

Health Disaster Resilience Assessment Report for Bongaigaon District, Assam

In partnership with NHM Assam



2022

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Foreword

Executive Summary

Health-Emergency Disaster Risk Management or Health-EDRM is a growing paradigm that aims to examine health and disaster risks and applies public health tools to engage in the management of health and disaster risk, giving significant focus on preventive measures. The Sendai Framework of 2015 has placed strong emphasis on resilient health systems by the integration of disaster risk management into healthcare sector through capacity building and so on. In this line, The India Japan Laboratory (IJL), Keio University, Japan; Resilience Innovation Knowledge Academy (RIKA), India; Indian Institute of Technology (IIT) Guwahati in collaboration with the National Health Mission (NHM), Assam initiated a mapping and assessment exercise of all health centres in Bongaigaon, Assam to generate short-term, medium, and long-term plans based on their disaster resilience. The aim of the project was to analyze the current status of the healthcare system in Bongaigaon district by utilizing a comprehensive Healthcare Disaster Resilience Assessment Framework or HDRA rating tool (5-point rating), and thereby generating key learning for improving disaster resilience. This is significant as the district, having three major rivers in it, has been experiencing flooding and regular river-bank erosion, and had affected several health centres, with them servicing relief camps prolonged for more than 1.5 months as of end of August 2022. The survey and the analysis of the total 137 centres in the district was undertaken as per the available four health blocks, namely Boitamari, Bongaigaon, Manikpur, and Srijangram (Annexure 1). The five dimensions analyzed consist of Physical Conditions, Human Resources, Institutional Conditions, Social Relationships, and Natural Conditions.

The findings from the survey (Annexure 3) reveal that overall the health blocks perform fairly average with a score of 2.85 out of 5. In terms of individual dimensions, the physical and the natural conditions have been fairly well rated in the survey, having an average score of a total of 3.16 and 3.88 respectively. The human resources, institutional conditions, and social relationships which focused on disaster risk management planning, capacity building, and relation between different organizations, received comparatively lower scores of 2.40, 2.29, and 2.49 respectively. The Srijangram block is the highest rated in all the dimensions, while Bongaigaon block received the lowest score amongst all the blocks. The close analysis reveals that the health centres in the district, has good resilience to natural hazards (5 major hazards were studied based on the Assam context) in the overall context, owing to lack of multiple hazard vulnerability. However, comparatively, the centres fare poorly in the dimensions of human resources, institutional conditions, and social relationships, which look further into the planning, current human resource scenario, and so on. The poor performance in these dimensions indicate the possibility of underlying stressors and associated risks getting compounded and latent development of systemic risks which may subsequently overwhelm the system in the wake of a tripping point in terms of a major hazard or extreme event or any other crises. Collectively, the overall analysis revealed key insights to the poor social, institutional, and human resource planning, which are among the key determinants of healthcare disaster resilience.

Based on the findings, there is a need for critical interventions in the disaster resilience planning of the healthcare system of Bongaigaon district. This can be achieved by formulating phase-wise key recommendations laid down under the five dimensions of HDRA. The following give a brief of some of the recommendations generated for short, medium, and long-terms.

Short-term recommendations (0-2 years)

- Strengthening dissemination of early warning through establishment of robust communication platforms/ groups.
- Improving physical and natural resilience of the centres by identification and mapping of current exposure and vulnerability zones associated with varied existing and emerging hazards.
- Interventions and improvement in solid waste management practices should be prioritized at all health centres. Medical/ chemical wastes are foreseeable by-products from a health centre; hence policy guidelines/ SOPs should be in place to address their safe collection, handling, and disposal.

Medium-term recommendations (2-5 years)

- Guided by the global frameworks and principles such as Bangkok Principles, HEDRM, national guidelines on hospital safety, mass casualty management, etc., strong policy actions should be undertaken to ensure a two-way integration of DRM and healthcare planning and strategies.
- Integration of on-going disease surveillance programmes with the Emergency Operation Centre (EOC) and existing early warning systems can be added for early identification and prompt action of multi-hazard risks in a collaborative manner.
- Investments diversification whereby the collaboration by local private sector and philanthropic organisations should be explored and promoted for financing the planned and identified DRM and resilience building measures along with provisioning of better facilities at the centre.

Long-term measures (over 5 years)

- Formulating knowledge management, whereby there should be an established core scientific committee at state/ district level which will keep a track of both the recent advances in medical science field as well as the DRM field.
- Ensuring having in place robust and well-integrated (horizontally and vertically) institutional mechanism for DRM at all levels, which involves identification of nodal officers, laying department specific DRM SOPs, and so on.

Policy makers and decision makers could consider the phase-wise recommendations for improving the overall resilience of health centres. This could be achieved by prioritizing and focusing on low performing centres, and blocks, through targeted action plans. Besides, the high performing centres could be further strengthened and developed as model “resilient health centres” for showcasing good practices across the five dimensions of HDRA. Further, a comprehensive master plan could also be formulated in this regard.

For ensuring the sustainability of resilience assessing and building efforts, it will be crucial that such exercises are conducted periodically along with close monitoring of the implemented actions. This will help in identifying the practices and initiatives which are most effective and efficient at the local context along with mapping of the challenges and bottlenecks requiring advanced strategies and planning. Further, the lessons from the current HDRA study and implementation of the recommendations laid down for the Bongaigaon district can be utilised in replicating and scaling up similar exercise in other districts of the state and the country.

Purpose of HDRA

UNDRR (2016) defined the term “Resilience” as the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management. Maquire and Hagen (2007) proposed resistance, recovery and creativity as three dimensions of resilience.

Health infrastructure forms a significant facility for community, aiding them in essential health and well-being especially in crisis situation. Therefore, the resilience of health infrastructures forms a basic aspect for effective delivery. The Sendai Framework for Disaster Risk Reduction (SFDRR) lays down “substantial reduction in disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030” as one of its seven targets. Health system resilience can be denoted as the capability/ capacity of the health actors, institutions, and populations to prepare for and effectively respond to crises; maintain critical functions when a crisis hits; reorganize if conditions require it, as per the key learning (Kruk et al., 2015; Thomas et al., 2020). Health systems are considered resilient if they are able to protect human life and promote good health outcomes pre, post, and during disasters. To advance the implementation of the health aspects of the SFDRR, the Bangkok Principles underscore the need for strong and systematic two-way integration of health and disaster risk management strategies through a whole-of-government and whole-of-society approach. Further, it calls for “enhancing the safety functionality and resilience of critical health infrastructure and facilities by conducting safety assessments, strengthening the implementation of the Safe Hospital Initiative, and applying the principles of “building back better” in recovery and reconstruction, in coordination with communities.” The need for the same is being felt all the more now post COVID-19 pandemic where manifestations of complex and systemic nature of risk had overwhelmed the health infrastructure and systems across the globe. Health-EDRM (Emergency Disaster Risk Management) is a paradigm that is actively being developed and evolved since 2009 in collaboration with WHO (World Health Organization). The discipline aims to examine health and disaster risks and applies public health tools to engage in the management of health and disaster risk. In contrast to the traditional medical emergency and disaster approaches that are often response-based, the health-EDRM paradigm targets systematic analysis and management of health risks. It emphasizes on emergency preparedness and DRR by adopting the preventive public health approach that addresses risks to reduce potential adverse impact and harm from all-hazard throughout the emergency cycle (WHO, 2019).

This publication aims health centres to develop their capacity and strengthen their systems by integrating key aspects of DRR and resilience building through periodical check using Health Disaster Resilience Assessment (HDRA). To promote HDRA, the main targets of this publication are the staff incharge (Medical Officer or Community Health Officer) and the officials of Health Department because it is pertinent that they understand healthcare disaster management comprehensively and enhance their resilience effectively.

Overview of HDRA

HDRA is an evaluation tool to quantify resilience of healthcare facilities against disaster risks. HDRA can be used for checking health centre conditions periodically in order to make action plans through consideration of strength and weaknesses of each centre for enhancing their disaster resilience. In addition, the local government is also an expected user for HDRA to know the existing condition of healthcare facilities so that policies can be made for enhancing health disaster resilience. HDRA can be utilized by academic researchers and practitioners as the baseline survey for making action-oriented plans.

Purpose of HDRA application

- To provide comprehensive information for decision making
- To understand the strengths and weaknesses of each health centre
- To understand the health resilience in block level

Expected users of HDRA

- Incharge and staff of health centre
- Health Department officials
- Decision makers
- NGOs
- Other practitioners

This publication aims to better understand and address the key aspects of health disaster resilience, by utilizing the HDRA in Bongaigaon District of Assam, India (Figure 1), whereby a total of 137 health centres are being analysed for their performances concerning five identified dimensions, namely Physical Conditions, Human Resources, Institutional Conditions, Social Relationships, and Natural Conditions. Each dimension consists of three parameters and each parameter has five indicators. There are 75 indicators in total for assessing health disaster resilience comprehensively which are evenly divided into 15 parameters and five dimensions.

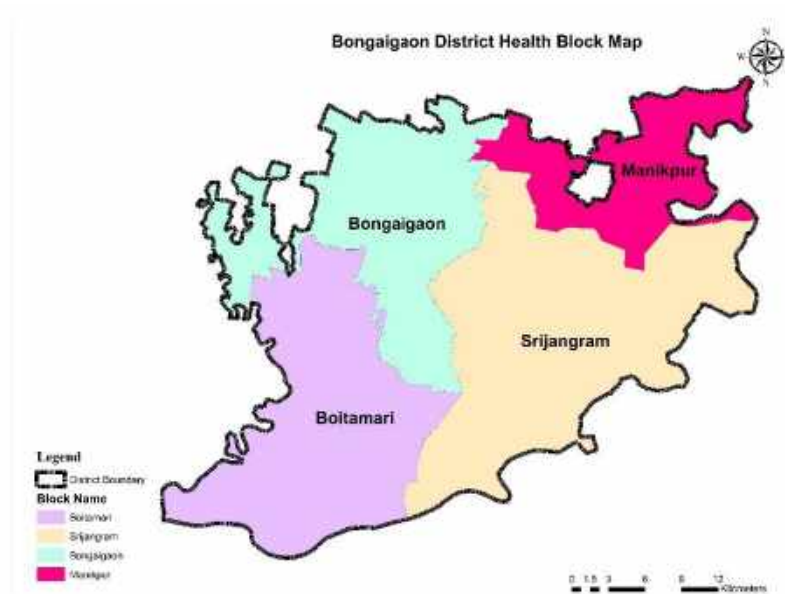


Figure 1: Bongaigaon district health block map

The study strives to rate the healthcare facilities holistically on the five dimensions, and thereby generate key learning for addressing the gaps identified as a part of the analysis. The outcome of the study is to promote short, medium, and long-term action-oriented integrated district health plan for the resilience building of the healthcare facilities.

The HDRA dimensions, parameters, and indicators were modified for healthcare facilities from the School Disaster Resilience Assessment (SDRA) framework, and are listed below (Table 1 & 2).

Table 1: Dimensions and parameters of HDRA

Dimensions	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Parameters	Healthcare buildings	Doctors, nurses, & staff	Planning	Collaboration	Severity of natural hazards
	Facilities & equipment	Manpower management	Management	Relationship between healthcare centres & communities	Frequency of natural hazards
	Hygiene & environmental conditions	Community	Budget allocation	Fund mobilization	Surrounding environment

Table 2: Indicators of HDRA

Physical conditions Healthcare buildings: Maintenance & retrofitting; Age of the building; Demarcation of evacuation route & evacuation area; Quality of construction; Degree of damage to buildings Facilities & equipment (including access road to the buildings): Quality of inspection; Degree of damage to facilities & equipment; Availability of emergency facilities & equipment; Condition of repairing or renewing facilities & equipment immediately after a disaster; Availability of environmental protection Hygiene & environmental conditions: Frequency of environmental protection awareness programs; Checks on the handling of hazardous materials; Quality & safety of food; Quality of medical waste management system; Quality of WASH services
Human resources Doctors, nurses, & staff: Severity of the impact of the disaster; Degree of hazard/ disaster related awareness; Frequency of hazard/ disaster related training; Degree of participation in hazard/ disaster related training; Quality of sharing healthcare disaster management plan/ manual Manpower management: Absenteeism; Preparedness; Appointment; Staffing; Incentives Community: Frequency of hazard/ disaster related awareness meetings; Quality of hazard/ disaster related training; Degree of participation in the healthcare & disaster management activities; Quality of sharing healthcare disaster management plan/ manual; Quality of emergency notification system for early warning
Institutional conditions Planning: Availability of disaster management plan & integration with healthcare disaster management plan; Incorporation of hazard/ disaster related planning regulations/ SOPs in the healthcare centre; Space segregation in healthcare designing & planning; Role of relevant stakeholder in healthcare disaster management plan; Availability of alternate health centre Management: Managing early warning system; Dissemination of disaster/ hazard related information; Implementation of disaster management activities; Mass casualty management; Managing disaster management activities

Budget allocation: Budget for disaster management activities; Budget to collaborate with external agencies; Budget for repairing & renewing facilities & equipment; Budget for monitoring facilities & equipment; Budget for supporting community

Social relationships

Collaboration: Frequency of meetings with the health officials; Frequency of meetings with public organizations; Quality of intra & inter-health centre communication & dependency system; Notification of early warning system from the local government; Quality of collaboration with the local government

Relationship between the healthcare facilities & the communities: Distance of the health centre from the village; Distance of the health centre from the school/ community centre; Degree of participation of the health centre in CBDRM; Degree of support from community-based organizations/ NGOs; Degree of support from private agencies/ charitable organizations

Fund mobilization: Fund from national government; Fund from local government; Local fund from community people; Fund from other organizations; Mobilizing budget for disaster management activities

Natural conditions

Severity of natural hazards: Earthquake; Flood; River erosion; Landslides; Heat wave/ Storm

Frequency of natural hazards: Earthquake; Flood; River erosion; Landslides; Heat wave/ Storm

Surrounding environment: Risks around the healthcare centre; Distance of the healthcare centre from the water body; Distance of the healthcare centre from hazardous locations; Distance of the healthcare centre from the police/ fire station; Distance of the health centre from the major transportation terminals/ stops

Methodology

In Bongaigaon district, Assam, HDRA survey was conducted at the healthcare facilities in August and September 2022. The district has a total of 144 health centres (District Hospital, Model Hospitals, Community Health Centres, State Dispensaries, Block Primary Health Centres, Primary Health Centres, and Sub Centres¹) distributed in the four health blocks namely, Boitamari, Manikpur, Bongaigaon, and Srijangram (Figure 2).

¹ The Government is in the process of converting the SCs to HWC or Health and Wellness Centres due to which such facilities are receiving revised funding and undergoing renovations. Health centres with attached sub centres are considered as one unit for this study.

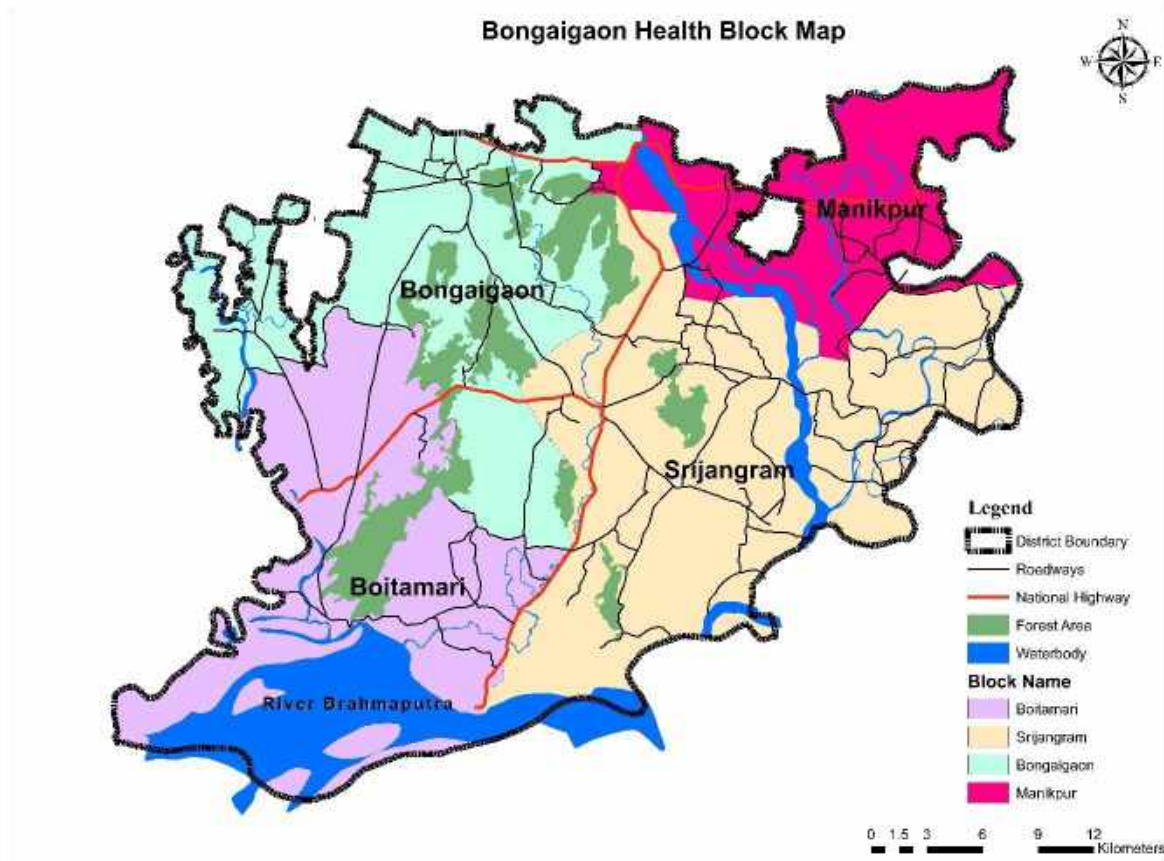


Figure 2: Bongaigaon district health block map showing geographical features

The methodology for the current study was adopted from the School Disaster Resilience Assessment (SDRA) framework. The analysis method is similar to the analysis of the Climate Disaster Resilience Index (CDRI). The detailed methodology (Figure 3) and steps of the analysis are given below.

