'We live next to a canal and our village has been affected many times before. In the past, people have come forward, given us things to help us, and left. But Oxfam did not leave. You asked us what we needed and you were a part of the recovery along with us. You gave us things, but you also stayed back and showed our community how we could be healthier and stronger by teaching us things we did not know. We think of you as a part of our community now.'

Cuddalore, earlier known as ‘Koodalur’ means ‘confluence’ in Tamil. It is the place where the Pennaiyar, Kedilam, Paravanar and Uppanaar rivers join, making communities face disaster after disaster, from the Tsunami in 2004, Cyclone Nisha in 2006 and then Cyclone Thane in 2011, each one slamming into their village.

**DHALALAKSHMI SPEAKS ABOUT HOW LIFE HAS CHANGED FOR THE BETTER AFTER THE FLOODS**

Dhanalakshmi has fixed the cracks on the mud walls of her home. The tarpaulin which she received as a part of the shelter kit from Oxfam, carefully wraps her thatch roof to protect it from water dripping inside during the rains. She stands outside her hut to greet the Oxfam Team who are visiting for an assessment in her village in Cuddalore with her positive smile that captures her resilience.
DHANALAKSHMI’S STORY

Dhanalakshmi received the Shelter Kit and Hygiene kit from Oxfam soon after the floods took everything away from their home.

‘The groundsheet was the most useful item in the beginning. The ground was completely muddy and if we spent a day longer in the water, we would have got Sethupunnu on our feet (fungal infection of moist skin). It gave us a dry space to sleep and to stand on so that we could repair our homes, without getting infected.’

She spoke to Oxfam about the humiliation women faced every day since they had to go to the nearby canal or field to defecate in the open before the sun rises. Oxfam understands the complexity of the safety concern of the women and young adolescent girls as well as the health risks of open defecation in agricultural fields and nearby water source.

A month later, Dhanalakshmi and her husband stand in front of the latrine constructed by Oxfam along with their daughter who is expecting her first baby.

‘As a mother, I feel so safe to know that my daughter who is expecting does not have to defecate in the open, especially during these important months. This toilet has made our lives so much cleaner and safer’

Dhanalakshmi’s daughter lives with her husband in an industrial town near Cuddalore, where they have access to toilets. She returned home on Pongal, a local festival and she was delighted to see that a toilet had been built behind her parent’s home. It is the first toilet she has ever seen in her entire village.
OXFAM HAS REACHED OUT TO 35,000 PEOPLE IN CHENNAI, CUDDALORE AND KANCHIPURAM.

2,78,820 chlorine tablets distributed giving 9294 households immediate access to safe drinking water for a month.

9,294 households received 2 Oxfam buckets each

4,647 households received Hygiene Kits

2,479 household water filters

236 Public Health Promotion

18 WASH Committees formed

13 Debris cleaning drives conducted

39 toilets constructed

3 water sources rehabilitated

56 water samples tested

50 community water filters installed

6,402 households received temporary shelter kits

12,052 households received blankets

6,042 households received kitchen sets

4,521 smokeless chulhas distributed

2,461 solar lamps distributed

6,042 mosquito nets distributed

288 Unconditional Cash Transfers

1,050 households received food ration support

GET THE LATEST ON OXFAM’S RESPONSE AT WWW.OXFAMINDIA.ORG
THE FLOODS
A deep depression in the Bay of Bengal in the last week of November, 2015 led to the worst flooding witnessed by Tamil Nadu in a hundred years. Besides Chennai, the worst affected districts where Oxfam intervened included Cuddalore and Kanchipuram where entire villages were marooned and completely inundated. The disaster affected nearly three million people and claimed 354 human lives.

The most vulnerable and marginalised are disproportionately affected during disasters, putting them at the risk of falling deeper into further poverty.

TOWARDS AN INCLUSIVE RESPONSE
Oxfam understands that those who need help the most, are usually the first to be excluded. Oxfam’s humanitarian response took every step to ensure inclusivity in the Flood Response so that the most affected and vulnerable communities could be supported in every possible way so that they could emerge stronger in the face of adversity.

