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.

5.9.Dengarbond village, KarimganjDistrict, on 5th July2018

On July 5, the CTF team consisting of seven Members went to Dengarbond village, a Muslim dominated population. It is basically an agrarian village in the Lowairpoa block in Karimganj district. This village is also one of the severely flood-hit areas. Many houses collapsed during the flood. The atmosphere of the village was of gloom and despair. There is no hospital or primary health center for any emergency medical help. Transportation was further hampered due to flood.

Medical camp

Medical relief camp was conducted in this village. Doctors checked all the Patients and prescribed the medicines. Nutrition advices were given to the malnourished children. There was a massive crowd for the camp. The CTF team with the Caritas volunteers worked continuously for about 9 hours to manage the crowd.

POPULATION 1625

FAMILIES 398

LITERACY 95.48%

SEX RATIO 986

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	43	Male	8	11	13	-	6	1	18	-
	48	Female	9	19	13	1	9	-	15	1
6-18yrs	144	M	26	56	49	-	15	-	55	1
	158	F	25	51	56	-	12	1	71	2
19-59 yrs.	98	M	5	39	33	1	17	-	37	1
	172	F	7	41	32	-	10	1	110	3
>60 yrs.	28	M	4	10	6	-	2	1	7	1
	31	F	1	7	4	1	3	-	20	2
Total	722		84	234	206	3	74	4	333	11

Analysis

The total number of beneficiaries who attended the camp stood at 722. Majority of the patients were children in the age group 6-18 who came for a general checkup. Most of them had respiratory diseases and skin diseases like scabies and fungal infections. In the other age groups also most of the cases turned out to be acute gastroenteritis and acute respiratory tract infections. Other non-specific symptoms like myalgia and long standing cases of osteoarthritis were also reported. The number of children who attended the camps were comparatively high since the camp was held in a school. Other significant conditions that were reported are anemia, vitiligo, furuncles, and goiter. Interventions including medical treatment, nutritional rehabilitation, mass deworming were done. Few referrals were made for cataract and vitiligo. Skin abscesses were drained and treated with adequate antibiotics.

5.10. Jamira part 4 Village, Hailakandi District, on 5th July 2018

Jumira part 4 is a place bordering to Mizoram. This year, floods caused by the long and heavy spells of rain since March have caused severe damage to life and property and it has been in

enormous proportions. The people who came for the camps were from upper class family who were financially well off to access to the hospital medical treatment. However, the teams could examine and provide assistance to over 179 people including children, women and men. The local people were of great help to the medical teams with translation, registration and supply of the medicines. The camp was a successful one as it generated the involvement from the local people as well. The medical teams observed that one of the common diseases in this camp was skin diseases. The camps got over by 5.30 pm.

POPULATION 3250

FAMILIES 676

LITERACY 83%

SEX RATIO 936

Analysis

Most of the illnesses which the medical team encountered were related to dyspepsia and can be attributed to untimely food and addiction to tobacco chewing which has become a part of their culture. Significant number of skin infections were also noted including scabies and fungal infections. There were only a few respiratory tract infections.

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
	8	Male	1	3	2	-	-	-	4	-

<5 yrs.	6	Female	1	2	3	-	-	-	4	-
6-18yrs	36	M	3	15	13	-	1	-	18	-
	29	F	3	10	12	-	-	-	20	-
19-59 yrs.	29	M	5	8	13	-	4	-	19	-
	49	F	5	16	12	-	6	-	41	-
>60 yrs.	11	M	2	5	2	-	2	-	6	-
	8	F	-	4	-	-	-	-	6	-
Total	176		20	63	57	-	13	-	118	-

Recommendation

It was noticed that people were badly affected by the flood, and majority is living in impoverished conditions. The team recommended and taught them some practices which would help them to stay healthy and prevent themselves from communicable diseases. Some of the recommendations made were:

- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day.
- good hand washing practices
- Using boiled water for drinking to prevent water borne and communicable diseases.
- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension, diabetics, high cholesterol.

- We also observed that overcrowding led to respiratory tract infections, so we taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.

5.11.DubatharGamurVillage, Hilakandi Districts, on 5th July 2018

DubatharGamur village is mainly of an agrarian village. People here looked to be very hard working and better in life style. The total numbers of beneficiaries were 125. Doctors made the medical check-up for all the 125 patients and medicines were distributed.