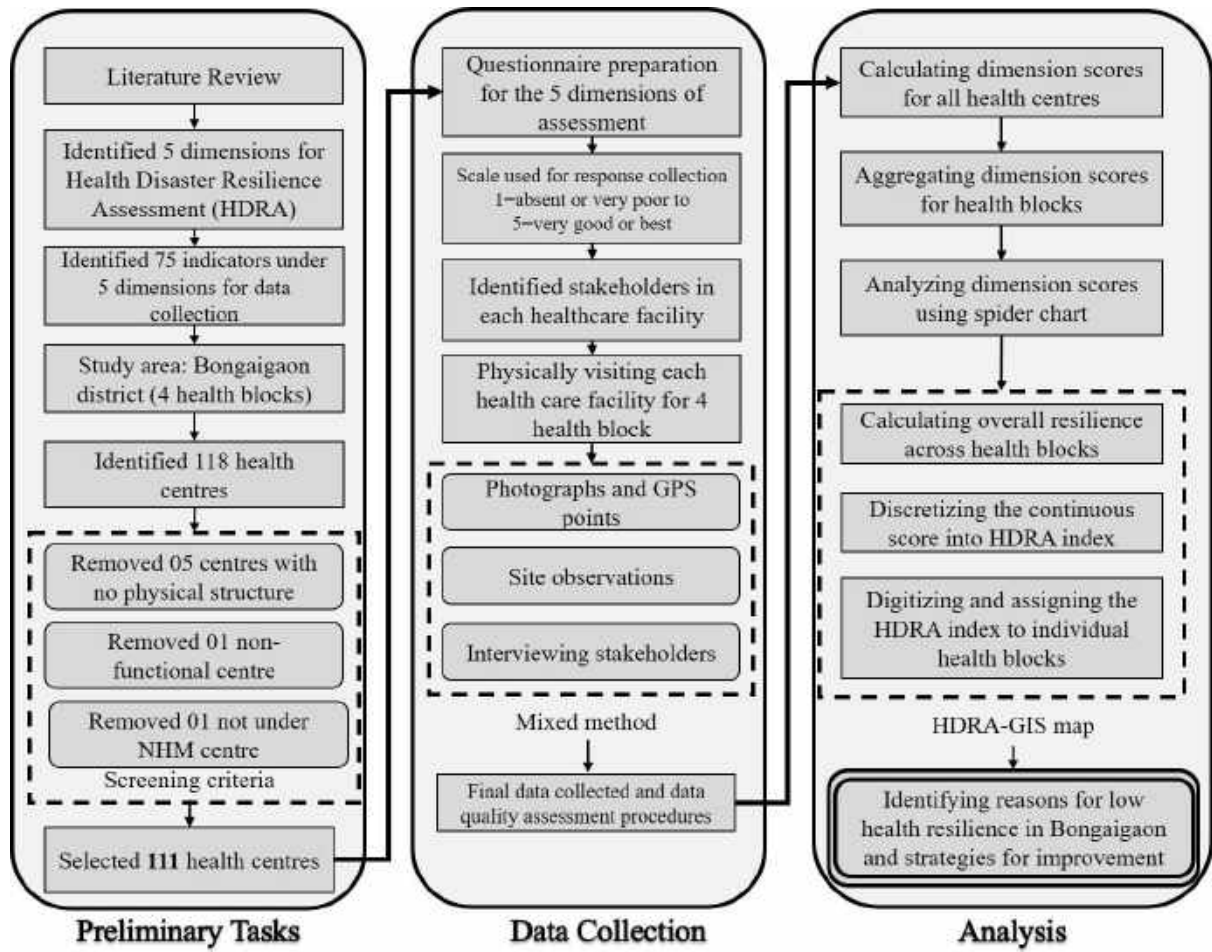


Figure 3: Methodology

- Analysis Step 1: Each of the indicators was scored (x_1, x_2, x_3, x_4, x_5) from 1 to 5 based on the scale shown below.

Score	1	2	3	4	5
Description	Not present or very poor	Poor	Moderate	Good	Very good or best

- Analysis Step 2: The average of each of the five indicators under each parameter (as per the equation below) gave the score for each of the parameter ($S_{Parameter}^1, S_{Parameter}^2, S_{Parameter}^3$).

$$\frac{x_1 + x_2 + x_3 + x_4 + x_5}{5}$$

- Analysis Step 3: The average of each of the three parameters under each dimension (as per the equation below) gave the HDRA score for each of the dimension ($S_{Dimension}^1, S_{Dimension}^2, S_{Dimension}^3, S_{Dimension}^4, S_{Dimension}^5$).

$$\frac{S_{Parameter}^1 + S_{Parameter}^2 + S_{Parameter}^3}{3}$$

Process for conducting HDRA

Firstly, the surveyors explained the concept of HDRA to the NHM officers and health centre incharges for enhancing their understanding on the topic. To conduct HDRA survey, the developed questionnaire was shared in-person with the respective health centre incharges and any accompanying staff. The questionnaire was filled on-spot based on the interaction carried out at each of the facilities and was used to provide the results of descriptive analysis. The scores and the spider charts thus developed for each centre served as the basis for formulating the action-points which can be a guideline for implementation by the authorities in a later stage.

The scores and the spider charts depicted the dimensions associated with higher and lower resilience but did not necessarily show the local context and background information of each centre. To better understand and identify the factors that cause higher/ lower degree of resilience, qualitative analysis of each centre was done led by the team of surveyors along with NHM officers who were well acquainted with the existing situation. This process was useful to identify specific strengths and weaknesses of each centre and to formulate how a particular centre can utilize their strengths and reduce the weaknesses.

Recommendations to improve health disaster resilience at district level

Based on the responses to the questionnaire provided, the key findings that need interventions at the district level are listed below:

Short-term recommendations (Upto 2 years)

Physical
<ul style="list-style-type: none"> • Management of critical infrastructure: Promptly lay down and promote action plans to support and enhance critical infrastructures in and around the centre. For example, to enhance accessibility and ensure that health critical infrastructures are never cut off from public use during a disaster, there is a need to establish and maintain all-weather roads to health centres along with having in place robust operation & maintenance mechanism for prompt response and restoration in case of any disruption. These measures could also be implemented by leveraging various existing schemes and associated financial resources earmarked in the central and state budget such as those for Gram Sadak Yojana. Similarly, actions need to be undertaken to strengthen the physical resilience of structural and non-structural elements (such as boundary wall, walls, flooring, roof, etc. amidst others) of the health centres to multiple hazards including the frequent ones such as floods, strong winds, etc. • Maintenance of basic services in health centres: There should be proper upkeep and regular maintenance of basic services such as drainage system of the health centres. This could be done by promoting quick assessment and mapping of critical infrastructural challenges across health centres and promoting fast track SOPs/plans for prompt resolution and redressal. • Waste management planning: Interventions and improvement in solid waste management practices should be prioritized at all the health centres. This could be done by promoting common platforms for the upkeep of waste management registers and other facilities. Medical/ chemical wastes are foreseeable by products from a health centre hence policy guidelines/SOPs should be in place to address their safe collection, handling and disposal. This should be done to both redress any complaints on hygiene and also to proactively prevent any potential occurrence of public health risks in and around the health centres. • Proper earmarking and display of emergency signages: Emergency exists, evacuation routes and assembly areas within the health centres needs to be properly identified along with display of other emergency signages.
Human Resources
<ul style="list-style-type: none"> • Employee training and capacity building: Under this, block level training for all staff on DRM and resilience building should be undertaken along with subsequent refresher training/course at regular periods. It may be reviewed every year for the newly recruited staff. Further, key focus of capacity building activities should be on the development of routine and emergency SOPs and protocols for human resources along with ensuring that each of them are duly aware, trained and equipped to perform their respective envisaged roles and responsibilities. • Assessing needs for and undertaking specialised training: Need for different specialised trainings and skills may be assessed periodically at various levels (district, block, health centres, etc.). For example, it is felt that officials and staff of

district and sub-district hospitals should be duly trained on mass casualty management and hospital safety.

- **Community awareness promotion:** It is essential to undertake awareness campaigns to increase household level preparedness and capacities for DRM. This could be further undertaken by the employees to support community resilience. Besides, close engagement of staff of health centres in such awareness generation and community mobilisation activities will help enhance the trust of community along with advancing their participation and ownership in addressing public health and other risks prevalent in the area.

Institutional

- **Formulation of Disaster Risk Management Team (DRMT):** The DRMT needs to be formulated at each health centre and given proper training to undertake DRM activities. The team would be responsible for the planning, management, and budgeting of the different DRM measures at the health centre. The team should be led by incharge/ head of respective health centres. The team will ensure laying down emergency SOPs, training the staff on the same and conducting periodic mock drills for testing and improving the laid down SOPs. It is recommended that local authorities including the Disaster Management/Emergency Officer from respective district/block, nearest Police Post, nearest Fire Services, trained volunteers, etc. are also involved in such exercises. This would strengthen the inter-department coordination for effective and timely response and better management of prevalent risks.
- **Mapping of alternate health centre:** There have been cases of shutdown of health centres during disasters such as flooding. While this should be minimized through effective planning and making the health centres more disaster resilient (as mentioned earlier), such instances result in the poor delivery/disruption in healthcare services. Therefore, it is essential that alternate safe buildings and locations are identified which can quickly be repurposed as health centres for ensuring continuity of services during disasters where health centre itself has been (or is likely to be) affected. A database (in GIS format) may be developed identifying these secondary centres along with details highlighting their capability for functioning, in case the primary centre fails.
- **Effective risk communication mechanisms:** Establish robust communication platforms/ groups for ensuring a continuous flow of knowledge and prompt dissemination of early warning and alerts, example, via WhatsApp groups. Significant outreach activities and programmes needs to be undertaken to popularize these communication channels through interactive events/ campaigns. Communication should be established for both intra-NHM coordination (i.e. within the NHM officials and staff of health centres) and for two-way communication of respective health centre with local authorities and local communities including population at risk, local volunteers, etc.
- **Intergovernmental liaison:** This primarily include having in place a mechanism for receiving timely early warning and alerts from the Bhutan governmental agencies regarding the release of excess water which cause rise in flood level and affect various centres downstream.

Social

- **Stakeholder mapping and management:** Identification, mapping, and connecting to various NGOs, private organisations, community groups, and other stakeholders in the region is a critical step for nurturing social relationships for resilience building.

Thus, a database containing the contacts of these stakeholder organization needs to be developed along with establishing a network of the same. The network, so formed can be utilised for collaboratively mapping the local public health and other risks faced by the community, bottlenecks in addressing the same along with using such platform for devising local and innovative solutions to these challenges and raising alternate financial resources required for sustaining such community-based and community-driven solutions.

- **Partnering and pooling of resources for mutual support:** It is recommended that health centres take efforts in identifying and mapping resources available with other nearby private health facilities including duly certified/registered hospitals, clinics, blood banks, ambulance services, diagnostic centres, pharmacies, etc. and enter into agreements/ understanding on resource sharing/ mobilisation, particularly during disasters and events of mass casualties overwhelming their respective individual capacities.

Natural

- **Vulnerability and risk mapping:** There is a need to map existing and emerging risks including the public health risks at the local level (such as accidents, fire incidents, drowning, snake bites, dog bites, water logging resulting in vector borne diseases, heat stress, etc.) for which respective health centres should be prepared for. Besides, it is critical to identify the health centres which are exposed and vulnerable to these risks. GIS and remote sensing tools and techniques along with participatory field-based mapping exercises can be very useful in this regard. These maps should be clearly displayed at respective health centres and their DRM planning and SOPs should be duly informed by the same.
- **Better compliance of safety and environmental laws:** This involves stricter implementation and monitoring of safety and environmental laws such as Biomedical Waste Management Rules, at all centres in the district Teams should be trained to better understand and effectively comply with the laid down laws and associated rules.
- **Documentation and disaster reporting:** A robust means of documenting and reporting the disaster events including the near missed ones is critical to understanding risks and drawing lessons for future. This also includes mapping of how these have impacted the health centres, their infrastructure, staff, resources and assets along with any cases of cascading or compounding risks overwhelming the functioning of health centres and challenges/lessons learnt while managing them.

Medium-term recommendations (2 to 5 years)

Physical
<ul style="list-style-type: none"> • Audits and evaluations: A critical aspect of ensuring disaster resilience of health centres is having in place a mechanism for periodic audits and assessments of these centres and other associated critical infrastructure. These should include audits and assessments of both the structural and non-structural aspects along with assessing the vulnerability of the linkages in these connected critical systems. These should be supported by laying down standard checklists by respective experts and technicians. • Renewable energy investment plans: This involves investing in improving the infrastructural capacity for reducing interruptions and minimizing disruptions in essential services like electricity and water in the health centres. This could be done by incorporating promotion and installation of renewable and alternate sources of power and water supply such as installation of solar lights in most health centres. Adequate promotion of Zero Emission Buildings (ZEBs) for health centres can be envisioned in the long run.
Human Resources
<ul style="list-style-type: none"> • Capacity building for management of complex risk scenarios: Although an ongoing process, capacity building can be initiated through training and developing a basic understanding on risk reduction approaches for the staff. Development of high-quality training and learning material should be undertaken during this phase. Scenario-based learning should also be undertaken in this phase for building the understanding and capacities of the staff for management of complex risks such as floods and pandemics, earthquake and chemical accidents, etc. • Community-centric resilience planning: Under this, developing 5-year action plan for building community resilience against the identified risks including the public health ones. Such planning should include targeted measures for vulnerable groups such as women, children, elderly, specially-abled, etc.
Institutional
<ul style="list-style-type: none"> • Integration of DRR and healthcare planning: Guided by the global frameworks and principles such as Bangkok Principles, HEDRM and national guidelines on hospital safety, mass casualty management, etc. strong policy actions should be undertaken to ensure a two-way integration of DRR and healthcare planning and strategies. There can be integration of ongoing disease surveillance programmes with the Emergency Operation Centre and existing early warning systems can be added for early identification and prompt action of multi-hazard risks in a collaborative manner.
Social
<ul style="list-style-type: none"> • Mid-term action plan formulation: Formulating mid-term detailed action plans and linkages on disaster resilience and capacity building by focusing on key affected communities in collaboration with the NGOs and other stakeholders. There can be integration with the community development aspect with some community-based contract jobs. Effective mapping of stakeholder network which should be further strengthened through joint training and activities. • Diversifying funding options: Investments by local private sector and philanthropic organisations should be explored and promoted for financing the planned and identified DRR and resilience building measures along with provisioning of better facilities at the centre.

Natural

- **Eco-sensitive planning:** This involves formulating an eco-sensitive development, land use plan for health centres to improve resilience. This includes awareness on building bye laws for new construction inside the centre premises.
- **Knowledge on new risks:** Imparting knowledge on the prevention of creation of new risks or mitigation of existing ones.
- **Awareness on natural hazards:** There is a need to intensify activities to continuously motivate and educate the stakeholders through effective programs on resilience of healthcare system. Local government should collaborate to raise the awareness of stakeholders through regular meetings with health centres, households, establishments, industries, elected representatives' municipal functionaries, media, etc.

Long-term recommendations (More than 5 years)

Physical
<ul style="list-style-type: none"> • Promotion of disaster resilient infrastructure: Formulating vision document focused on disaster resilient infrastructure planning, construction and management. Such a vision document should ensure that all future health centres are established in due consideration of the local risk profile and constructed and managed using the principles and practices of disaster resilience; making use of traditional and emerging technologies and innovation in the field. This would necessitate a closer coordination and cooperation among varied departments and agencies of the state and would call for robust strategy for capacity building of each of these stakeholders to achieve the envisaged goal.
Human Resources
<ul style="list-style-type: none"> • Human resource policy for DRM: Formulating a DRM policy/ plan/ clause under human resource management guidelines is an essential aspect in the long term. This will involve the rights, the duties, and the compensations for all the staff involved with clearly identified roles of staff during disaster. • Knowledge management: There should be an established core scientific committee at state/district level which will keep a track of both the recent advances in medical science field as well as the DRM field. Such a committee serves the dual purpose of constructive criticism as well as ‘way forward’ resolutions for the public health planning domain.
Institutional
<ul style="list-style-type: none"> • Institutional policy plan for DRM: Formulating a disaster resilience plan for the role identification planning, management, and budgeting on institutional resilience focusing on areas such as spaces allocation, plan integration, and so on. This would further cover the phase wise distribution of action items and so on. • Integration of healthcare and DRM strategies: Policy level changes could be undertaken for system improvement related to integration of healthcare and DRM strategies and planning across all levels. This also involves identifying individuals from the field/ domain who will champion the cause of integrating healthcare and DRM projects. • Institutional mechanism for DRM: Ensure having in place robust and well-integrated (horizontally and vertically) institutional mechanism for disaster risk management at all levels. This would include identification of nodal officers for DRM within the state and district departments of health and associated health centres; laying down of actionable DRM plan/SOPs for each of these departments and centres; earmarking of financial resources for implementation of laid down plans and SOPs.
Social
<ul style="list-style-type: none"> • Multi-stakeholder vision document: Formulating a comprehensive workplan focusing on the key stakeholders and the opportunities thereof. This is essential as there is a need to intensify activities so as to continuously motivate and educate the stakeholders through effective programs. • Cooperative initiatives with stakeholders: Yearly meeting of stakeholders could be organized at state level for motivating funding opportunities through CSR, NGOs etc. in exchange of services by NHM led health centres in local areas. • Risk insurance: Design and promote innovative risk insurance schemes to cover multi-hazards aspects in health centres located at high-risk areas.