Within Chennai, slums along the low-lying flood plains continued to struggle as the rest of the city had found a way to move ahead within a week of the Floods. In many far flung locations, flood waters continued to pour in from a nearby river, some of the mud houses were completely washed away to inundate villages and slums for weeks. The floods left 117,000 huts destroyed Most of the affected districts were comparatively poorer and not regarded as vulnerable to flooding at such an unexpected scale and as a result, people were not prepared.

MEET OUR FUTURE DOCTOR, RAHUL
“We do not have ramps in the school toilet. This is the first time I have seen a toilet like this. Now my parents don’t have to worry about me going to the field all by myself.”

Oxfam constructed a raised toilet next to 13 year old Rahul’s home. Which has been adapted to suit Rahul’s needs. The entrance to the toilet has stairs and a hand rail so that Rahul does not face challenges like he did all these days.

“My knees are grazed from having to crawl across the streets to go to the field to defecate without my wheelchair. It used to be the most difficult time of the day for me.

Rahul also won the first prize at his school in Oxfam’s Drawing Competition on Water, Sanitation and Hygiene.

“I am going to be a doctor when I grow up so that I can help others like me.”

GET THE LATEST ON OXFAM’S RESPONSE AT WWW.OXFAMINDIA.ORG
Dalit villages in Cuddalore district were among the hardest hit by the floods, yet they faced exclusion from relief operations, according to a report by the National Campaign on Dalit Human Rights and the Social Awareness Society for Youth in Tamil Nadu. The report, based on a survey of 8,400 houses in Cuddalore district, found that out of 1,337 houses that were damaged 1,276 belonged to Dalits. Among the 433 acres of crop lost, 378 belonged to Dalits. This unequal damage, the report says, is due to the fact that Dalit settlements are relegated to low-lying areas near rivers, streams or canals at an average distance of 1.5 kilometers from the main villages they are attached to. In Kanchipuram district, among the affected villages, tribal communities were left to fend for themselves as neighboring villages did not come forward to help.

SAFE DRINKING WATER

The floods had inundated the sewage systems and contaminated the water sources. Our water testing samples showed high levels of fecal contamination and presence of Ecoli beyond permissible drinking levels. In emergencies like the South India Floods, many more lives are put at risk by inadequate water supplies and poor sanitation. It’s estimated that each person needs 15 litres of water per day for drinking, cooking, and washing in an emergency. This makes providing clean water a massive task.

Oxfam has initiated water source rehabilitation and installed sixteen 50 litre capacity water community filters in Cuddalore district to provide access to safe water to communities.

2200 households in Kanchipuram and Cuddalore districts as well as 3 of the worst affected slums in Chennai were given immediate access to safe drinking water during the emergency response phase. Chlorine tablets helped each household tide over the first month since the Floods, which is the most challenging time as the risk of disease spreading and water source contamination is at its highest.

Vanarojak gets up from preparing meals to show us her home.

VANAROJAK FROM THE IRRULAR TRIBE

‘No one came forward to us because we are different. Oxfam came to us when we least expected any help.’

Vanarojak, a widow from the Irrular tribe in Kanchipuram district faced severe challenges during the floods. After the floods, things became even more challenging for Vanarojak. An agricultural worker by profession, Vanarojak could not find work for almost a month. She feels that the help from Oxfam helped her tide through a very critical time period.

The Irrular tribe are famous for their snake-catching abilities. Nowadays, most of them are agricultural workers and coolies. Vanarojak explains that as a tribe they continue to catch rats which destroy crops. They also enjoy eating rats but when they roast it in the fire, a foul smell comes out which other communities do not like. She feels that people from neighbouring communities did not want to help them because they are a tribe and they live differently.