POPULATION 1780

FAMILIES 286

LITERACY 74%

SEX RATIO 938

Analysis

The total number of beneficiaries who attended the camp stood at 125. Majority of the patients were females) in the age group 19-59. Most of them had acute gastroenteritis and skin infections. Respiratory tract infections were significantly low. Other non- specific symptoms like myalgia and long standing cases of osteoarthritis were also reported. Other significant conditions that were reported are cataract.

Beneficiaries

Age group	Popula tion	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral

<5 yrs.	8	Male	3	5	2	-	-	-	2	-
	6	Female	4	1	2	-	-	-	2	-
6-18yrs	15	M	2	7	6	-	-	-	9	-
	18	F	2	9	4	-	1	-	8	-
19-59 yrs.	26	M	1	10	2	-	-	-	19	-
	35	F	2	7	9	-	-	-	26	-
>60 yrs.	9	M	2	1	-	-	-	-	9	-
	8	F	-	1	2	-	1	-	9	-
Total	125		16	41	27	-	2	-	84	-

5.12.KalidasPunjee Village, Hailakandi District, on 6th July 2018

KalidasPunjee is a village which is connected by another seven villages around it. people here are farmers and they are closely associated with each other. People speak Sakachep, Mizo and Bengali. All of them belong to a special tribe called Sakachep.

POPULATION 1360

FAMILIES 530

LITERACY 80%

SEX RATIO 985

Medical Camp

Medical camp was organized in this village. Doctors did the Physical examination and Medicines were distributed, particularly for the air and waterborne sicknesses. There were 216 beneficiaries out of the camp.

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	17	Male	5	7	6	-	1	-	6	-
	13	Female	-	4	-	-	2	-	8	-
6-18yrs	24	M	-	7	9	-	13	-	8	-
	43	F	-	5	8	-	10	-	32	-
19-59 yrs.	40	M	-	16	9	-	4	-	29	-
	59	F	2	27	10	-	5	-	52	-
>60 yrs.	12	M	-	6	3	-	1	-	9	-
	8	F	1	2	1	-	-	-	5	-
Total	216		8	74	46	-	36	-	149	-

Analysis

The total number of beneficiaries who attended the camp stood at 216. Majority of the patients were females in the age group 19-59. Most of them had acute gastritis. Other non-specific symptoms like myalgia and long standing cases of osteoarthritis were predominant. Skin infections related to poor hygiene were also predominant. Water contamination was present. Other significant conditions that were reported are cataract.

5.13. Maligaon village, Karimganj District, on 6th July 2018

CTF Team in Karimganj district went to Maligaon, another flood-hit village in Assam. People here have migrated from Bangladesh in the early 60's and there are a few other villages adjoined to this Village. During the time of flood, the river swelled and flowed into the village and the

water level rose to 6 feet from the ground. This village lacks basic facilities, like sanitation, pure water supply and houses. The literacy rate is very poor indicating lack of basic education facilities and motivation.

POPULATION 2030

FAMILIES 635

LITERACY 7.82%

SEX RATIO 967

Medical Camp

Medical Camp was conducted in this village. Doctors checked all the Patients and prescribed the medicines. Nutrition advices were given to the malnourished children. Para medical volunteers explained to the villagers about the importance of drinking clean water. There were 381 beneficiaries out of the camp conducted by CTF and CARITAS - INDIA.

Beneficiaries

Age group	Age group	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	20	Male	2	7	13	0	1	0	4	0
	22	Female	4	5	12	0	7	1	7	1
6-18yrs	77	M	3	30	41	0	10	0	15	0
	57	F	8	23	30	0	8	1	11	2
19-59	76	M	9	25	26	1	12	2	30	1

yrs.	103	F	5	26	24	0	9	0	60	2
>60 yrs.	12	M	4	7	2	1	3	0	8	0
	14	F	1	7	3	0	2	0	9	0
Total	381									

Analysis

The total number of beneficiaries who attended the camp stood at 381. Majority of the patients were females in the age group 19-59 who came for a general checkup. Most of them had acute gastroenteritis, which was related to tobacco chewing and skin diseases like scabies and fungal infections associated with poor hygiene and hot humid climate. In the other age groups also most of the cases turned out to be acute gastroenteritis and acute respiratory tract infections. Other non-specific symptoms like myalgia and long standing cases of osteoarthritis were also reported. The number of children who attended the camps was comparatively high since the camp was held in a school. Other significant conditions that were reported are anemia, alopecia, and cataract.