Natural

- **Investing in nature-based and hybrid measures for mitigation and adaptation:** This involves identifying appropriate mitigation and adaptation measures for strengthening the overall resilience of health centres. Due to nature of these nature-based and hybrid measures, these will call for multi-department and multi-sectoral coordination for their effective implementation. These may include constructing protective infrastructure such as embankments, bamboo and mangrove plantations, greening, etc. These will be critical in safeguarding and preventing/mitigating adverse impacts to health centres and its functioning.

Analysis of the five dimensions at the health block level

Physical Resilience

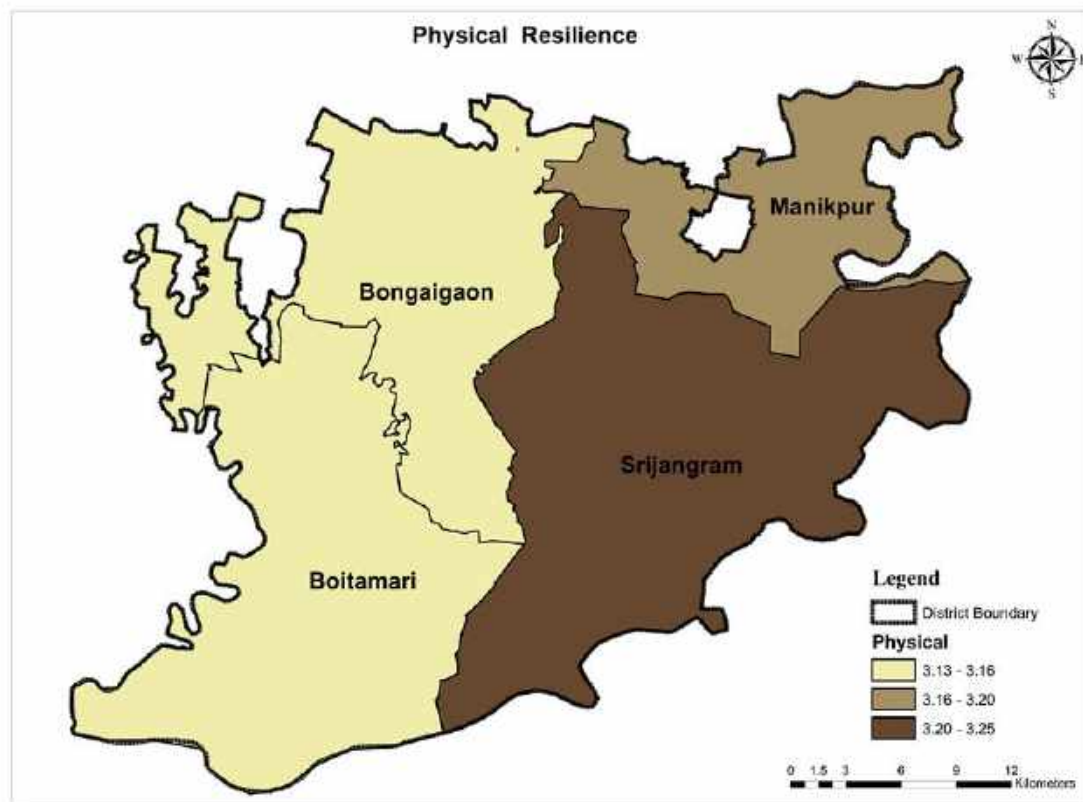


Figure 4: Gradation of physical resilience at the health block level

In the case of physical resilience, the resilience levels distribute homogenously among the blocks, with all of them receiving fair scores of above 3 (Figure 4). Srijangram block received the highest in the category with a total score of 3.25 out of 5, followed by Manikpur (3.16), Boitamari (3.15), and Bongaigaon (3.13). Some key conditions help in the improved performances of the block in terms of physical resilience. One of them is the availability of the constant funding support for the infrastructural upkeep and maintenance. While there have been reports of funding shortages, most of them have a proper physical structure, of confined masonry type, which is resilient. Secondly, there is a widespread waste management practice available for the health centres, with them performing segregation and management practices across the blocks.

However, certain key factors have deterred their scores to be outstanding. One of them is the lack of planning in relation to the facilities and equipment. The centres surveyed did not have a proper planning, in terms of road facilities, electricity backup/ renewable energy and emergency equipment such as fire extinguishers for various hazards. Further, there has been poor reporting of performances in terms of water, and sanitation facilities, which is significant as it can improve their capacity during hazards, since they function as critical infrastructures. This is more significant in sub centres, which prevent them from achieving high scores. There is a gap in terms of comprehending facilities and equipment, which are significant for resilience.

Human Resource Resilience

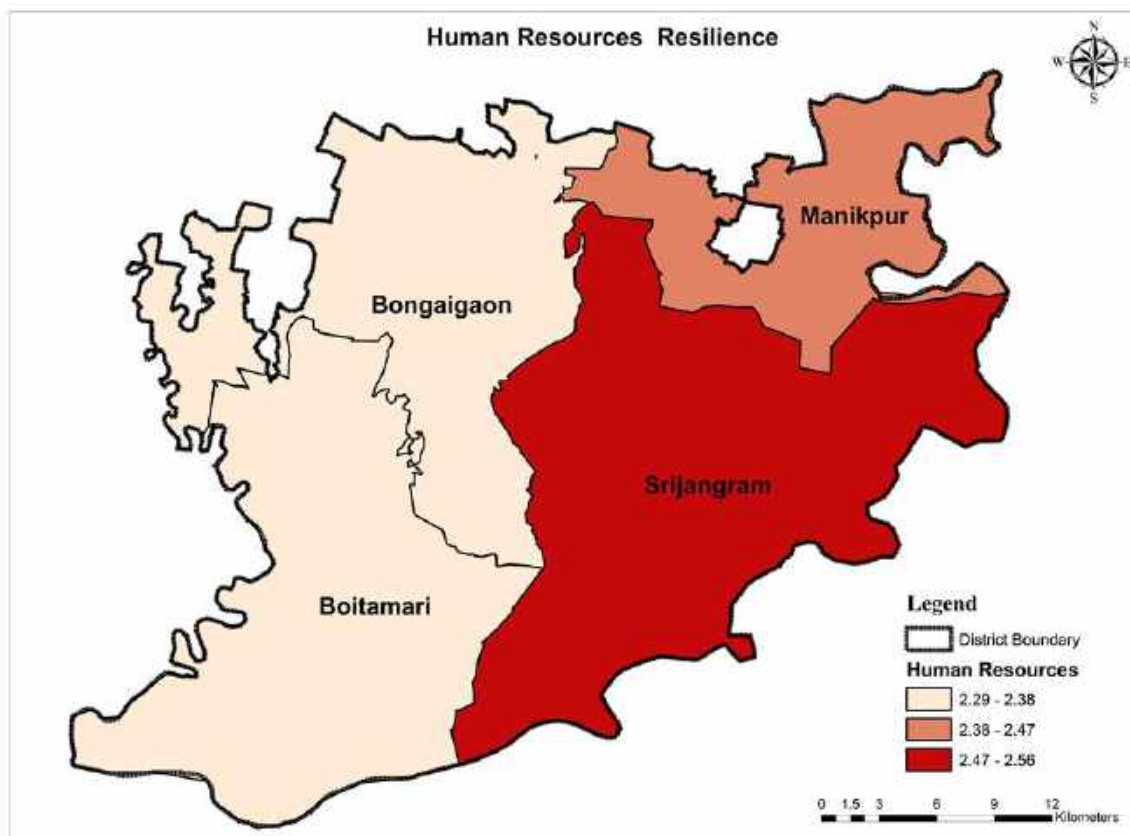


Figure 5: Gradation of human resource resilience at the health block level

The human resources resilience is fairly poor in comparison, with all of them having a low score below 3 (Figure 5). While Srijangram block received the highest in the category with a total score of 2.56 out of 5, Boitamari, Manikpur, and Bongaigaon received scores of 2.35, 2.44, and 2.29 respectively. The low performances have been influenced by key underlying risk factors. One of them is the lack of unavailability of training in relation to DRM from government or private agencies, as reported by the staffs. Besides, the awareness of DRM has been low, even though, these centres such as Pachania MPHC and SC of Srijangram block, Kharija Dolaigaon SC of Bongaigaon block, to name a few, are in flood and landslide risk zones. Besides, there is a lack of hazard/ disaster related awareness meetings of the community with the health centre incharge, which showcases poor information sharing, considering the workforce is a critical element.

However, certain key factors have been positive in this regard. One of them is the lack of absenteeism amongst the staff members, which is a significant factor in relation to continuing service delivery, especially at the time of crisis. Further, there has been less severity of hazards on the workforce, which regulates the resilience scores. However, various other critical aspects such as absence/ poor staff training in DRM have proved detrimental for the resilience of the human resources. In conclusion, it is essential that the gap in the human resources be resolved by formulating key intervention strategies to equip human resources, who are a critical asset, in this regard.

Institutional Resilience

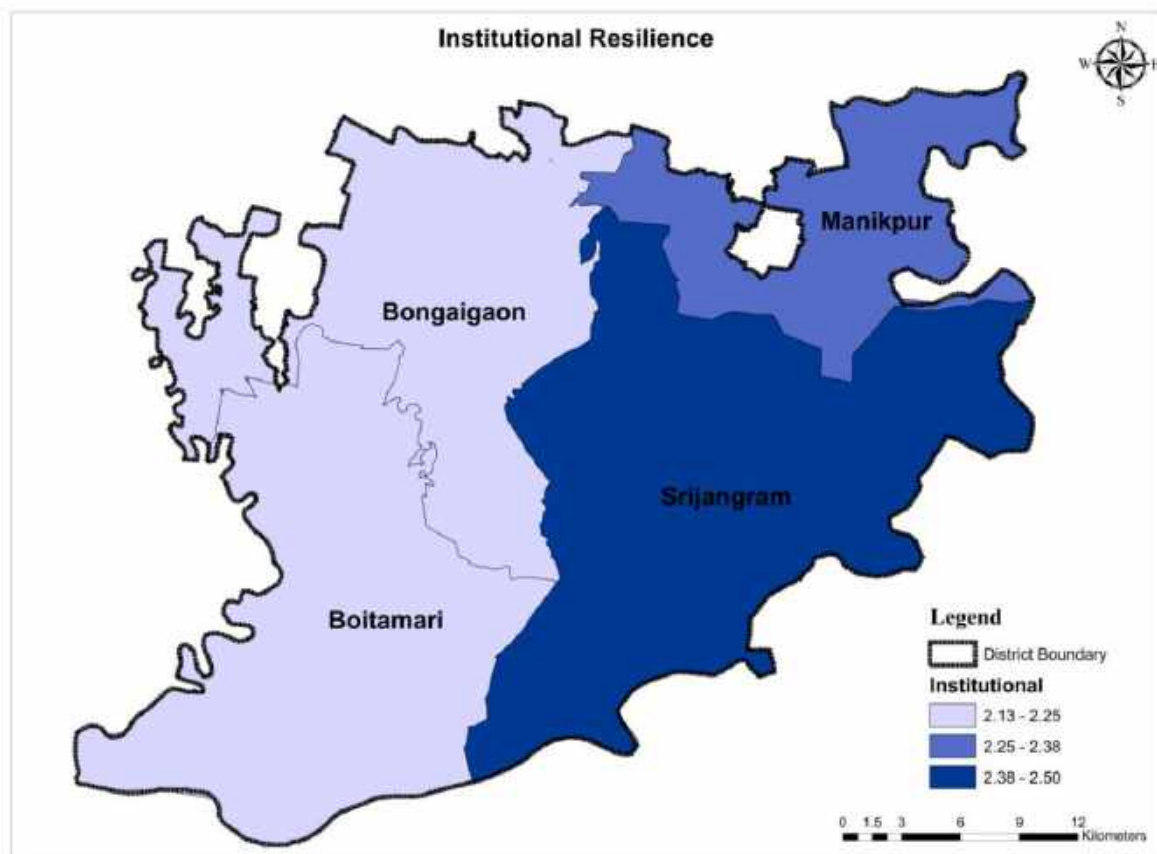


Figure 6: Gradation of institutional resilience at the health block level

The institutional resilience has reported poor performances, with a low score below 3 across the district (Figure 6). While Srijangram block received the highest in the category with a total score of 2.5 out of 5, Boitamari, Manikpur, and Bongaigaon received scores of 2.21, 2.32, and 2.13 respectively. The low performances have been influenced by key underlying risk factors. The three key sub-dimensions of planning, management, and budget allocation did not have much to offer in terms of DRM. The centres have reported a poor performance in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills. Further, when tracing the budget allocation, it was reported that there is no allocation for DRM and no provision of budget for safety appliances like fire extinguishers, etc.

However, certain key factors have been positive in this regard. One of them is the space segregation in healthcare designing and planning, which involves demarcated spaces for various centre operations, especially during the peak COVID-19 and flood periods. Further, there has been specific budget allocation for repairing works, which is commendable. It is essential that the gap in the institutional resilience be resolved by formulating key intervention strategies to equip in the planning, management, and the budget allocation in the resilience building with a focus on DRM, hand-in-hand with public health.

Social Resilience

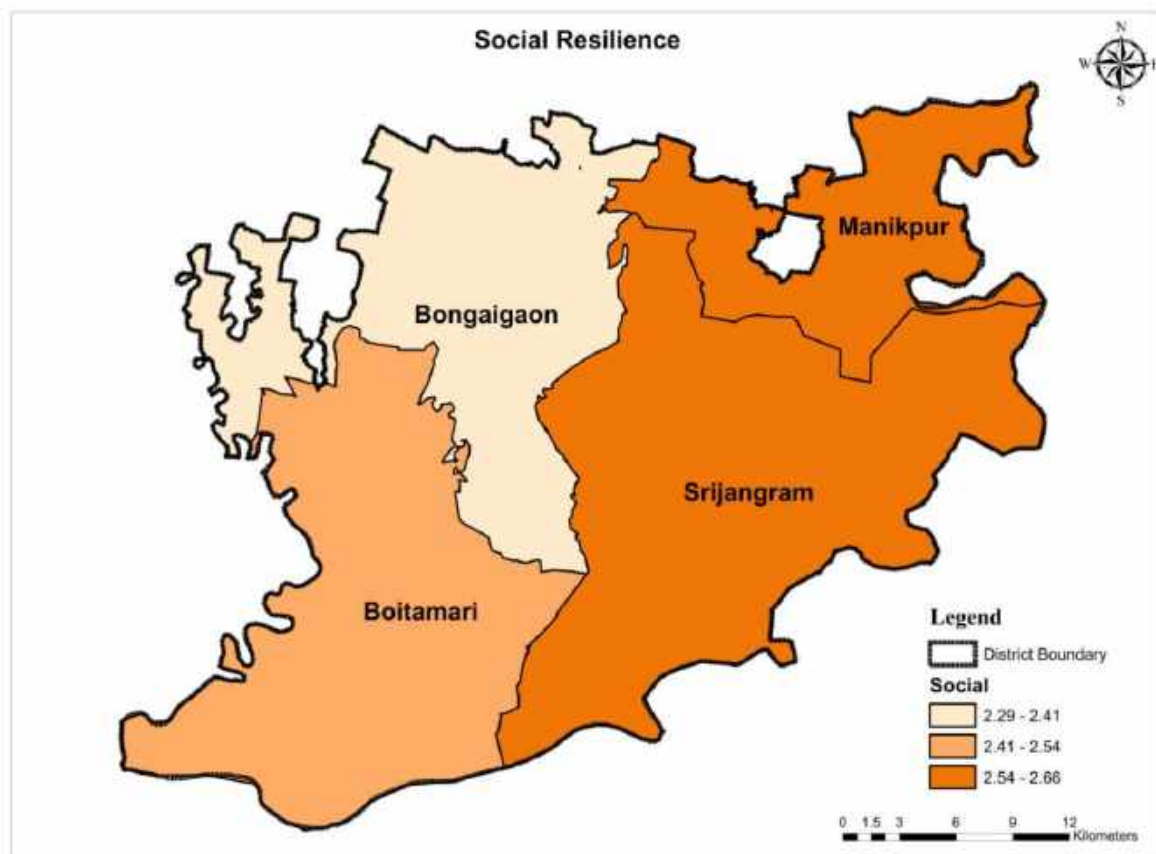


Figure 7: Gradation of social resilience at the health block level

In terms of social resilience level, there has been average to poor performance, with the blocks scoring below 3 across the district (Figure 7). The Srijangram block received the highest in the category with a total score of 2.66 out of 5, followed by Boitamari, Manikpur, and Bongaigaon with scores of 2.51, 2.55, and 2.29 respectively. The performances have been influenced by key underlying risk factors. A key finding is that there are significant linkages between the health centres and the government systems related to health. This includes the NHM, state government mechanisms, and so on. Government organizations form the major financial support for the centres by promoting funding every year in the form of untied fund, alongside promoting key interventions.