‘The utensils and smokeless cook stove from Oxfam really helped. I found the solar lamp, groundsheet and tarpaulin to be the most useful.’
COMMUNITY WATER FILTER AT A SCHOOL

“Nowadays, a lot less time is wasted since children do not have to leave the classroom to drink water from the handpump. This gives us more time for lessons.”

Jayakantham, Teacher at the Primary School at Ambalpuram, Cuddalore is pleased with the 50 litre capacity water purifier in her classroom. Earlier children would have to leave the classroom each time they wanted to drink some water. They would have to go to the nearby hand pump. Now that the children can drink safe water, she is confident it will improve their health and attendance. The water purifier has 4 outlets which means that 4 children can pour water from it at a given time.

HYGIENE KIT DISTRIBUTION

Food, affected communities did not have the means to purchase soap, sanitary cloth and other hygiene items. Local markets were closed and essential hygiene items were difficult to find. At the same time, the slush and stagnant water, posed a serious health risk especially for women. Oxfam provided hygiene kits to 3230 households.

CHLORINE TABLET DEMONSTRATION

At every chlorine tablet distribution, Oxfam displays Information Education and Communication materials (IECs) and demonstrates how it is to be used. When communities understand the importance of using chlorine tablets during disasters, they are better prepared to take steps like these in the future in order to minimise health risks.
PUBLIC HEALTH PROMOTION

From the initial assessments it was found that washing hands with soap is widely practiced but not as a routine and only when people ‘felt that their hands were dirty’. Oxfam’s Public Health Promotion work is being carried with a group of trained volunteers in Chennai, Cuddalore and Kanchipuram. The main focus of the hygiene promotion activities is on safe hand washing demonstration and safe sanitation practice. The target audience is women and children.

WASH Committees have been successfully formed in all the villages Oxfam has been responding in. Institutionalizing hygiene promotion through the WASH Committees is crucial for ensuring the local community’s stakeholdership in ensuring sustained efforts in hygiene and health improvement. The PHP volunteers, trained by Oxfam conduct household monitoring to ensure that the Hygiene Kits which have been distributed are being used properly. They also engage their communities in raising awareness about how diseases are spread and measures which can be taken to prevent them. Institution building and capacity building through establishing WASH Committees and volunteer training for Public Health Promotion creates lasting community efforts which is critical in bringing about behavioral change beyond the response phase, rather than a short-lived intervention.

PUBLIC HEALTH PROMOTION

“We live in a congested village. People defecate in the open quite nearby. After my training with Oxfam where I learnt about the F-disease transmission diagram, I realised how harmful this is for all of us, especially little children. I learnt how diseases spread so easily.”

In addition to teaching her fellow community members the 8-step hand washing procedure, Suryakala demonstrates chlorine tablet usage, safe water storage practices and the F-transmission disease chart. She envisions a healthier village and she enjoys working as a PHP volunteer because she finds it to be a very rewarding responsibility. She feels it is difficult to change mindsets overnight but she can already see improved personal hygiene and hygienic cooking conditions in many households and she believes a clean and healthy village is possible if she continues to work hard.
Conceptual Model of Public Health in Emergencies

- **Natural Disaster & Conflict**
- **Resources**
  - Human, structural, financial, physical, social
- **International Mechanisms**
  - Willingness and capacity to act or influence
- **Policies**
  - Systems to implement
- **Responsible Authorities**
- **Practices**
  - Accountability, capacity
- **Ideas & Beliefs**
  - Willingness to act
- **Household Food Insecurity**
  - Access to food; Availability of food
- **Poor Public Health Environment**
  - Access to healthcare & information; Water & sanitation; Shelter
- **Basic Causes**
  - Structural level
- **Underlying Causes**
  - Community, household level
- **Social, Cultural, Behavioural Practices**
  - Gender roles, status, rights; Childcare practices & health seeking behaviour; Social networks & power structures, changing behaviour to avoid violence & coercion
- **Inadequate Diet**
  - Affecting the individual
  - Susceptibility to pathogens
- **Violece; Coercion**
  - Including sexual violence
- **Chronic Vulnerabilities**
  - Insecurity from shock & stress
  - Direct effect on individuals
  - Disruption, displacement
  - Instability
- **Disease**
  - Widespread threats to life, health and dignity