5.14. KalamuraPunji Village, Lala, on 07th 2018.

On 7th of July, the CTF team consisting of eight Members went to Kalamura Punji village, which has a Catholic dominated population. Kalamura Punji is a Khasi village who are mainly the working class people. It is basically an agrarian village. There is no hospital or primary health center for any emergency medical help.

POPULATION 2400

FAMILIES 600

LITERACY 65%

SEX RATIO 976

Analysis

The total number of beneficiaries who attended the camp stood at 168. Majority of the patients were females in the age group 19-59. Most of them had gastritis and dermatological infections. Other non-specific symptoms like myalgia and long standing cases of osteoarthritis were predominant which can be psychological and age related. Interventions including medical treatment, nutritional rehabilitation, mass deworming were done.

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	11	Male	-	3	3	-	5	-	2	-
	19	Female	2	7	7	-	7	-	3	-
6-18yrs	23	M	2	9	6	-	3	-	12	-
	29	F	4	15	5	-	5	-	12	-
19-59 yrs.	33	M	1	11	6	-	4	-	19	-
	45	F	2	26	5	-	3	-	28	-
>60 yrs.	3	M	-	1	-	-	1	-	2	-
	5	F	-	3	-	-	-	-	3	-

Total	168		11	75	32	-	28	-	81	-
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5.15. Amtilla Village, Katilichera District on 08th July 2008

CTF team had gone to Amtilla village, another flood -hit village in Assam. People here have migrated from different parts of the northeast India. The place where we conducted the camp have 17 families and they live on the top of a big mountain. These people here are less fortunate than other people in the various camps. People in this village has very limited accessibility to medical facilities. Most of them are farmers from a humble background who work daily for the livelihood. Panar and war are the languages they speak. The literacy rate is very poor indicating lack of basic education facilities and motivation.

POPULATION 1630

FAMILIES 386

LITERACY 20%

SEX RATIO 947

Beneficiaries

Age group	Population	Gender	Fever	A/C GI	Skin	Asthma	RTI	Injuries	Others	Referral
<5 yrs.	6	Male	-	2	1	-	1	-	3	-
	3	Female	3	1	1	-	2	-	1	-
6-	4	M	-	2	2	-	-	-	3	-

18yrs	11	F	5	5	-	-	2	-	6	-
19-59 yrs.	25	M	2	13	2	-	4	-	20	-
	26	F	4	14	6	-	1	-	22	-
>60 yrs.	4	M	-	2	-	-	1	-	4	-
	3	F	1	1	-	-	1	-	2	-
Total	82		15	40	12	-	12	-	61	-