However, the centres are over dependent on this funding, and do not incorporate opportunities to collaborate with the NGOs, community groups, or private institutions in this regard. This is significant as many major foundations have been doing their works in the region, with good opportunities to have better collaborations, such as Piramal Foundation partnerships in Assam. Further, there is a scope for engaging with communities for community-based DRM activities and public health awareness, such as utilizing self-help groups such as Marwari Yuva Mancha for undertaking resilience related activities. To promote effective resilience, it is essential that the gap in the social relationships, especially in diverse funding strategies be undertaken by formulating key intervention strategies to equip in the collaboration, fund mobilization, etc. in the resilience building with a focus on DRM.

Natural Resilience

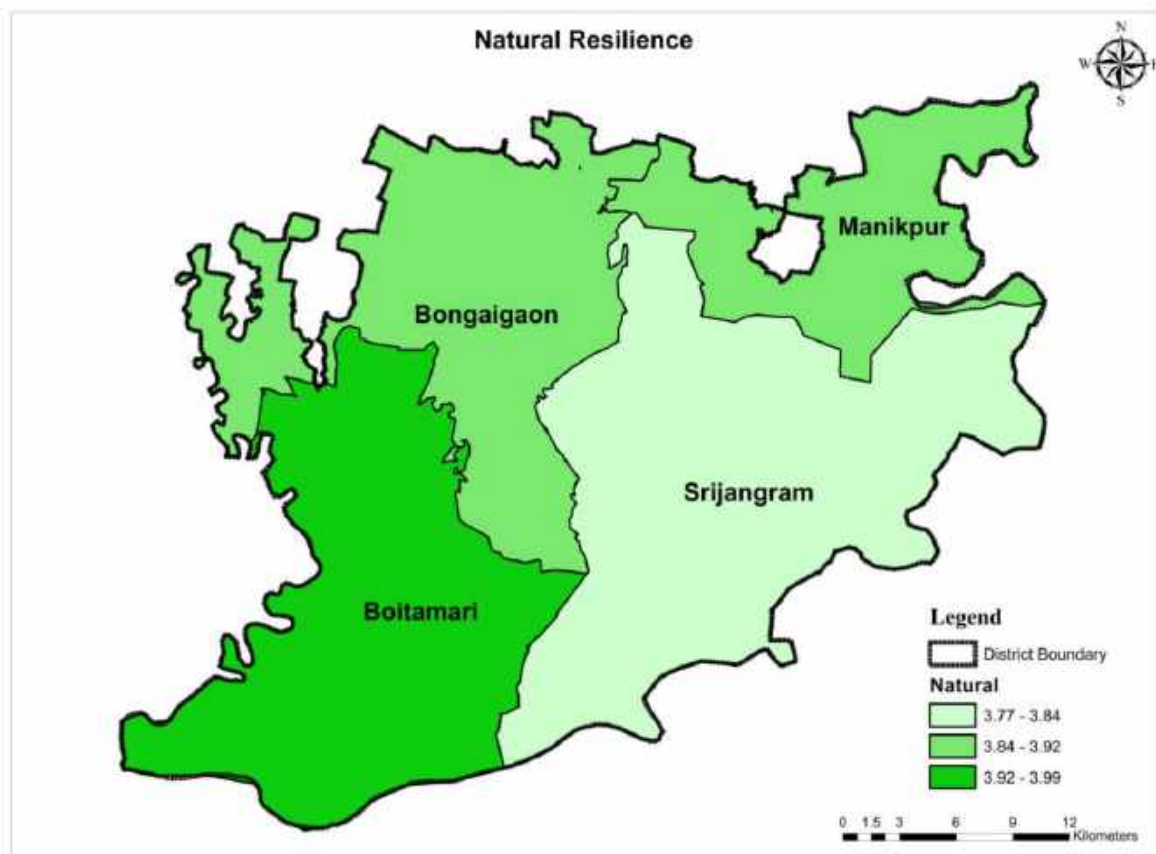


Figure 8: Gradation of natural resilience at the health block level

In terms of natural resilience level, there have been significantly good performances, with the four blocks scoring above 3 across the district (Figure 8). The Boitamari block received the highest in the category with a total score of 3.99 out of 5, followed by Manikpur, Bongaigaon, and Srijangram with scores of 3.90, 3.88, and 3.77 respectively. The blocks fare well in the analysis of multiple hazard vulnerability of Bongaigaon, Assam. The study focused on 5 major hazards (floods, earthquake, river erosion, landslides, heat waves/storms), and focused on their severity and frequency. The analysis reveals that the health centres have an overall good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.

However, centres such as Pachania MPHC and SC of Srijangram, Kharija Dolaigaon SC of Bongaigaon block, to name a few, are in flood and landslide prone zones. But the severity has been minimal to the region, as the centres have not been completely damaged by the natural forces. So, it is safe to say that there is a frequency, but the severity helps in the improved resilience scores. However, this is a temporary condition, and the health centres can face issues, as the frequency and severity of hazards are increasing globally, and require immediate assistance. To promote effective resilience, it is essential that specific measures be advocated to address the natural challenges, in the resilience building with a focus on DRM.

Overall Resilience

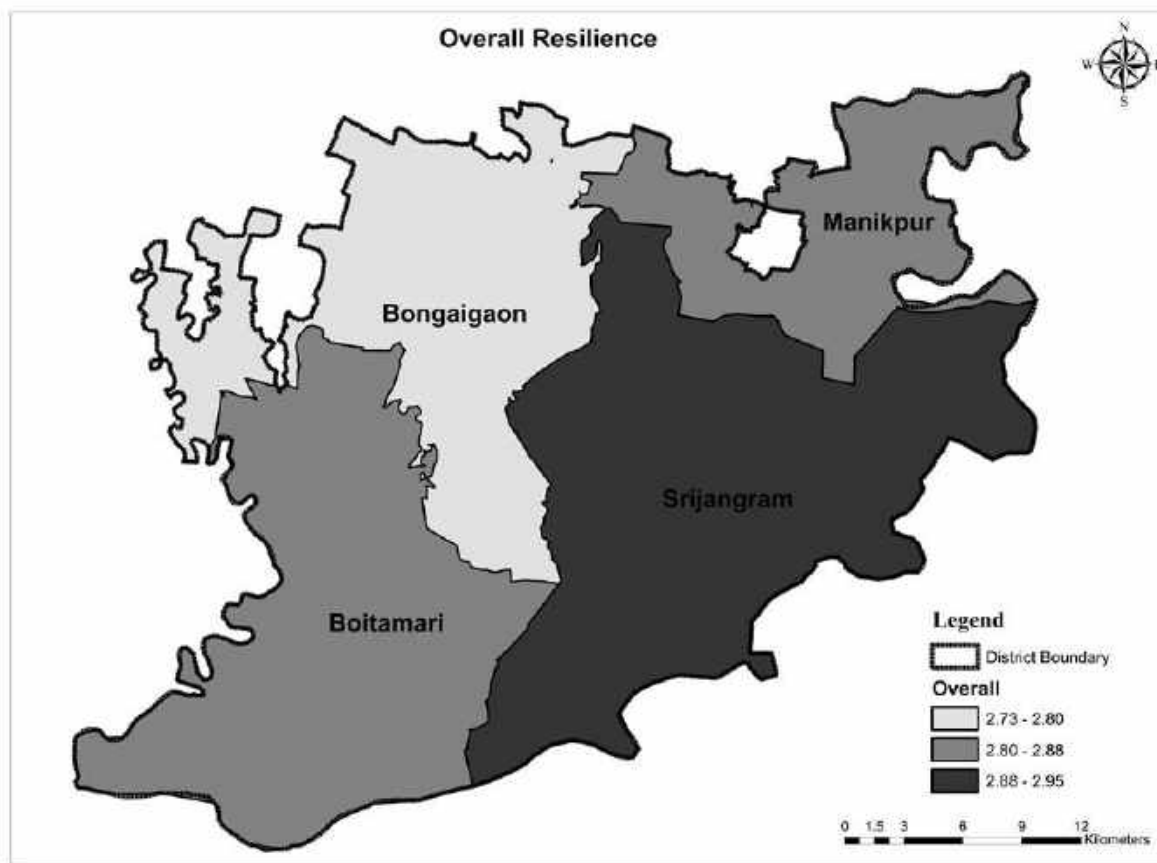


Figure 9: Gradation of overall resilience at the health block level

In terms of overall level of resilience, there have been average performances, with the four blocks scoring close to 3 across the district (Figure 9). The Srijangram block received the highest in the category with a total score of 2.95 out of 5, followed by Manikpur, Boitamari, and Bongaigaon with scores of 2.87, 2.81, and 2.73 respectively. While the physical and natural resilience has been good for the blocks, it has been noted that there is a poor performance in the social, institutional, and human resources related resilience. This is significant as the high scores in the natural and physical resilience can be challenged by poor performance in the social, institutional, and human resource conditions that focuses on the manpower, institutional planning, management, and so on.

For example, the lack of understanding in DRM related training, will couple with the rising hazard conditions in the global and regional context, as reported by IPCC (IPCC, 2022). This will further reduce the scoring as reported in the natural resilience, and thereby overall resilience. Similarly, the scores in physical resilience can be regulated by the poor institutional planning measures or social relationship measures. Therefore, it is essential that one focus on the overall resilience of the centres, giving equal weightage to all the dimensions.

HDRA of individual health centres

Boitamari Health Block

The Boitamari health block in Bongaigaon district consists of 22 health centres as shown in Figure 10 below. The detailed analysis of each of the centres is given in the upcoming section.

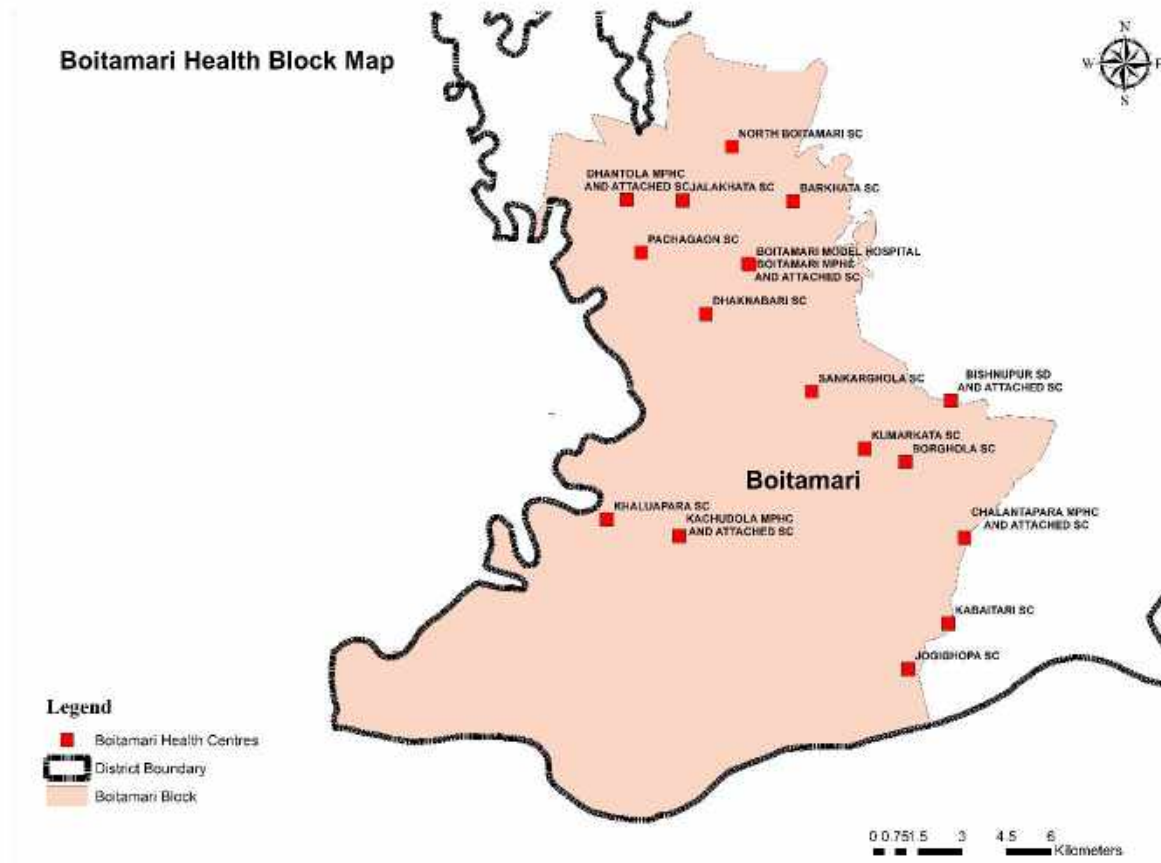


Figure 10: Boitamari health block map showing locations of the health centres

Boitamari BPHC & attached SC

Brief profile of the centre: Situated near the national highway 31, Boitamari Block Primary Health Centre and attached Sub Centre caters to the rural areas of Boitamari block, Bongaigaon. Its location is near to Boitamari Model Hospital which is a 50 bedded health centre.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.90	3.13	2.37	2.27	2.55	4.20

Strengths:

Well maintained quality of equipments and facilities

Low severity and frequency of disasters

Locational advantage with proximity to arterial roads

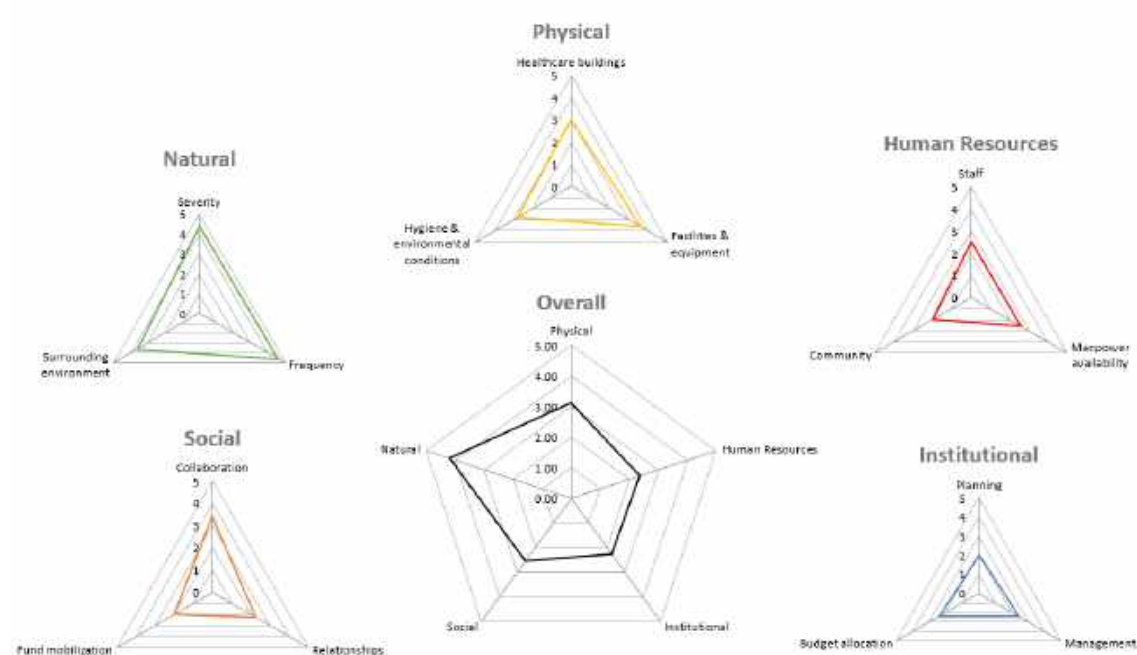
Weaknesses:

Lack of collaboration with NGOs and private organizations

Scope for improvement in fund mobilization

Lack of budget allocation for DRM related activities

Analysis result:



Physical conditions:

- The physical condition of the building is average. It is an old Ekra structure which requires regular maintenance.
- The building is without disability access provisions like ramps. Some load bearing structures in the centre are in poor conditions.
- The centre has moderate quality of WASH services along with visibly open drains.

Human resources:

- The staff are barely affected by disasters which allow them to deliver duties at full potential.
- The lack of capacity and awareness on DRM activities is prevalent in the centre.
- The staff have not been engaged in disseminating information about DRM to the community. However, they have engaged with the community to provide information on public health.

Institutional conditions:

- The centre demonstrates poor conditions with no integration of DRM and planning activities. Capacity for dissemination of early warning and disaster related awareness is moderate.
- Planning related to space management in case of contagious diseases is low. Separate testing zones for COVID-19, Tuberculosis, has not been demarcated.
- The centre does not have any specific budget allocated to collaborative work with stakeholders like NGOs, charitable organizations, etc. This reduces chances of organizing additional DRM or environmental campaigns.