Get the latest on Oxfam’s response at www.oxfamindia.org
Information, Education and Communication (IEC) is an important component of Oxfam’s Public Health Promotion Approach. It has been seen that toilets are not put to use largely due to lack of demand, lack of participation in programme implementation and, lack of awareness among the community regarding health and hygiene aspects of safe drinking water and clean sanitation facilities.

At Oxfam, there is an increasing realization that, in any water and sanitation programmes, continued access to water and sanitation services is not enough to sustain hygienic attitudes and mindsets. It is the awareness and the education component of a sanitation programme that leads to sustained behavioral change. Experience has shown that information, education, and communication (IEC) campaigns accelerate the process of change and promote adoption of sanitary practices.

In addition to Mass Campaigns, Oxfam organized a variety of programmes to ensure maximum outreach of public health promotion. These activities included:

**Drawing Competitions for Primary School Children:** Enthusiastic children have the ability to pick up concepts on hygiene and sanitation and share their learnings with their families back at home. The children were very eager to learn from Oxfam’s Public Health Promotion session with them and captured them in their drawings. Children are an important focus for Oxfam’s Public Health Promotion as washing hands with soap and drinking safe water has proven to reduce school absenteeism, diarrheal deaths and chronic malnutrition.

**Role of IECs in Changing Mindsets**

Our IECs in Tamil convey strong messages on how to use the items that we have distributed and guide communities to adopt new hygienic practices to make their lives healthier.

The F-diagram, showing the transmission of disease through faecal contamination and poor hand washing practices was one of the biggest eye openers for communities. By showing communities how disease spread, our PHP programmes, help communities to understand preventive measures effectively.

IECs on community walls, schools, entrances to villages are a constant reminder to assist communities transition into a healthier and hygienic lifestyle over time.

Get the latest on Oxfam’s response at www.oxfamindia.org
Volleyball Championships Which Engaged the Youth: The volleyball championship hosted by Oxfam saw the participation of 188 youth participated of which 54 were boys and 134 were girls and more than 400 people cheered on. The event saw a huge gathering, especially of adolescent youth for raising awareness on public health and hygiene. Since most of our PHP activities are focused on women and children, this event helped Oxfam expand their target audience to involve youth, especially boys.

The awareness program at the Village Sanitation Fair involved drawing competitions on sanitation as well as informative street performed by local community members. Events focused on the conservation, preservation, and judicious use of water, importance of using ORS as well as encouraging communities to put an end to open defecation.

Engaging Communities in Their Local Celebrations During the Pongal Festival: Households came together with their positive attitudes to clean and decorate their homes as well as areas surrounding their homes during Pongal celebrations, a month after the Floods had destroyed their homes.

Debris: Oxfam conducted Debris and village cleaning along with PHP demonstrations has been completed in 13 worst affected villages in Cuddalore and Kanchipuram districts. Local communities came forward to clean their villages which were surrounded with debris and sludge, making it difficult to resume daily activities.

Oxfam also facilitated debris cleaning in one of the worst affected slums in Chennai city - Koyambude.

Ranganayagi, Debris Cleaning Volunteer and Winner of Cleanest House Competition

Ranganayagi took part in the debris cleaning work at her village with Oxfam. Her enthusiasm to keep her community clean as well as her home spotless within a month of the disaster is commendable.

Ranganayagi fixed the walls of her house with a mixture of clay and cow dung, painted the walls and decorated them for Pongal to celebrate the harvest season.
Food Kits and Non Food Item Kits

Immediately after our Rapid Assessments, Oxfam began the distribution of the dry ration food kit immediately to the most vulnerable households who had lost all their ration supplies in the floods. Within the first 6 days of the Floods, Oxfam reached out to 1050 households in Cuddalore district and Kanchipuram districts.