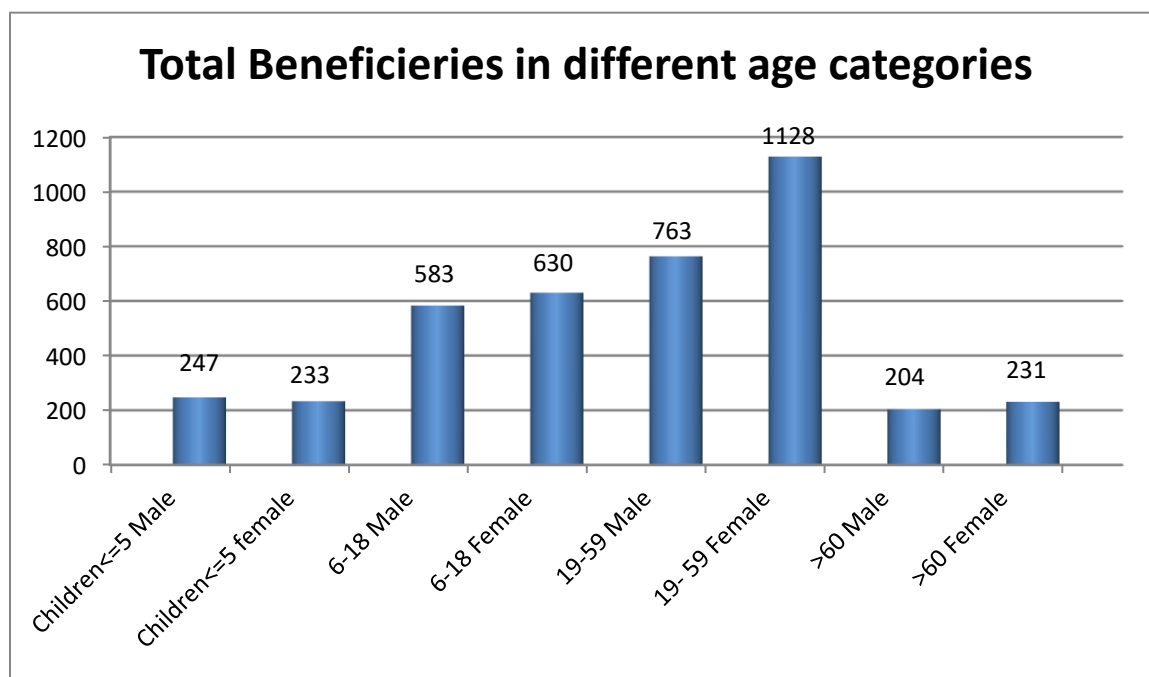
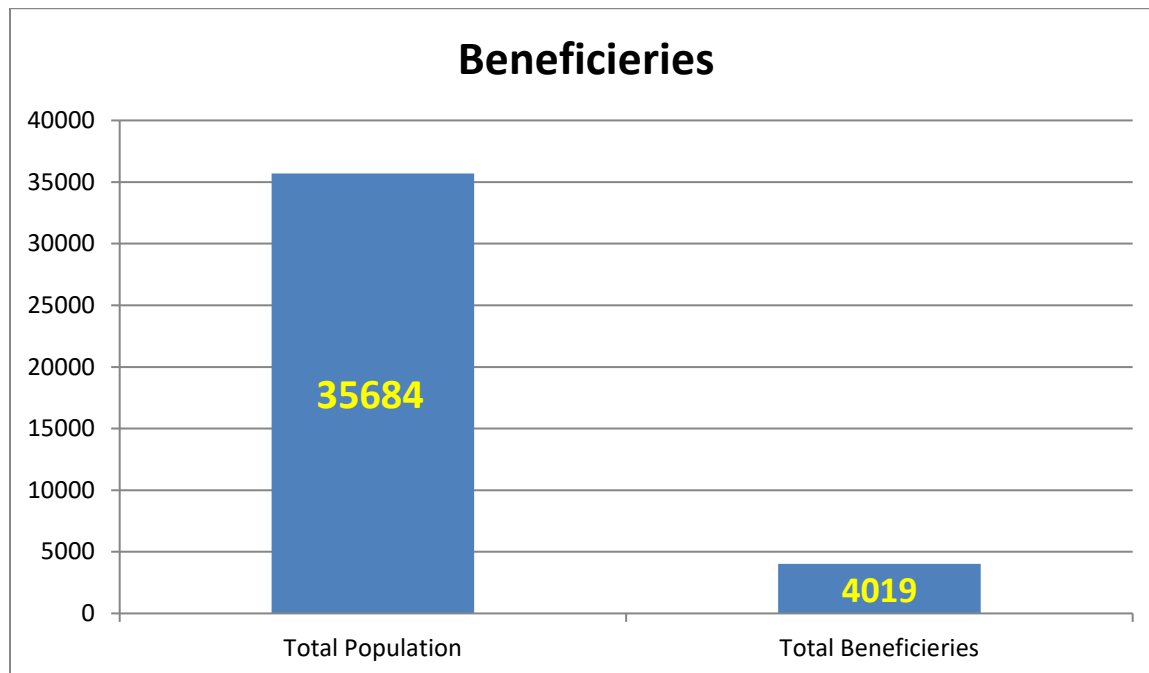
6. FINAL RECOMMENDATIONS

As the flood wreaked havoc, the life situation was further aggravated for the people who were already living in impoverished conditions. Based on the observations made during the medical camps and in the interactions post the camps, the medical team recommended and taught them some practices which could help them to stay healthy and prevent themselves from communicable and life style diseases. Some of the recommendations made were:

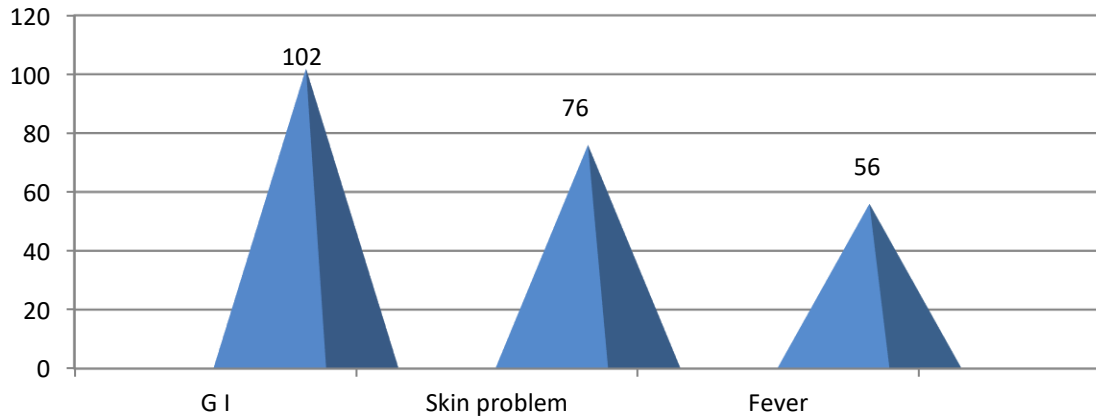
- Need for maintaining hygiene in their daily lives; by taking bath every day and washing and drying clothes in sunlight every day.
- Good hand washing practices
- Use of boiled water for drinking to prevent water borne and communicable diseases.
- Imparted knowledge on nutritive value of locally available cheap food items and how to increase the nutritive value and absorption by adding vitamin C, which would prevent malnutrition to some extent.
- The hypertensive patients were advised to reduce salt intake and recommended regular walking to prevent non-communicable diseases like hypertension, diabetics, high cholesterol
- It was observed that overcrowding can lead to respiratory tract infections, so the team taught them about the need for ventilation and cross ventilation to prevent many of respiratory tract infections.

- Awareness about tobacco chewing was done using audio-visual aids.

