

**"PROGRESS REPORT ON EMERGENCY  
HEALTH SERVICES FOR ROIT VICTIMS IN  
REFUGEE CAMPS IN KANDHAMAL  
ORISSA-INDIA"**



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## **PROGRESS REPORT ON EMERGENCY HEALTH SERVICE FOR ROIT VICTIMS IN REFUGEE CAMPS**

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### **BACKGROUND:**

During 2009, the conditions of Kondhamal district in Orissa, India deteriorated significantly due to ethnic conflicts between Hindus and Christians with violence, reprisals, and confrontations. Casualties, loss of life, damage to property were reported on a daily basis.

### **VIOLENCE AGAINST CHRISTIAN MINORITIES:**

- 5<sup>th</sup> January, 2008 – The celebration of Christmas, an event of joy and peace turned out to be a tragedy for the people of Kondhamal district in Orissa.
- Rioters torched hundreds of Churches, institutions and houses.
- 12 people died and several injured.

### **KILLING OF HINDU LEADER:**

- During January, 2009 the Hindu fundamentalists Swami Laxmnananda was killed by a group of unknown people called Mawawadi.
- As a result ethnic conflicts between Hindus and Christians continued.
- 1000 Christians and Hindus were displaced from their houses.
- 120 people were killed and more than 3000 people injured including 350 children.

### **WHAT ARE THE VARIOUS ISSUES INVOLVED IN THE VIOLENT CONFLICT OF KONDHAMAL:**

- Vested interest of outside caste business people.
- Change of culture due to arrival of religious institutions.
- Fundamentalists influence on innocent people.
- Caste based discrimination.
- Poverty & Ignorance.
- Religious difference.
- Land related issues.
- Social stratification.
- Lack of local leadership.

### **WHO IS RESPONSIBLE FOR ETHNIC CONFLICT, RACISM AND VIOLENCE?**

- District Administration.
- Religious leaders controversial speech.
- Caste based organization.
- Power hungry groups. \

### **HEALTH PROBLEMS IN THE REFUGEE CAMPS AND ROIT AFFECTED VILLAGES:**

- Diahrraha
- Malaria
- Malnutrition
- Skin diseases

## **EMERGENCY HEALTH INTERVENTION MADE BY JRP IN REFUGEE CAMPS IN KONDHAMAL:**

After the ethnic conflicts, diarrhea deaths among the children were found as one of the most prominent problems in refugee camps. After, it was reported that two infants died in the refugee camps, the emergency medical team of JRP alongwith the local NGO visited the camps and conducted regular, emergency health services with the support of local health administration. Following activities were carried out during the project period:

### **a) KAP Study on ORT:**

A survey was conducted by JRP and its partners to evaluate mother's attitudes to diarrhea management. It showed that the practice of increasing the amount of fluid given during diarrhea was discouragingly low. Fluids most commonly given were water (40%). Most mothers continued to breast feed and a considerable number continued semi solid feeding. About a third of mothers were able to name three or more symptoms of dehydration.

### **b) JRP Response to Ethnic Conflict in terms of Emergency Health Services especially for children & Pregnant Mothers:**

JRP purchased Halazone ORS and PUR for immediate distribution. Additionally UNICEF provided 1000 units. Non-pharma items including gloves, aprons, plastic sheets, plastic buckets were purchased. A medical team headed by its doctor was deployed to Kondhamal as all the Govt. doctors escaped/migrated from the district due to fear of ethnic conflict to assist the administration in epidemiological assessment and treatment protocols.



The water consultant of JRP was also deputed to Kondhamal to assist administration in assessing water quality and sanitation issue. With the help of Government health officials, the NGO representatives working in refugee camps were oriented on preventive aspects of the outbreak.

## **ADDRESSING MALNUTRITION:**

It was found in the refugee camps that the child and maternal malnutrition is very high. All most 40-50% of the women & Children staying in refugee camps were suffering from malnutrition. During our health camps all the 620 children were given vitamin A supplements in the refugee camps. A Nutrition counselor was deputed to provide counselling to mothers on improving nutritional status of children, adolescent girls and women.



ORS distribution

## **HEALTH CHECKS UP OF PREGNANT WOMEN'S:**

92 pregnant women staying in the refugee camps were provided regular health services by JRP medical team 12 deliveries were conducted with the help of Govt. health administration. ANC/PNC check ups are being conducted in the refugee camps.

### **MALARIA CONTROL:**

Kondhamal is a malaria endemic district 162 people in the camps including 23 children suffered from malaria. All were treated by our team. Medicated mosquito net was distributed with the support of Government. Pregnant women were given separate mosquito nets to save them and the fetus from Malaria.

### **TOILET CONSTRUCTION:**

To promote sanitation and hygiene and to reduce diarrheal diseases, 20 temporary toilets were constructed in the refugee camp with the support of RWSS, Govt. of Orissa. As a result lot of diarrheal cases among the children were tackled. The women also felt comfortable for going to toilets instead of going to outside for open defecation.



Temporary Toilets constructed by JRP

### **SANITATION DRIVE:**

The adolescent girls and youth volunteers of the refugee camps were sensitized on sanitation and hygiene issues and were trained on safe disposal of waste in the refugee camps. As a result the youth volunteers were engaged in the waste disposal system in the camps resulting in reduction of diarrheal diseases. Plastic buckets were given for waste collection and disposal.



Waste disposal through Youth volunteers

### **MAJOR ACHIEVEMENTS:**

Sl. No	Health Services	No of women	Children below 5 yrs	Services for senior citizens
1.	ANC check up	92	-	-
2.	PNC check up	92	-	-
3.	Immunization	92 TT	210	-
4.	ORS Packets	136	213	16
5.	General Health check up	1612	1319	312
6.	Malaria Treatments	62	60	40
7.	Iron Folic Tablets	22	132	30
8.	Diabetics	6	2	42
9.	Nutrition counselling	126	139	126
10.	Treatment for RTI/STI	27	-	6
11.	Institutional Delivery	43	-	-
12.	Contraceptive counselling	212	-	-
13.	Condom distribution	142	-	39
14.	Oral pills distribution	139	-	-
15.	IUD Insertion	42	-	-
16.	TB Treatment (DOTs)	3	-	9
17.	Physiotherapy of disabled children	-	4	-
18.	Dental Health check up	39	64	123
19.	Eye check up	12	32	69