5893 households have received Emergency Shelter kits comprising Tarpaulin and Groundsheet. The tarpaulin was extremely useful for rainproofing the thatch roofs. The groundsheet was useful as households faced immediate challenges of finding a dry surface to sleep post-floods since the mud flooring of their huts were sludgy from a week of being under water.

5893 households have received mosquito nets protecting them from exposure to increased vector-borne diseases due to post-flood water stagnation.

11638 households receive two sets of blankets each to protect them when they were exposed to weather elements. Oxfam distributed 2 bedsheets per household have been distributed to 11786 households as these households lost bedding during the floods.

Kitchen sets customised to local requirements have been distributed to 5893 households. Oxfam distributed 5112 Smokeless Chulhas have been distributed. Many homes lost their chulhas which were made of mud during the floods.

“"We were getting cooked meals from people who came forward to help us till Oxfam gave us dry ration. Cooked meals were very useful, but unreliable. Some days we would get a lot of food which went to waste and on other days we barely had enough to feed our family one full meal. Dry ration gave us food security we desperately needed.”

Sarita finds the bedsheets, blankets, utensils, buckets and mug very useful. Her favourite items were the groundsheet, mosquito net and cookstove. Of the utensils, the idli maker and dosatawa (utensils for local cuisine) were most appreciated.

“The groundsheet gave us a place to sleep when the floors of our hut was completely slurry. Till we received the cook stove from Oxfam, I had built a cook stove with stones after the flood destroyed our chulha and we would eat half-cooked food at best. This stove is does not give out smoke and I can breathe more easily now while cooking now.”

Get the latest on Oxfam’s response at www.oxfamindia.org
NO MORE SMOKE

"We celebrated Pongal [harvest festival] with delicious idlis and dosas which we made with the idli maker and dosa fry pan Oxfam gave us. The cook stove has changed the way we cook! I do not have to keep blowing at it to create a flame like our mud stoves which melted away in the floods. This is effortless and smokeless."

- Krishnammal, Kanchipuram

BUILDING RESILIENCE

During the floods, communities were faced with the challenge of having absolutely no access to sanitation facilities. With open defecation as the norm, communities were left with no fields and canals as they were surrounded with water, leaving them helpless and ill.

Once Oxfam addressed communities’ basic survival needs such as access to safe drinking water, hygiene kits and NFI Kits, the next step involved assisting communities to recover from the floods in such a way that they could emerge stronger.

Our raised latrines are designed in such a way, that communities living in low-lying flood plains have access to sanitation facilities even during floods. Each latrine has an attached water storage facility on a raised platform, to ensure access to water within the latrine as well as a standby storage in the event of flooding. Disaster preparedness can help build community resilience in the future by strengthening their coping mechanism.

OLD HABITS DID NOT DIE HARD FOR HIYYEERAMPOOVU

Hiyyerampoovu is a 70 year old widow in a women headed household. The floods took away her only source of income- her goat.

“Life became difficult after the floods, but the toilet has made it so much easier.”

Hiyyerampoovu is very enthusiastic with her own toilet behind her home for the first time in her life. She does not need to defecate in the open anymore.
ROLE OF PUBLIC HEALTH PROMOTION IN COMMUNITY INITIATIVES

Oxfam constructed a raised latrine behind Sanmugam’s hut with an attached water storage facility.

Sanmugam’s wife and college-going daughter feel safer now since they do not have to go to the nearby canal or fields to defecate in the open.

Sanmugam, a plumber by profession, constructs his own basin below the storage tank provided by Oxfam to create a handwashing facility, inspiring other households in his village to do the same.

“The Public Health Promotion volunteers told us about the importance of handwashing for protection from diseases. My wife and daughter are hundred per cent safe now.”