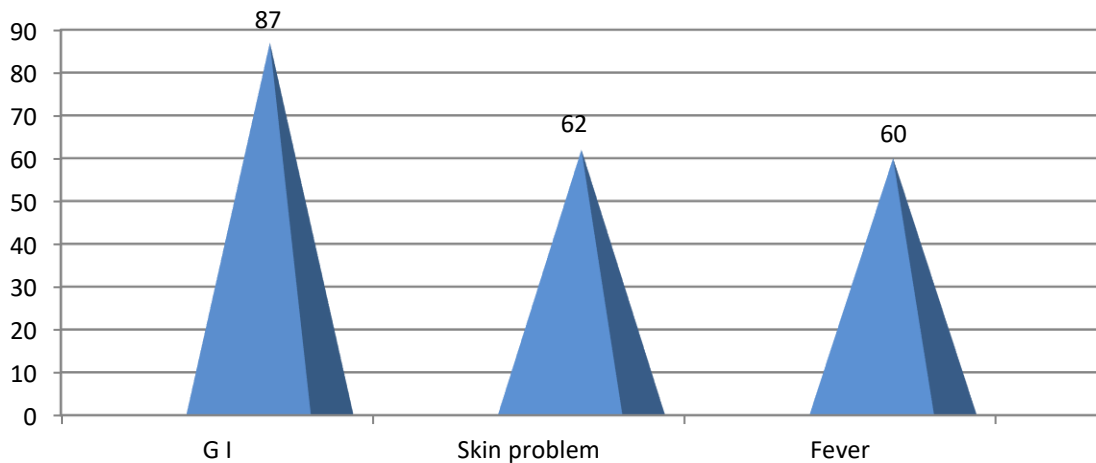
7. KEY FINDINGS



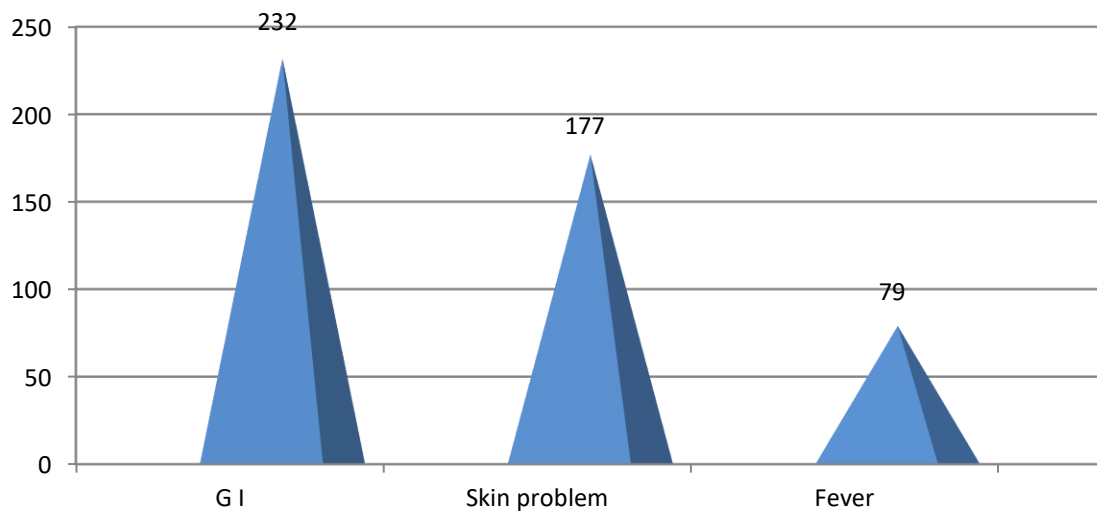
Common Sickness among children < 5 Years Male



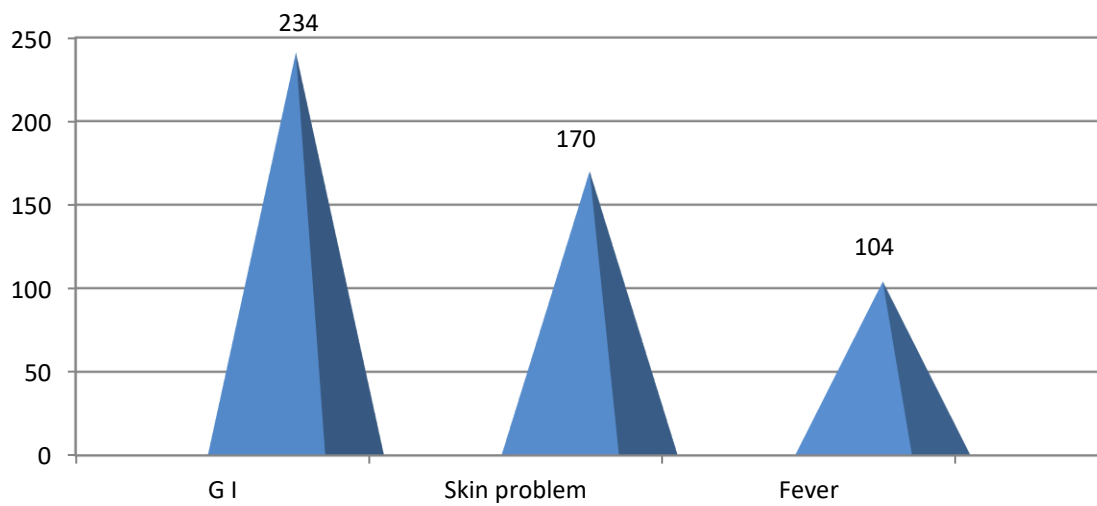
Common sickness among girl children < 5 years