Social relationships:

- There is a good inspection and management mechanism by national and state management, but falls behind in establishing connections with community based social undertakings.
- The centre has no collaboration with NGOs or Gram Panchayat for improvement of services.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The institution has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Boitamari Model Hospital

Brief profile of the centre: Situated near the national highway 31, Boitamari Model Hospital is a 50 bedded health centre that caters to the rural areas of Boitamari, Bongaigaon. It has received the Kayakalp award in the past for high levels of cleanliness, hygiene, and infection control.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.07	4	2.77	2.80	2.72	4.20

Strengths:

Good condition of healthcare building

Low severity and frequency of disasters

Good condition of facilities and equipments

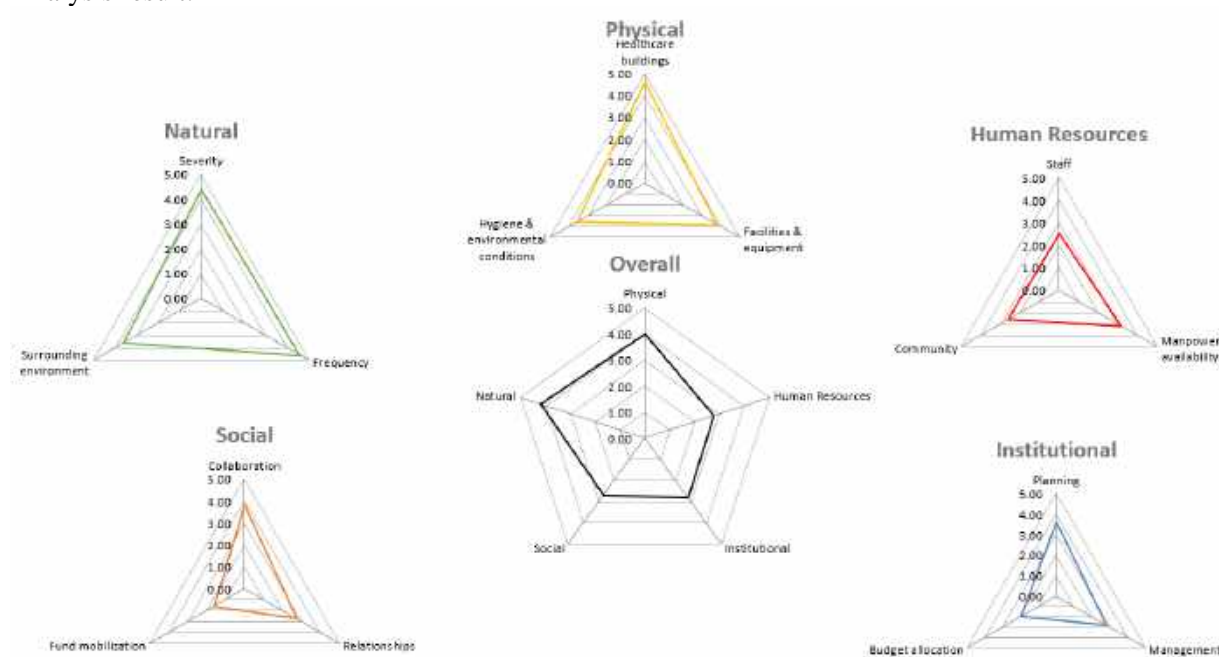
Weaknesses:

Scope for improvement in fund mobilization

Lack of budget allocation for DRM related activities

Capacity of staff to address DRM is low

Analysis result:



Physical conditions:

- The centre has a very high score in the building condition due to the new and well-maintained construction which has chances of minimal damage due to disasters. This is further complemented by the lack of disaster impact upon the institution.
- There is availability of wheelchairs, fire extinguishers, ramps, etc. However, no energy saving or water harvesting practices were observed. The building lacked proper ventilation and natural lighting.
- The hygiene and environmental conditions of the centre are moderate with some parts of the centre having open drains.

Human resources:

- The centre has a low score in human resources considering the lack of capacity and awareness on DRM activities. Staff occasionally are required to go for birth clinics and camps; however, they have not been engaged in disseminating information on DRM.
- Manpower management is moderate in the centre with low absenteeism and well-defined roles for staff but a shortage of cleaning staff was observed by the incharge.
- It has a low score on community-based awareness generation on disasters as most of the community meetings are targeted towards health and hygiene. Some leaflets distribution and discussion regarding WASH practices, COVID-19, was recorded.

Institutional conditions:

- The centre demonstrates moderate conditions with no integration of DRM and planning activities in hospital management. There is a gap in the DRM planning, as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- Only a fire extinguisher demonstration has been done in the centre and a mock drill was attended by one doctor more than 8 years ago. Despite being a centre that has good infrastructure, the staff has not received training on mass casualty management and implementation of other DRM activities.
- There is negligible budget allocated for collaborative work with NGOs, private organizations, etc. Considering the small budget assigned to facilities it was seen that there is absence of ICU despite being a major health centre in the area.

Social relationships:

- There is a good inspection and management mechanism by national and state management, but falls behind in establishing connections with community based social undertakings. The centre has almost a good level of collaboration with NGOs that occasionally provide support in form of materials like masks etc.
- Interaction of the health centre staff with communities has been strong with numerous camps like nine days camps for pregnant women. However, there is lack of financial support from local private organizations, local governments, and other agencies.
- The centre receives significant funding, and has been able to establish services such as emergency facilities, regular maintenance, and so on. There is a scope for strategizing funding from NGOs and other private sectors as it can enhance further resilience.

Natural conditions:

- The centre has a high score in resilience to hazards with considerably low frequency and severity. No flooding issues in or around the hospital were recorded from the recent past.
- There were some cases of snake bite that have been recorded by the staff. The cases are usually referred to district hospital due to the lack of ICU observation facilities.
- It is very near to the river which exposes the centre to flooding and erosion incidents in future. There was no history of hazards reported in the area, however, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:

Barkhata SC

Brief profile of the centre: Barkhata Sub Centre falls under the Boitamari BPHC sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.77	3.00	2.42	2.13	2.18	4.13

Strengths:

Low severity of disaster impacts

Low frequency of disaster events

Hygienic condition of the centre premises

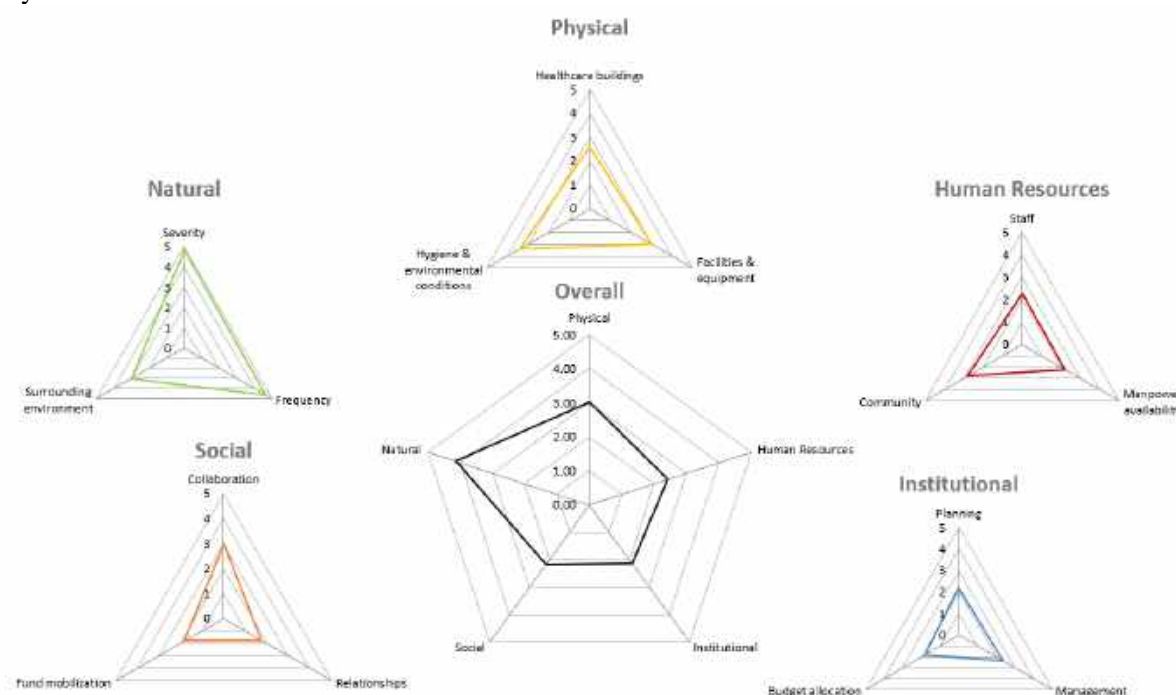
Weaknesses:

Lack of strong relationships with community

Fund mobilization is not efficient

Budget allocation not done for essential DRM activities

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the centre building is well maintained having a confined masonry structure.
- The centre has good waste management system, with three bins and pits for waste disposal.
- The centre has certain issues regarding connectivity, as the connecting road is narrow and damaged.

Human resources:

- It is reported that the staffs have not received any training related to DRM.
- Besides, the awareness of hazards and DRM is very low amongst the staff.

- The centre has reported shortage of ANM staff, and the officials suggested key issues managing the centre affecting the overall service delivery.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk-free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



North Boitamari SC

Brief profile of the centre: North Boitamari Sub Centre is currently under renovation and one room is functional. The staff carry out their duties from the field. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.92	3.27	2.22	2.20	2.65	4.27

Strengths:

Robust building construction

Low frequency and severity of hazards

Less proximity to hazardous sites

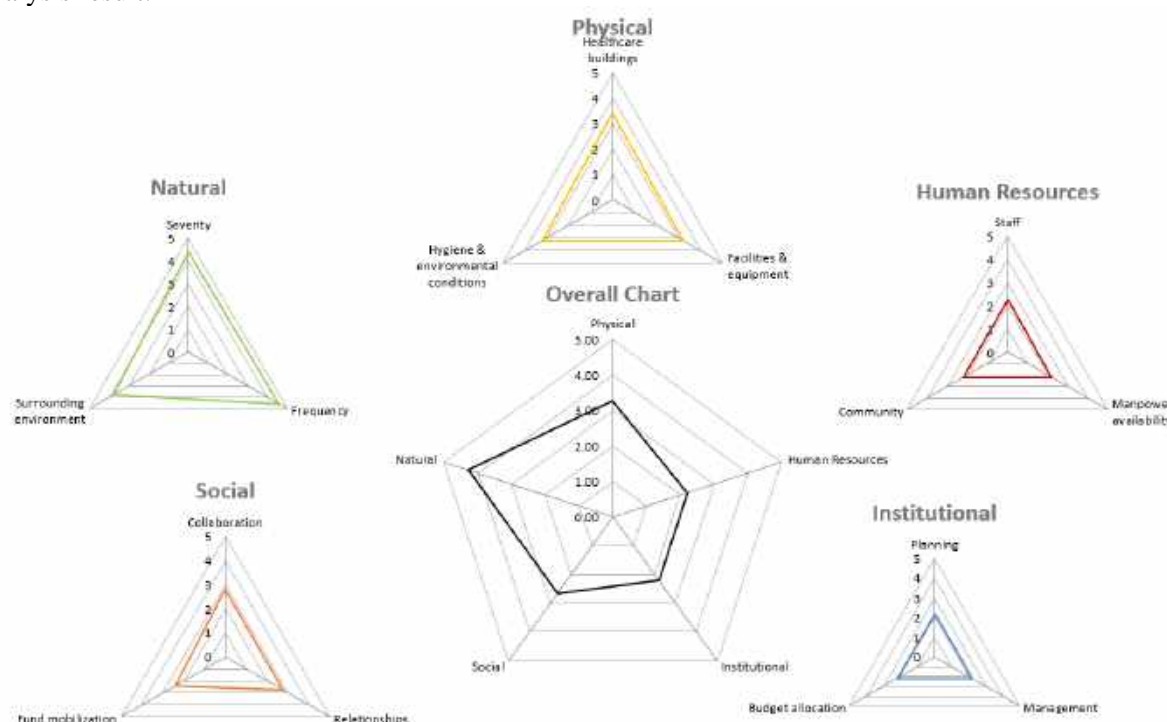
Weaknesses:

Low level of DRM related awareness and training

Staff shortage

Budget allocation for risk reduction is low

Analysis result:



Physical conditions:

- Since the centre is under renovation not much can be said about it. The construction is of confined masonry typology and appears to be robust visually.

Human resources:

- It is reported that the staffs have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.
- The centre suggested receiving no incentives as a part of the medical camps or other extra duties during disasters.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk-free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Dhaknabari SC

Brief profile of the centre: Dhaknabari Sub Centre falls under the Boitamari BPHC sector. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.61	2.67	2.28	2.27	2.25	3.60

Strengths:

Robust building construction

Maintaining transparency in the healthcare system with display of organogram and contact information

Low severity and frequency of disasters till date

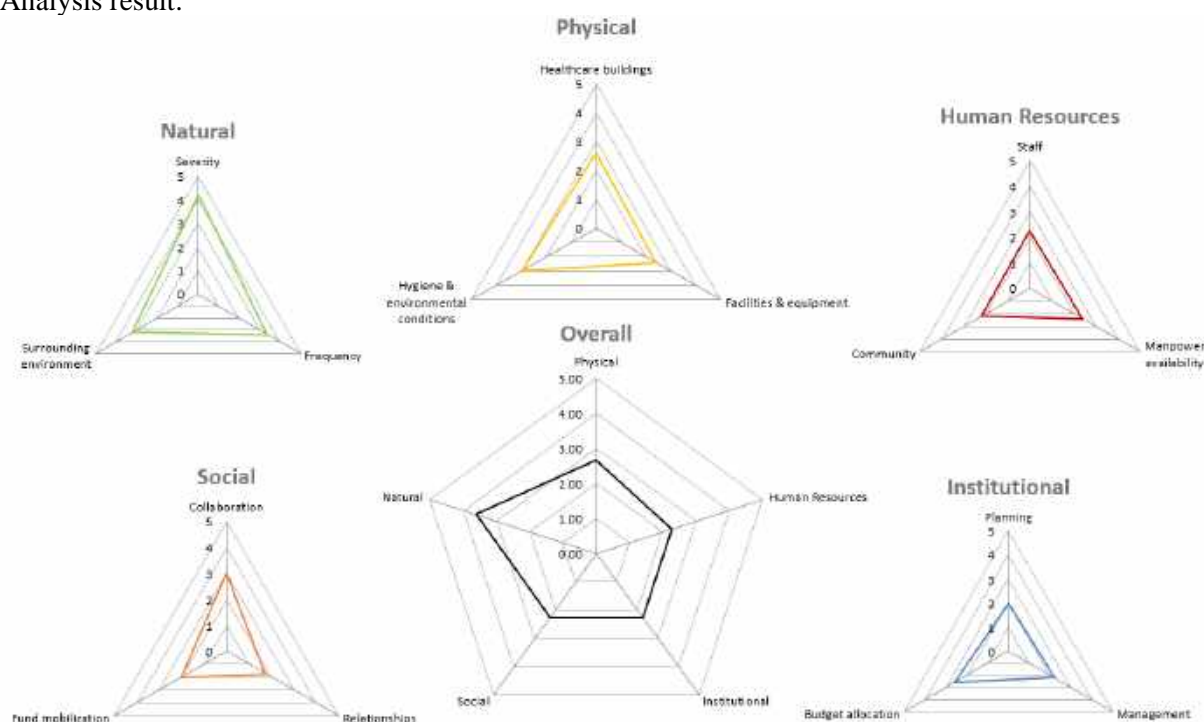
Weaknesses:

Low lying area prone to water logging

Damaged access road

Lack of DRM planning

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition.
- The facilities within the centre are in moderately poor condition with no energy saving and emergency water facilities. The duration for repairing taken is long.
- The hygiene and environment conditions are fairly well with the centre promoting effective waste management practices such as three bin systems.