EARLY RECOVERY AND REBUILDING LIVELIHOODS

There was a significant loss and damage to mobile and immobile assets such as paddy, fishing equipment, livestock and others valuable capital. Crops were destroyed at the flowering stages ahead of the harvest. While Government compensation would be able to help the flood victims to some extent, the process is slow and would leave them vulnerable for too long without their livelihoods.

From Oxfam’s detailed Livelihoods Assessment, emerging needs such as agricultural implements and agricultural input support need to be taken care of for those communities who have lost all their access to livelihoods in the floods.

Short-term injections of cash can tide a community over during a crisis, and enable it to recover more quickly. Oxfam has disbursed Unconditional Cash Transfer (UCT) to 300 worst affected households and has identified another 550 households for UCTs. Depending on the extent of market operationalization and recovery, households have the flexibility to utilise the money towards ensuring food security or livelihood recovery.

GET THE LATEST ON OXFAM’S RESPONSE AT WWW.OXFAMINDIA.ORG
WORKING WITH MARKETS AND CASH: STANDARD OPERATING PROCURDURES

Selecting response modality, delivery agents and processes for Cash transfer programming to design market aware and centred projects, that support markets where that can be an aid to economic recovery and strengthening that support markets where that can be an aid to economic recovery and strengthening.

Get the latest on oxfam's response at www.oxfamindia.org

According to the results of your assessments and analysis, per commodity, you will choose between the green, the amber or the red channel.

**GREEN CHANNEL**
- Local area market has capacity to supply the commodities/services to quantity and to quality.
- Supporting traders to rebuild their market activity who also supply cash to beneficiaries.
- Commodities purchased and supplied from outside the affected area nationally/regionally/internationally.

**AMBER CHANNEL**
- Local area market has some capacity but needs support to supply the commodities/services to quantity and to quality.
- Supporting traders to rebuild their market activity who also supply cash to beneficiaries.
- Commodities purchased and supplied from outside the affected area nationally/regionally/internationally.

**RED CHANNEL**
- Local area market does not have capacity, even with support supplied from outside markets.
- Commodities purchased and supplied from outside the affected area nationally/regionally/internationally.

*Pure traders are those acting only as suppliers of other goods or services to the Agency, but who are not also beneficiaries to the Agency intervention.

**Beneficiary traders** are small and medium local traders that are identified as also impacted by the humanitarian crisis and whose recovery can strengthen market functioning and increase the availability of basic goods and services for the target group.

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**STANDARD PROCUREMENT PROCESS**
- Competitive Procurement is the process by which multiple suppliers of goods/services compete for business by submitting competitive bids or quotations. Business is usually awarded to the supplier whose bid best meets the chosen criteria for that process and demonstrates value for money.

**DECENTRALISED PROCUREMENT**
- Where procurement volumes are split into smaller processes which may or may not be competitive, depending on the circumstances. This process strategy is chosen where we want smaller volume suppliers to be able to obtain our business, and not just larger suppliers and is part of a market strategy to stimulate the local area market around an affected area.

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**RESPONSE MODALITY**
**DELIVERY PROCESS**
**DELIVERY AGENT**
**KEY PROCESSES FOR ENGAGING ACTORS**

**GREEN CHANNEL**
- Cash Grants &/or CFW
- Local trader(s) to beneficiaries
- INGO/Implementing Partner
- Partnership agreement

**AMBER CHANNEL**
- Cash Grants &/or CFW + Separate Market Support
- Cash delivered to beneficiaries (directly or implementing partner MDT trader)
- INGO/Implementing Partner
- Partnership agreement

**RED CHANNEL**
- Direct Commodity Purchase (outside markets)
- Commodity(s) purchased and supplied from outside the affected area nationally/regionally/internationally
- Partner/commodity

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**MARKET STATUS**
- Green Channel: Local area market has capacity to supply the commodities/services to quantity and to quality.
- Amber Channel: Local area market has some capacity but needs support to supply the commodities/services to quantity and to quality.
- Red Channel: Local area market does not have capacity, even with support supplied from outside the markets.