

## Health and Water, Sanitation and Hygiene (WASH) Strategy

*(Compiled by Oxfam India with inputs from MSF, Handicap International, PRAGYA, HelpAge India, Save the Children and Sphere India)*

### A. Critical Issues:

#### Water: (Quality and Quantity)

- Main water sources: Springs, streams, hand pumps (90 to 200 ft deep) and PHED pipe water Supply system for drinking and household use; streams and irrigation canals for agricultural/horticultural purposes.
- Most of these water sources were either damaged or contaminated. Repairing of damaged PHED Water Supply systems yet to start. There is no water logging conditions as such.
- Natural springs have been submerged and/or damaged. High turbidity observed in many stream waters. In some places it is getting clear now.
- PHED department and Army have been supplying water at the camps and in few villages (every alternate day or once in 4 days as reported by the villagers). Water tanks were installed in the camps.
- No water quality surveillance has been initiated yet. There are incidence of diarrhea in few villages (Phyang for example)

**Status data (Water sources) as on 23.08.2010 from few villages: Source: MSF**

Village	Hand Pumps		Pipe Water Supply		Spring		Stream	
	Before Flood	Post flood (Working condition)	Before Flood	Post flood	Before Flood	Post flood	Before Flood	Post flood
Nimo	7	3	9 taps	Damaged	No	No	Yes	Turbid
Basgo	4	2	15 taps	Damaged	3	Clear	Yes	Turbid
Phyang	6	5	Yes	Partially restored	12	Some submerged	Yes	Clear
Choglamsar	17	7	No	No	No	No	Yes	Turbid
Saboo	8	5	Yes	Damaged	5	2	Yes	Clear
Ney	3	3	No	No	6	6	Yes	Clear
Shey	10	No Info	Yes	Damaged	Never used	Never used	Yes	Turbid

#### Hygiene and Sanitation:

- Households have practice of using latrine (Dry Pit latrines mostly); However, in many households in the affected villages, the latrines were damaged/washed away.
- Without adequate latrine facilities in the camps as well as in the affected villages, families are defecating in open. For example in Phyang, Saboo and Ney. In some other villages, the affected families are using latrines of others. There is no defecation in and around the water sources as observed during assessment.
- No bathing and washing facilities observed in the camps so far.
- Urgent requirement: Adequate number of latrines in the camps and in affected villages to prevent disease outbreaks.
- WAT-SAN and health situation in the inaccessible villages is not known.

#### Health:

- There are reported cases of diarrhea (mostly general diarrhea) and Skin diseases (mostly in children- degree college camps) as found during the assessment by MSF, Help Age India and Oxfam India.
- Measles cases reported in Nimu village.
- 2 delivery cases reported – one at Himank camp and one at TG camp.
- No pharmacy in the villages.

## **B. Areas of works (in WASH sector) by Different NGO and INGOs: (As on 25<sup>th</sup> August, 2010)**

### **Medicine Sans Frontier (MSF):**

- WAT-SAN assessment conducted in 7 camps and in 11 villages. The findings have been shared with civil society organizations and the relevant government department for necessary action.
- MSF has also been conducting the health assessment in the camps and in the villages in coordination with the health department.
- Health education (hygiene and diarrhea) is ongoing in the affected villages and in the camps, where 170 male and 158 female and 145 children took part in the education session.

### **Oxfam India, partnering with CENSFOOD and RDY**

- Water treatment plant (Aqua Plus P 4000) installed along with 10,000 liter capacity bladder tank and taps at Choglamsar village (Police Colony). It has capacity of purifying 10,000 liter per hour. Oxfam has been regularly monitoring the water quality of the plant.
- One T 11 water storage tank with 8,000 liter capacity installed at Himank Camp. PHED and GREF are filling the tanks on a daily basis. Oxfam has been monitoring the water quality in the tank.
- 5 latrines, 2 bathing cubicles and 1 washing place have been completed in Himank camp. Construction of 5 latrines and 2 bathing cubicles each in TG camp and Shey camp initiated. There will be one washing place and a drainage system to be completed in T.G camp by 26<sup>th</sup> August. More latrines (planned for 100) and bathing cubicle will be constructed in the camps and in the villages where there are needs.
- In collaboration with Save the Children, Oxfam will construct latrines in schools where SCF has set up temporary schools. Required permission has been obtained from the Education department.
- Hygiene promotions works and water quality monitoring system for PH and bacteriological contamination will be starting soon. If requires, Oxfam can support other agencies in providing training on water testing and household water treatment.
- There are stocks of Aquatabs and ORS in Leh. Oxfam has plan to distribute WASH kit (buckets, mugs, aquatabs, ORS, sanitary napkins etc) to almost 2,000 families in the affected villages.

### **PRAGYA:**

- Distributed water purification tablets across the relief camps as well as in the affected villages. Targeting distant villages now.
- Plan to set up 10 Pre-fab latrines: 5 numbers by the end of the week. Sites to be finalized after discussion with respective departments.
- Possibility of procuring household level water purification units for villages, if requirement emerges.
- Health education camps in the villages in the future based on the needs and the situation.
- Pragma has been working in all relief camps and in 21 affected villages.

**Help Age India:**

- 2 Mobile Medical Teams comprised of Doctors, paramedica and Social Workers have been engaged for health check ups and treatments in the Camps and in the affected villages. Regular camps going on in Himank and Shey camps, Leh Bus stand, Phiyang, SOS Tibetan village, Stakmo, Shey village and in Oah Mahabodhi.
- Hel Age has been continuing health situation assessment in the affected villages, and this will continue till 4<sup>th</sup> September. There are one on call ambulance in place.
- Set up Age Care Center in Leh.

**Handicap International (HI):**

- A team of 2 technicians (Physiotherapist & Occupational Therapist) is working in collaboration with 2 Volunteers from the local NGO - PAGIR, specialised in PwD issues, and Mrs Dolma Lhamo from SNM hospital. Presently, HI has planned a 3 weeks intervention.
- HI will be offering the following services according to the needs assessed:
  - Basic Rehabilitation (exercises and advice on how to improve mobility and avoid worsening the injury)
  - Mobility Device distribution such as walking sticks, walkers, crutches etc. Distribution has been done already in few villages.
  - Referral services and future appointments at the government hospital
  - Follow up on Disability Certificates
- All individual information gathered will be shared with government hospital physiotherapist department for following up of the treatment.
- Handicap International will be coordinating with NGO's specializing in Shelter and WASH to provide advice and guidance on insuring accessibility to new homes, water points and latrines.

**Save the Children:**

- Distributed hygiene kits and NFIs in the camps and in the affected villages.

**C. Recommendations:**

- Separate BATHING, LATRINE and WASHING facilities in adequate numbers for men and women in the camps to maintain privacy.
- Government and private agencies' shelter package should include provision for latrine and bathing facilities.
- Regular supply of quality water in adequate amount to the camps and to the affected villages.
- Immediate restoration of pipe water system, repairing and installation (where required) of hand pumps in the affected villages; support communities in cleaning up of the streams.
- Vaccination plan from the health department where there are cases of measles detected (for example in Nimoo).
- Scaling up of health and hygiene education to prevent water and vector borne diseases – collaboration with the relevant government department for sustaining the efforts.
- Maintain adequate medicine stock at the health sub center of affected villages.

- Logistic support from government in conducting assessment and in providing supports in remote and un attended villages, construction of WASH facilities (getting labour for construction work has been a problem)