Human resources:

- It is reported that the staffs have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.
- The centre suggested receiving no incentives as a part of the medical camps or other extra duties

during disasters.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre location is highly prone to flooding with the proximity to the Tuniya river being less than 1 km, although, no significant incidents of disaster-related damages have been reported in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Khaluapara SC

Brief profile of the centre: Khaluapara Sub Centre falls under the Boitamari BPHC sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.73	2.60	2.55	2.47	2.65	3.40

Strengths:

Low severity and frequency of disasters

Condition of healthcare buildings is moderately good

Moderate level of collaborations with various stakeholders

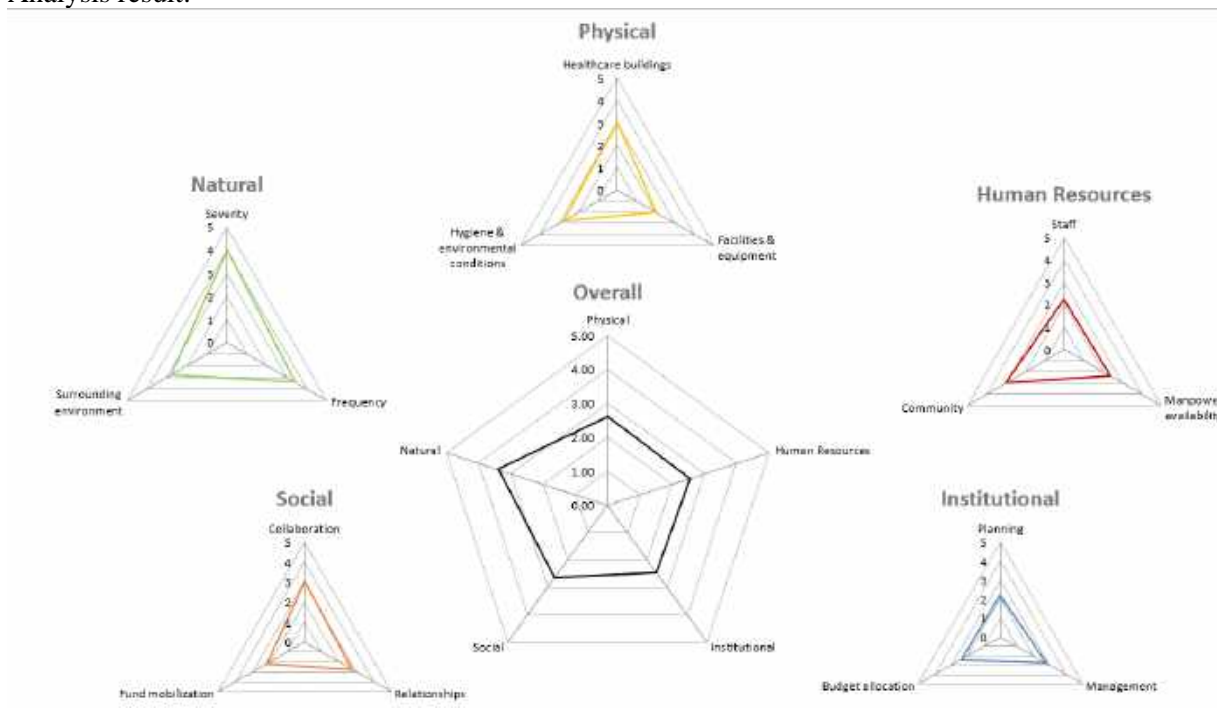
Weaknesses:

Facilities and equipments are in poor condition

Planning is not adequately done for DRM and related activities

There is a impact of disasters on staff

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the centre building is well maintained having a confined masonry structure.
- The centre has good waste management system with segregation as per three bin system.
- The centre has issues regarding connectivity, as the connecting road is poor and a wooden bridge is used for daily commute.
- Further, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resources:

- The staff have not received any training related to DRM.
- Besides, the awareness of hazards and DRM is very low amongst the staff, opening opportunities for capacity building.
- The centre has reported shortage of staffs and the officials suggested key issues managing the center.

Institutional conditions:

- There is no significant step in enhancing the centers with DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has a fairly well resilience to natural hazards, but the access road is often disrupted due to water logging.
- These issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Bishnupur SD & attached SC

Brief profile of the centre: Situated near the main access road, Bishnupur State Dispensary and attached Sub Centre is a well-maintained dispensary with doctors, laboratory facilities, and functional labour room facilities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.15	3.47	2.73	2.67	2.93	3.93

Strengths:

Good accessibility with proximity to arterial roads

Well established partnerships with NGOs and local community groups

Low severity and frequency of disasters

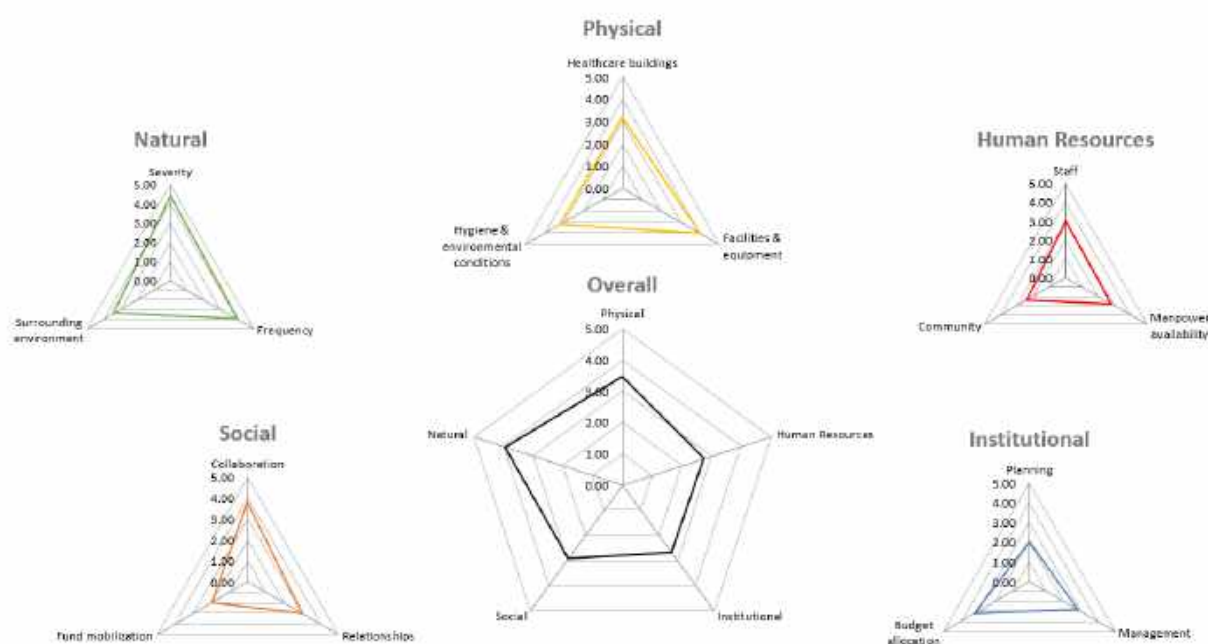
Weaknesses:

Lack of manpower for disposing off duties

Lack of budget allocation for DRM related activities

Scope for improvement of fund mobilization

Analysis result:



Physical conditions:

- The physical condition of the building is good with regular maintenance of facility and equipment. However, challenges pertain to inadequate signages for emergency evacuation and visibility of floor plan.
- There is a moderately good hygiene condition due to availability of cleaning staff and proper facility for waste segregation and disposal pits.
- Access to the centre is good with well-maintained roads and no water logging issues during flooding incidents.

Human resources:

- The centre has a moderate score in human resources considering the availability of manpower to dispose off their duties within the centre.
- They have attended fire training in 2021 and have above average awareness on DRM activities.
- Community level activities have not been very successful considering the migrant laborers whose vaccination dropout and underage pregnancies have been high. The staff have been engaged in disseminating information about public health issues, COVID-19, but not DRM.

Institutional conditions:

- The centre does not have a disaster related contingency plan or updated DM plan. Thus, it demonstrates poor conditions with no integration of DRM and healthcare planning activities.
- Staff have attended training related to DRM especially fire but they lack in capacity for dissemination of early warning and disaster related awareness.
- There is not much budget allocation for DRM activities or emergency facilities. The laboratory is partially functional and there is a budget shortage for repairing and maintenance of the centre and adjoining staff quarters.

Social relationships:

- There is a good inspection and management mechanism by national and state management, but falls behind in establishing connections with community-based committees.
- The centre has some collaboration with NGOs for improvement of services, example, NGOs have provided supply of masks during COVID-19.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre lies close to a water body which gets flooded during heavy rainfall. However there have not been incidents of water logging inside the centre due to the same.
- It has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Shankarghola SC

Brief profile of the centre: Shankarghola Sub Centre falls under the Bishnupur SD sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.84	3.20	2.40	2.20	2.48	3.93

Strengths:

Building conditions are good

Low severity and frequency of disasters till date

Fairly well relations with the community

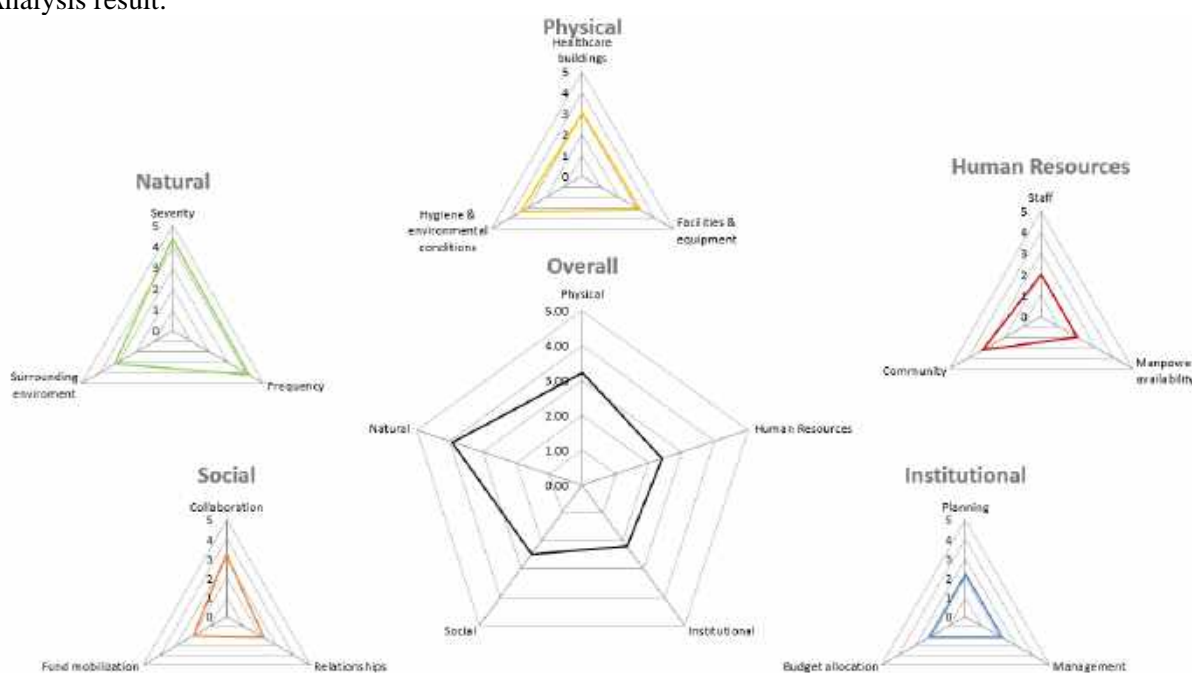
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Location prone to landslides

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition.
- The facilities within the centre are in moderately poor condition with no energy saving and emergency water facilities. The duration for repairing taken is long.
- The hygiene and environment conditions are fairly well with the centre promoting effective waste management practices such as three bin systems.

Human resources:

- It is reported that the staffs have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.

- The centre suggested receiving no incentives as a part of the medical camps or other extra duties during disasters.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community is fairly well as there is engagement with communities for public health, hygiene, family planning, and maternal health initiatives.
- There should be active initiatives to collaborate with external stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- Although, the centre shows a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past, but the location is prone to landslides.
- Such issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Borghola SC

Brief profile of the centre: Borghola Sub Centre falls under the Bishnupur SD sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.99	3.20	2.80	2.47	2.35	4.13

Strengths:

Low severity and frequency of disasters

Well maintained condition of equipments and facilities

Maintaining transparency in the healthcare system with display of organogram and contact information

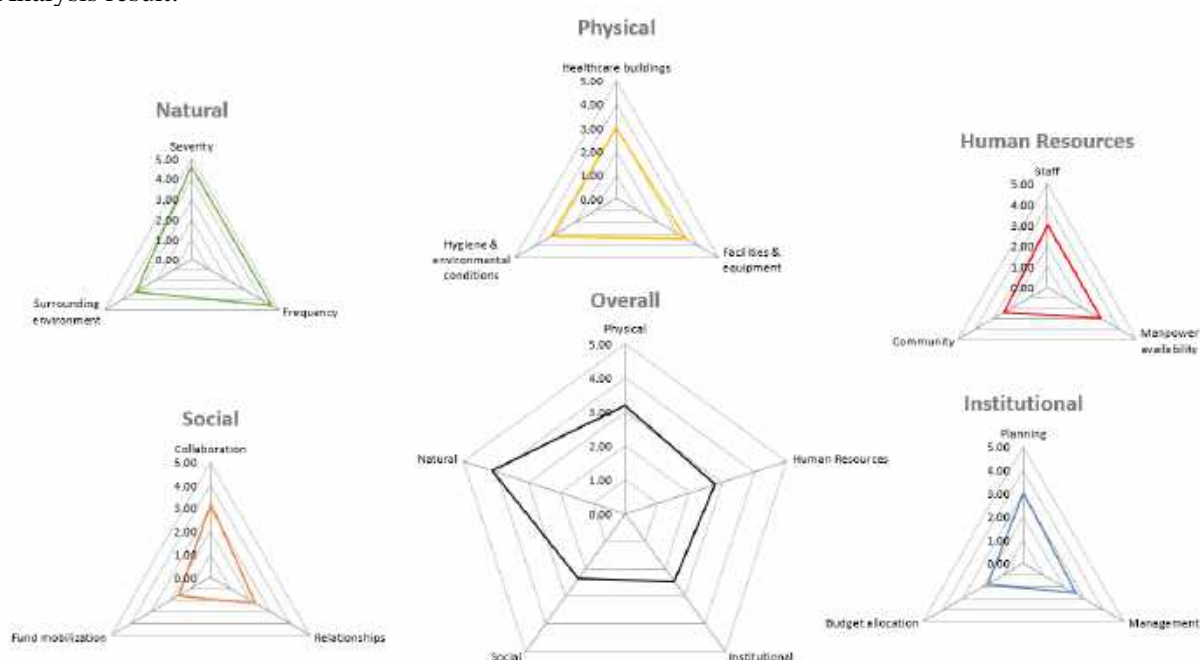
Weaknesses:

Lack of budget allocation for DRM related activities

Awareness of staff on funding and community support is low

Capacity of staff to address DRM is low.

Analysis result:



Physical conditions:

- There is a dearth of essential equipment such as fire extinguishers, which is critical for crisis management in the centre.
- There is no regular maintenance and repairing done to the physical infrastructure. However, the funds are utilized for maintenance when need arises.
- There are road connectivity issues around the region during flooding which affects the accessibility of the centre.

Human resources:

- The number of staff available for ensuring significant management is adequate. However, the MPW is assigned duty at another centre which might pose a challenge in delivering their duty at

the centre.

- The staff has recently received training in fire management and are confident about their capacity to handle such incidents. However, there has been no significant training imparted to the team on other hazards.
- There have been moderately low connections with the communities in terms of knowledge sharing concerning hazards.

Institutional conditions:

- There is a gap in the DRM planning, as there is no significant step in enhancing the centers with DRM plans.
- There is a dearth in drills/ training sessions related to hazards other than fire. The centre demonstrates poor conditions with no integration of DRM and healthcare planning activities.
- Capacity for dissemination of early warning and disaster related awareness is low. There are no proper DRM related signages in the centre.
- Provision of ramps, hiring of local community members as cleaning staff, reflect the allocation of budget for community. However, no allocation was done for emergency water supply, signages, etc.

Social relationships:

- There have been some meetings with the village committee that suggest good relationships. However, no engagement was recorded with the communities for community-based DRM activities and public health awareness.
- A good inspection and management mechanism by national and state management exists in the centre. However, no funding or support was given by other stakeholders.
- The centre has no collaboration with NGOs or Gram Panchayat for improvement of services. There is a scope to engage with local Gram Panchayat for improvement of disaster related capacities.

Natural conditions:

- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The centre is located away from the arterial road and road conditions deteriorate after heavy rains impacting the access to the centre. There is a scope to invest in improving the road condition with support from local government.

Some photographs of the centre:



Kumarkata SC

Brief profile of the centre: Kumarkata Sub Centre falls under the Bishnupur SD sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.59	3.07	1.98	1.87	1.98	4.07

Strengths:

Good condition of the building

Low severity and frequency of disasters

Availability of facilities and equipments

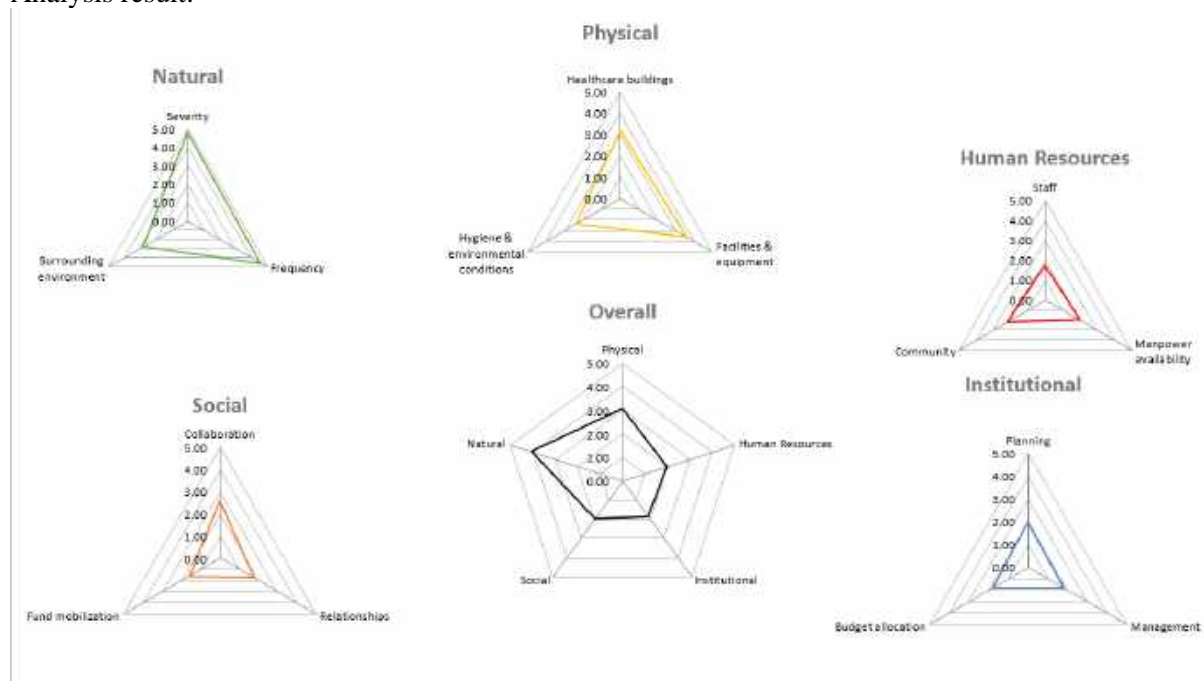
Weaknesses:

Low disaster preparedness

Lack of budget allocation for DRM related activities

Low support from various stakeholders and external agencies

Analysis result:



Physical conditions:

- The centre has good physical infrastructure with a confined masonry structure which has not faced disaster related damages in the past.
- There are separate dustbins for waste segregation but the cleanliness of the area within the centre boundary is unkempt.
- There are no energy saving or smart practices in the centre, however, there is power backup.