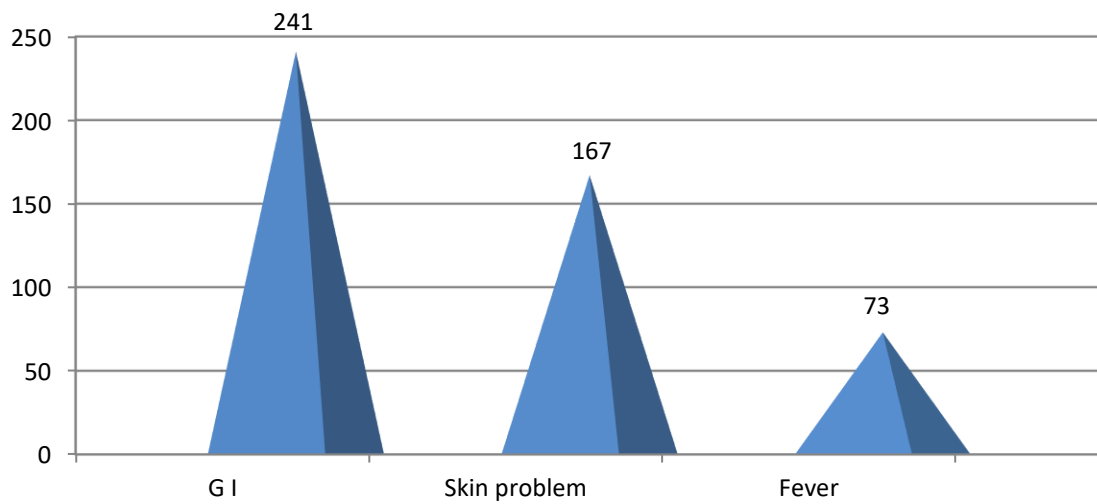
Common sickness among 6-18 male



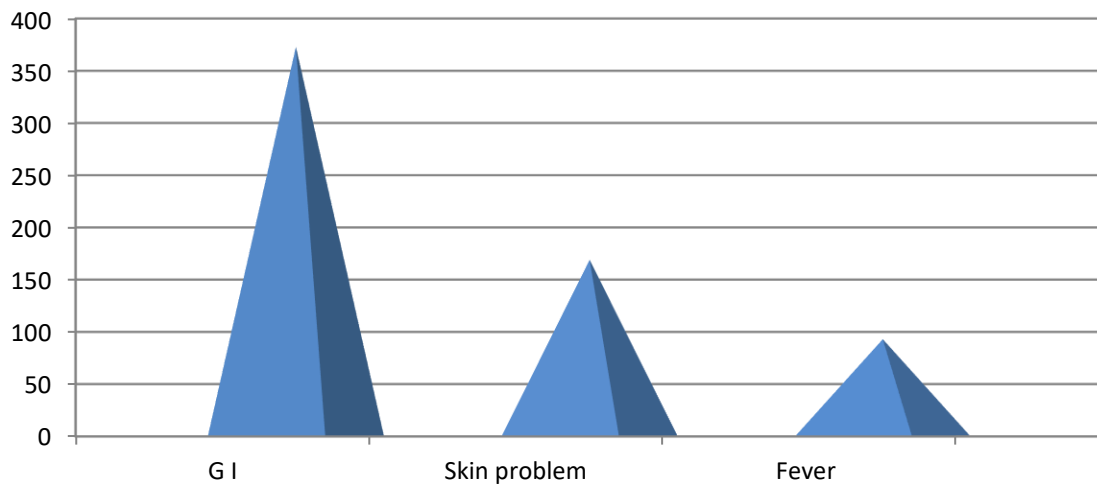
Common sickness among 6-18 Female



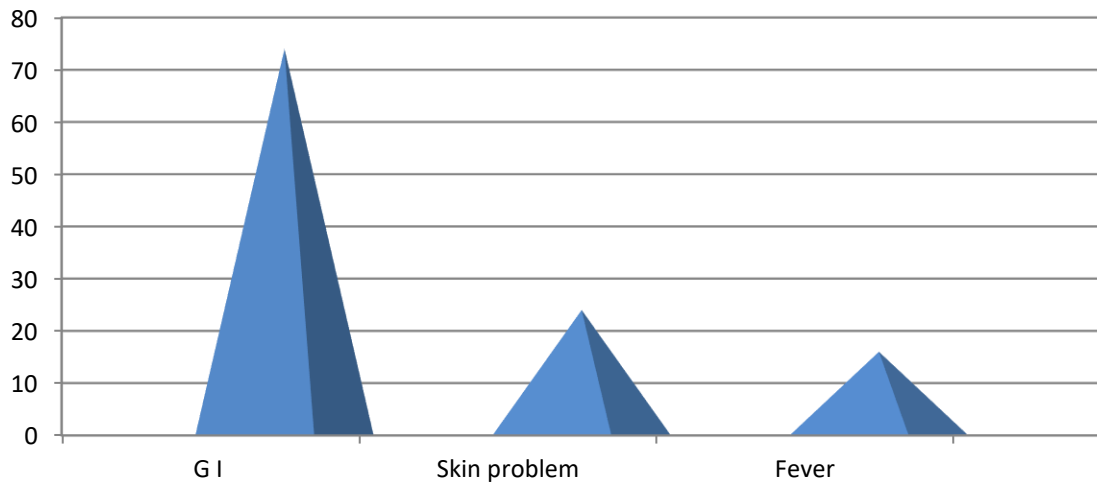
Common sickness among 19-59 Male



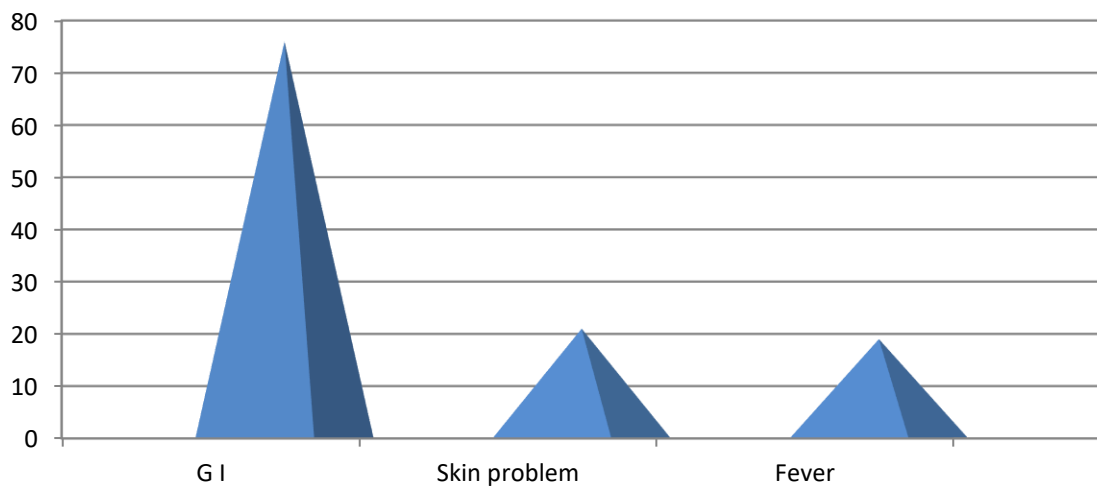
Common sickness among 19-59 Female



Common sicknes among >60 Male



Common sickness among >60 Female



8. Conclusion

Many hands and hearts were working together these days responding to the cries and agonies of a group of discarded people tormented by the nature's fury and abandoned by the authorities. These were truly the days of "festivals of charity" as said by St Camillus de Lellis. The Almighty has done great things for us. The entire CTF team in Assam is grateful to God who enabled each one of us to reach out to over 4019 people who were directly or indirectly affected by the flash floods in Assam. We began the medical camps on July 1, 2018 and continued for 8 days in different parts of two major districts Kailakandi and Karimganj. The camps ended on July 8, 2018. During these 8 days of services to the sick and the needy, the CTF team could reach to the places where PHCs and other health organisations were not able to reach. At this juncture we are thankful to all the CTF General team, provincial team, National programme coordinator Fr. Jaison, the leaders of the groups Frs. Biju and Sojan, caritas India, the health coordinator of Silchar diocese.

It goes without saying how indebted we are to the entire team who made it a reality even by risking their lives and taking time from their busy schedules for such a noble cause. We prayerfully remember the marvellous days of charity and the wonderful people who worked as guardian angels to make it divine. The powerful presence of the lord was with the entire mission which we experienced through many people in and around the flood hit areas. We pray that all those beneficiaries from these medical camps may be healed of their infirmities and may St. Camillus intercede for all the health care workers. Miracles still do happen and you need to be open with your hands and hearts to be able to see them in and around you.

All glory to God!

Fr. Jofree MI P.R.O. CTF

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