Human resources:

- The staff has not received any training related to DRM and the awareness of hazards is very low.
- The incharge has reported ANM and cleaning staff shortage in delivering essential services, and

suggests it being a major impediment for effective service delivery. However, despite these, there has been good service delivery during COVID-19 from the centre to the community, such as leaflet distribution, and so on.

- Most of the work by the staff has been around spreading awareness on public health and hygiene. But there have been low connections with the communities in terms of knowledge sharing concerning hazards. No relief camps have been attended by the present staff.

Institutional conditions:

- The centre is not well equipped to disseminate early warning information to the communities. There is no significant step in enhancing the centre with DRM plans.
- There is a dearth in drills/ training sessions related to hazards. The centre demonstrates poor conditions with no awareness of DRM and healthcare planning activities.
- There is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguishers, etc.

Social relationships:

- There has been no active collaborations with NGOs and private agencies for camps, donation of facilities, COVID-19 relief equipment, etc.
- A good inspection and management mechanism by national and state management exists in the centre. However, no funding or support was given by other stakeholders.
- There is a scope to engage with local Gram Panchayat for improvement of disaster related capacities. The mobilization of funds needs to be improved with a vision for improving services.

Natural conditions:

- The centre is located somewhat far from the arterial road. It is located away from the community and the emergency facilities of police stations, ambulances, fire service, etc.
- The institution has good resilience to natural hazards, owing to the lack of history of any hazards reported. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Some photographs of the centre:



Dhantola MPHC & attached SC

Brief profile of the centre: Dhantola Mini Primary Health Centre and attached sub centre caters to Dhantola and nearby Panchagaon area. The centre has both allopathic and ayurvedic doctors and partially functional cold supply chain.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.60	3.00	1.90	2.00	2.22	3.87

Strengths:

Low severity and frequency of disasters

High distance from hazardous sites

Robust building construction

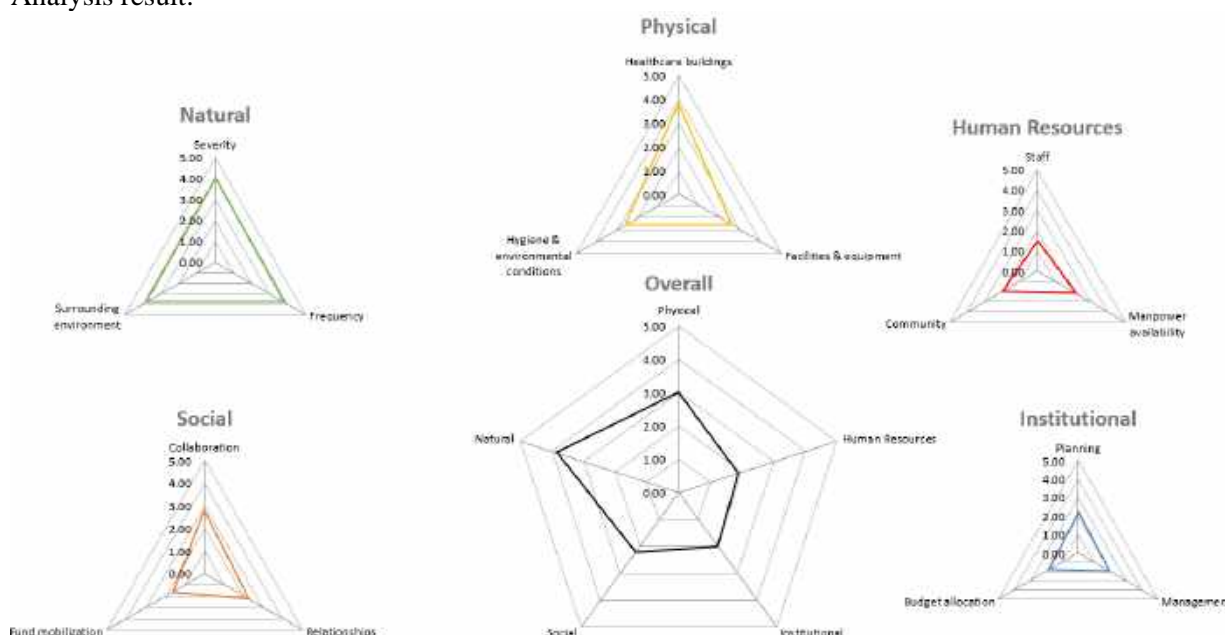
Weaknesses:

Lack of staff for delivering the roles

Lack of budget allocation for DRM related activities

Awareness of staff on funding and community support is low

Analysis result:



Physical conditions:

- The centre has good physical infrastructure with a confined masonry structure which has not faced disaster related damages in the past.
- There is a dearth of essential facilities like drinking water. There are improper drains leading to water logging.
- The campus of the centre has poor maintenance with a need for change in position of pits which are near the entrance of the centre. Regular checks on the waste segregation and disposal area needs to be undertaken.

Human resources:

- The staff has not received any training related to DRM and the awareness of hazards is very low.
- There are incidents of absenteeism due to water logging in the access roads and outside the centre.
- There have been low connections with the communities in terms of knowledge sharing concerning hazards. No relief camps have been attended by the present incharge.

Institutional conditions:

- The centre is not well equipped to disseminate early warning information to the communities. There is no significant step in enhancing the centers with DRM plans.
- The management of emergency activities is poor. Emergency delivery and cold chain facility exists but not fully functional.
- There is a dearth in drills/ training sessions related to hazards. The centre demonstrates poor conditions with no integration of DRM and healthcare planning activities.

Social relationships:

- There has been no active collaborations with NGOs and private agencies for camps, donation of facilities, equipment COVID-19 relief, etc.
- A good inspection and management mechanism by national and state management exists in the centre. However, no funding or support was given by other stakeholders.
- There is a scope to engage with local Gram Panchayat for improvement of disaster related capacities. The mobilization of fund needs to be improved with a vision for improving services.

Natural conditions:

- The centre is located near to the arterial road accessible by ambulance, fire engines, etc., but road conditions deteriorate after heavy rains impacting the access to the centre.
- Minor cases of storm and water logging impact the attendance of staff and OPD in the area.
- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Panchagaon SC

Brief profile of the centre: Situated near the main access road, Panchagaon Sub Centre was established in early 2000s.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.77	3.40	2.07	2.13	2.07	4.20

Strengths:

Well maintained condition of healthcare building

Low severity and frequency of disasters

Surrounding location is safe

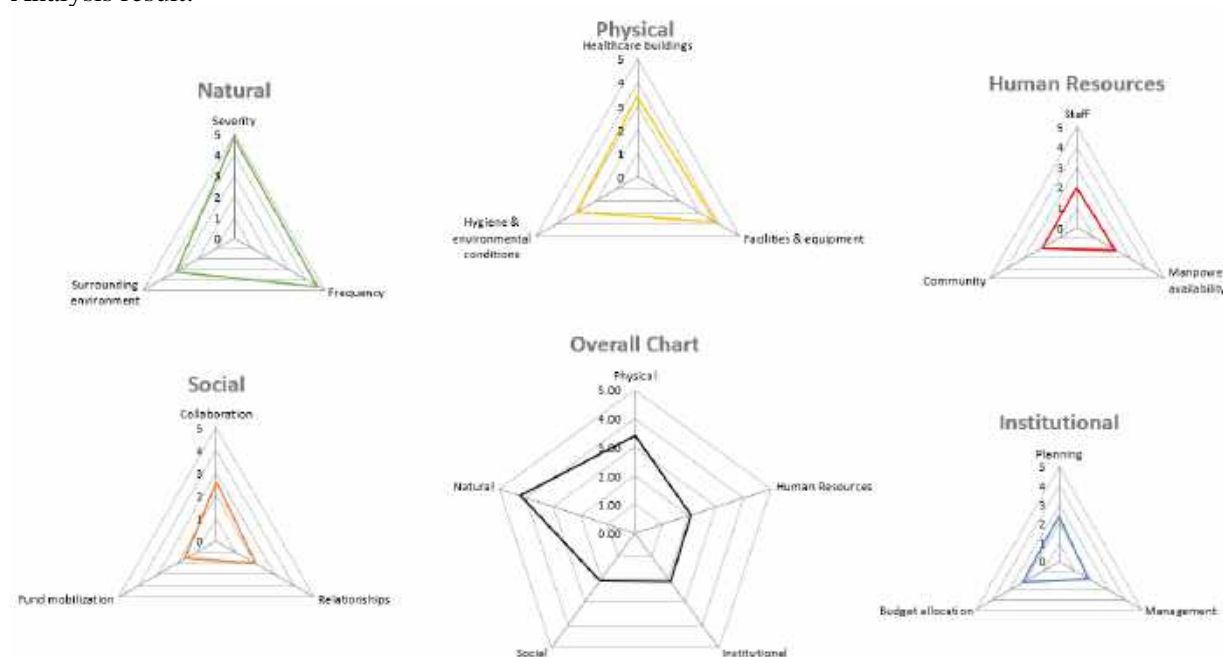
Weaknesses:

Lack of manpower for disposing off duties

Scope for improvement in fund mobilization

Lack of budget allocation for DRM related activities

Analysis result:



Physical conditions:

- The physical condition of the building is good with regular maintenance of facility and equipment.
- Access road is broken which affects communication for staff and patients.
- There is a low score in hygiene due to availability of only one contractual cleaning staff. In addition, there is no proper mechanism in place for collection of non-recyclables, plastic waste.

Human resources:

- The centre has a low score in human resources considering the lack of capacity and awareness on DRM activities.
- Manpower management is poor in the centre with all of the staff going to field and lack of staff

to attend OPD.

- The staff have not been engaged in disseminating information about DRM.

Institutional conditions:

- The centre demonstrates poor conditions with no integration of DRM and healthcare planning activities.
- Capacity for dissemination of early warning and DRM related awareness is low. Staff have never attended any trainings related to DRM.
- Provision of ramps reflect the allocation of budget for specially-abled, however, no allocation was done for emergency water supply, signages, etc.

Social relationships:

- There is a good inspection and management mechanism by national and state management, but falls behind in establishing connections with community-based social undertakings.
- The centre has no collaboration with NGOs or Gram Panchayat for improvement of services.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Jalakhata SC

Brief profile of the centre: Jalakhata Sub Centre falls under the Dhantola MPHC sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities. The CHO of the unfunctional Koreya sub centre is the incharge here.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.89	3.20	2.63	2.13	2.57	3.93

Strengths:

Low severity and frequency of disasters

Surrounding location is safe

Building conditions are good

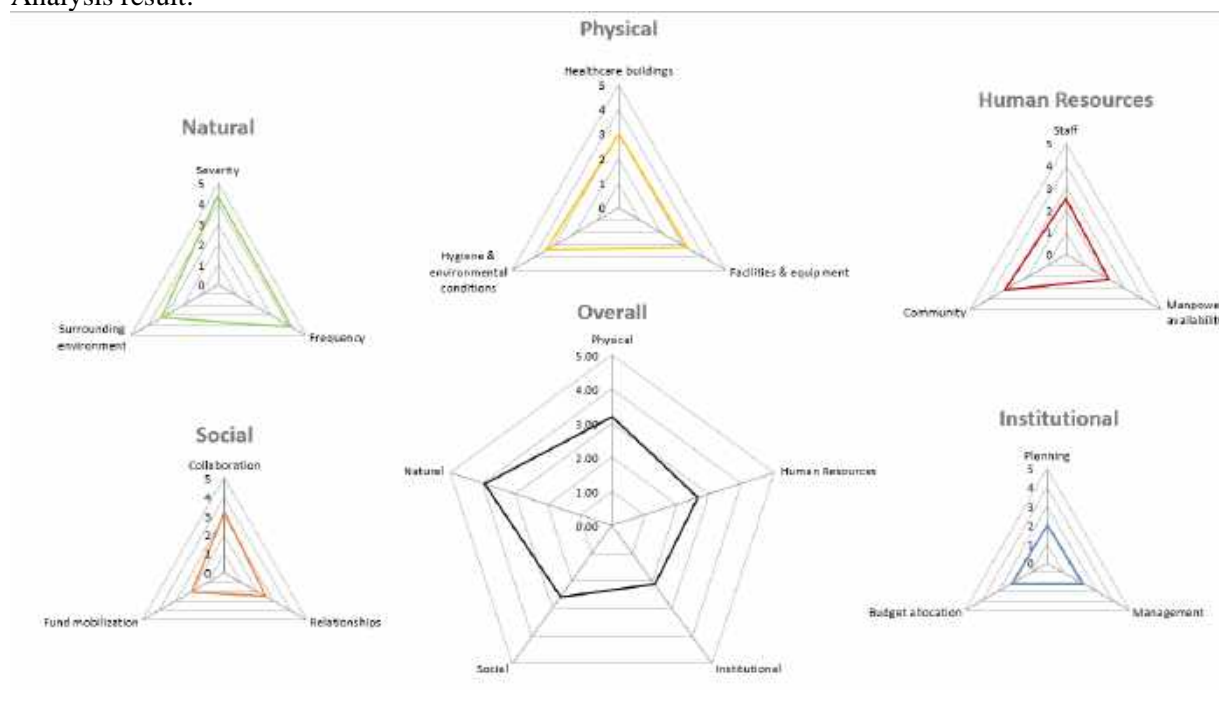
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Poor DRM planning in the centre

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition.
- The facilities within the centre are in moderately poor condition with no energy saving and emergency water facilities. The duration for repairing taken is long.
- The hygiene and environment conditions are fairly well with the centre promoting effective waste management practices such as three bin systems.

Human resources:

- It is reported that the staffs have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.

- The centre suggested receiving no incentives as a part of the medical camps or other extra duties during disasters.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The land on which the centre is located was donated by a village community person, this in a way shows the cordial relation between the centre and the local people.
- On the contrary, there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre is located amidst paddy fields and around 5-10 Km from the main arterial road.
- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Chalantapara MPHC & attached SC

Brief profile of the centre: Chalantapara Mini Primary Health Centre and attached Sub Centre is an old Ekra structure which serves majority of the population in the Boitamari Block. It has OPD and delivery facility. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.04	3.67	2.23	2.20	3.10	4.00

Strengths:

Low severity of disasters

Good hygiene conditions in the centre premises

Safe surrounding areas

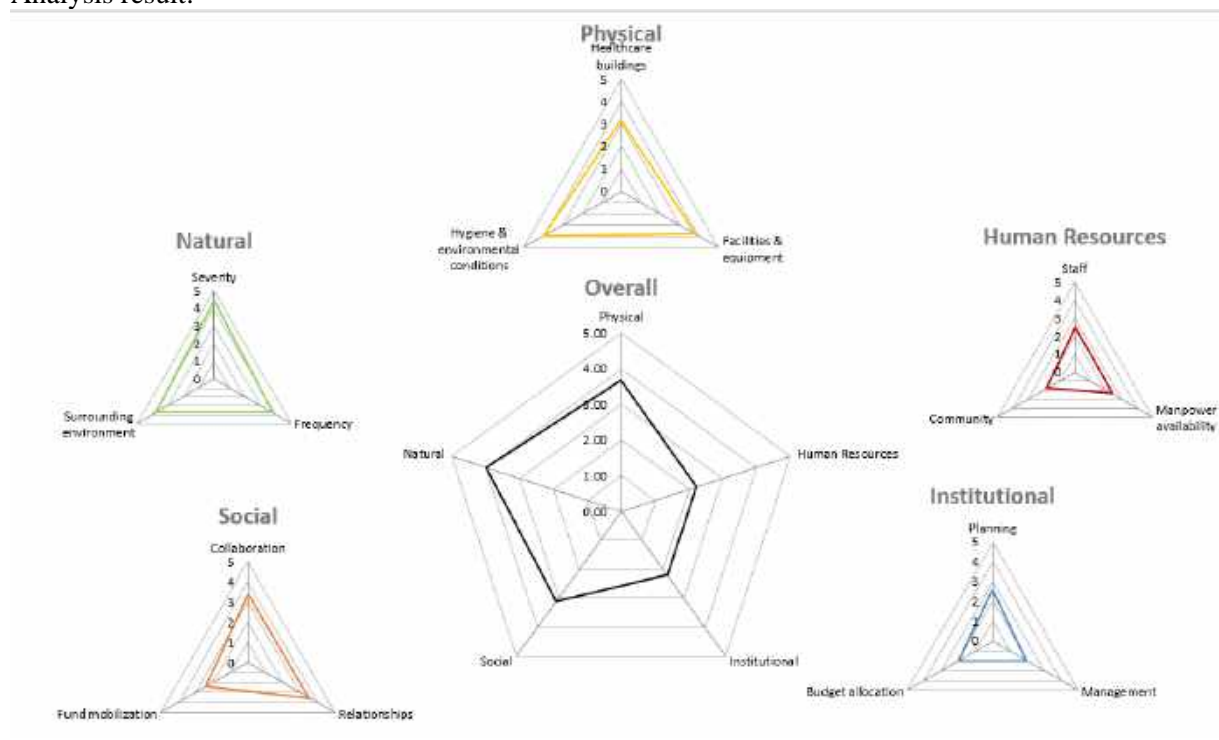
Weaknesses:

Community level awareness of disasters is low

Disaster related capacities of staff is inadequate

Shortage of staff

Analysis result:



Physical conditions:

- The centre faces issues pertaining to space (waiting area) which is less as compared to the number of daily patients, especially pregnant women and children.
- The centre has good waste management system. There is a proper waste segregation and management system, with specific pits for waste disposal.
- Although an old Ekra structure, it is well maintained and properly ventilated.

Human resources:

- It is reported that the staffs have not received any training related to DRM.

- Besides, the awareness of hazards and DRM is very low amongst the staff.
- The centre has reported shortage of cleaning staff, and the officials suggested key issues managing the centre owing to this.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- The centre receives road accident cases and is well equipped to manage upto 6 casualties at a time. Since the centre is located near the main arterial road, often such cases are reported.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- Even though the centre has frequent meetings with the health officials, there seems poor participation from the community in terms of financial collaboration.
- However, the centre received support from NGOs and clubs at disaster relief camp sites.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk-free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Jogighopa SC

Brief profile of the centre: Jogighopa Sub Centre falls under the Chalantapara MPHC sector. It has OPD facility, alongside routine immunization which takes place in the nearest Anganwadi Centre. The centre has only 1 ANM. There are cases of high-risk pregnancies due to age less than 18 or women with anemia.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.61	2.53	2.17	2.00	2.50	3.87

Strengths:

Low severity and frequency of disasters

Surrounding location are safe

Good relation with the community

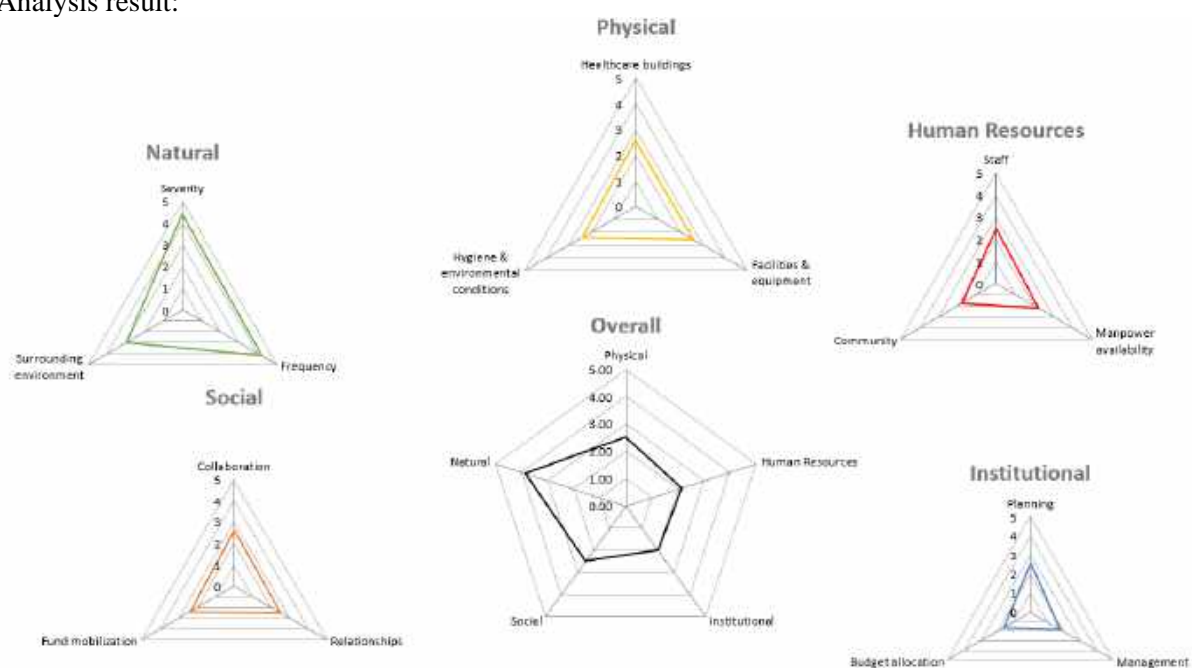
Weaknesses:

No power supply in the centre thus hampering delivery facility

Staff number is inadequate

Poor WASH condition

Analysis result:



Physical conditions:

- The physical condition of the building is average, which is a confined masonry structure.
- The building is without disability access provisions like ramps. Some load bearing structures in the centre are in poor conditions.
- The centre has no power supply and poor quality of WASH services.

Human resources:

- With only 1 ANM catering to the population, staff number is inadequate.
- The lack of capacity and awareness on DRM activities is prevalent in the centre.
- The staff have not been engaged in disseminating information on DRM to the community.

However, they have engaged with the community to provide information on public health and maternal health.

Institutional conditions:

- The centre demonstrates poor conditions with no integration of DRM and healthcare planning activities. Capacity for dissemination of early warning and disaster related awareness is moderate.
- Planning related to space management in case of contagious diseases is low. Separate testing zones for COVID-19, Tuberculosis, has not been demarcated.
- The centre has good collaborations with the communities who provide full support during routine immunization sessions and maternal health check ups.

Social relationships:

- There is a good inspection and management mechanism by national and state management, but falls behind in establishing connections with community-based social undertakings.
- The centre has no collaboration with NGOs or Gram Panchayat for improvement of services.
- There is a scope for engaging with communities for community-based DRM activities.

Natural conditions:

- The ANM has to frequently commute to the Anganwadi Centre or house-to-house. During monsoon the narrow roads become water logged and slippery thus making the commute more difficult.
- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Kabaitari SC

Brief profile of the centre: Kabaitari Sub Centre falls under the Chalantapara MPHC sector. It has OPD and facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.72	2.87	2.10	1.93	2.85	3.87

Strengths:

Low severity and frequency of disasters

Not located near hazardous sites

Good relation with the Gram Panchayat

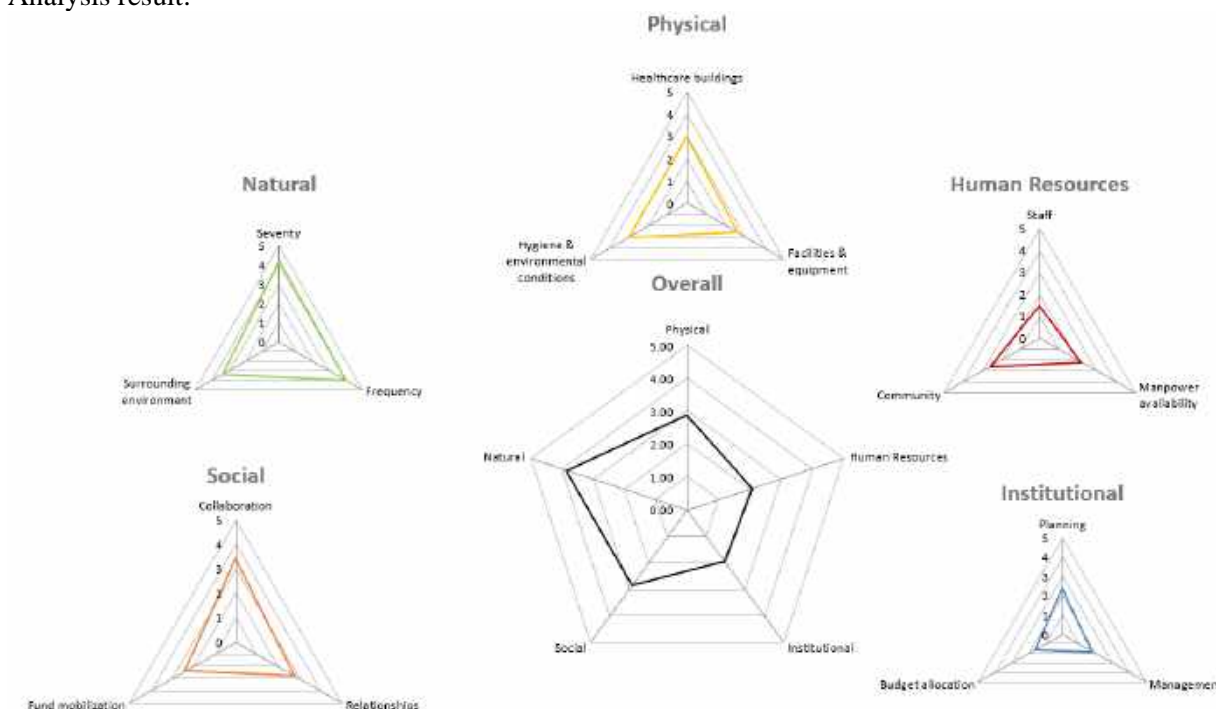
Weaknesses:

Location is flood prone

Scope for improvement of fund mobilization

Lack of DRM planning

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the centre building is well maintained having a confined masonry structure.
- The centre has good waste management system, with pits for waste disposal and three bin system.
- The centre has water logging issues, which rises upto the knee level. In such cases routine immunization takes place in the attached Gram Panchayat building.
- This is a new centre and the local people are not much aware of its existence and functions.

Human resources:

- The staff have not received any training related to DRM.

- Besides, the awareness of hazards and DRM is very low amongst the staff, opening opportunities for capacity building.
- The staff are allotted for service in the nearby relief camps. It was noted that they do not receive any vehicle for their commute.

Institutional conditions:

- There is no significant step in enhancing the center with DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- Even though the centre has frequent meetings with the health officials, there seems poor participation from the community in terms of financial collaboration.
- The centre receives no form of support/ collaborations from any active NGOs, private organizations, community groups to promote DRM related capacity building campaigns.

Natural conditions:

- The centre has good resilience to natural hazards, but is prone to water logging.
- Other issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Kachudola MPHC & attached SC

Brief profile of the centre: Kachudola Mini Primary Health Centre and Sub Centre has OPD facility. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kachudola MPHC att. SC	2.91	3.33	2.38	1.93	2.62	4.27

Strengths:

Low severity of disasters in the area

Good level of collaborations

Surrounding location is safe

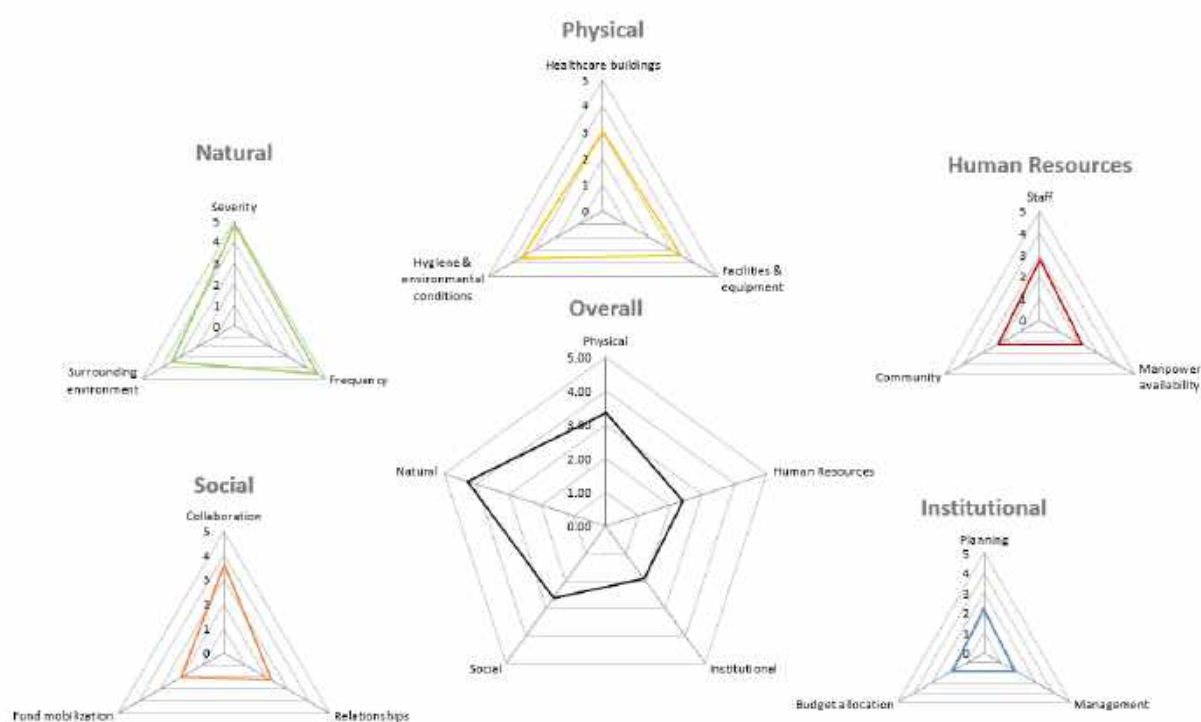
Weaknesses:

Lack of proper allocation of budget for DRM

Staff awareness and engagement in DRM is less

Poor DRM planning in the centre

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition.
- The facilities within the centre are in moderate condition with power backup and drinking water facility.
- The hygiene and environment conditions are fairly well with the centre promoting effective waste management practices such as three bin systems.

Human resources:

- It is reported that the staffs have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.
- The centre suggested receiving no incentives as a part of the medical camps or other extra duties during disasters.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- There is a good inspection and management mechanism by national and state management.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Manikpur Health Block

The Manikpur health block in Bongaigaon district consists of 30 health centres as shown in Figure 11 below. The detailed analysis of each of the centres is given in the upcoming section.

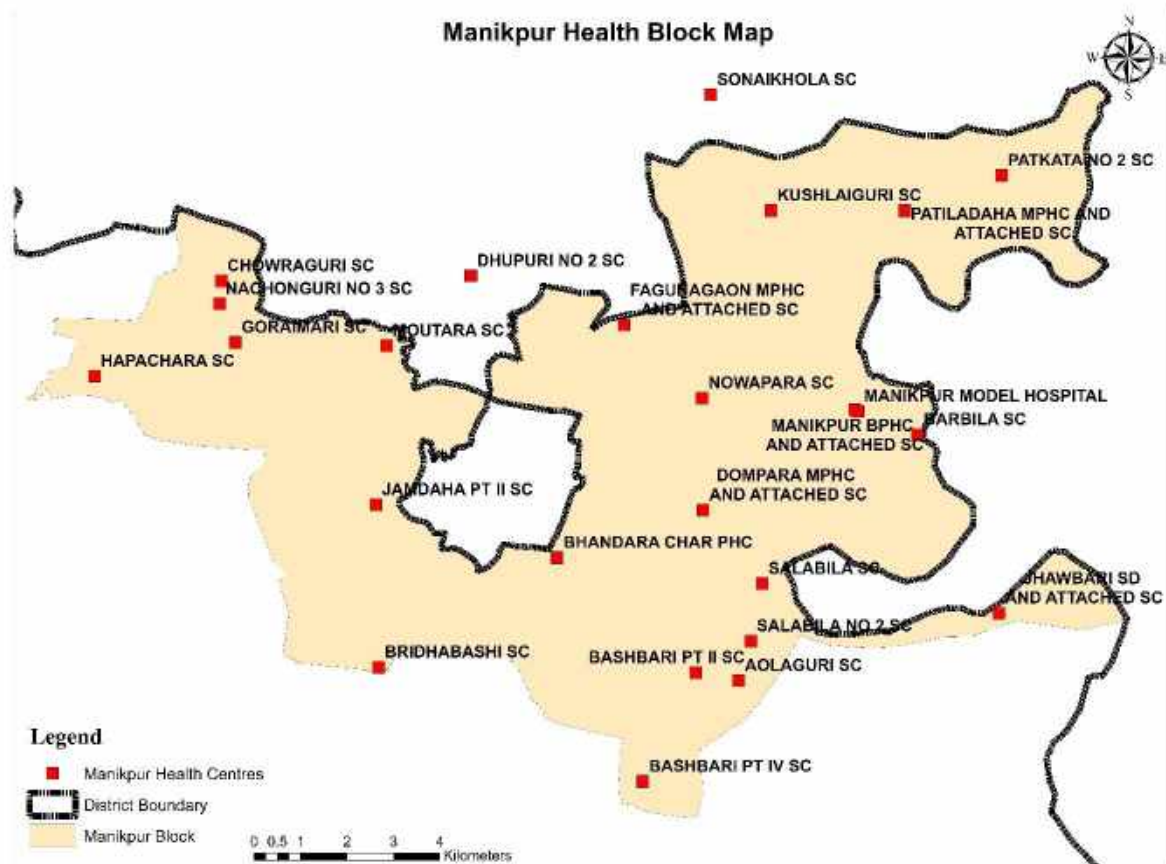


Figure 11: Manikpur health block map showing locations of the health centres

Manikpur BPHC

Brief profile of the centre: Manikpur Block Primary Health Centre and attached Sub Centre is an old health centre established in the 1950s. It provides limited services as most of the OPD services are being provided from the adjoining Manikpur Model Hospital.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.24	3.53	2.07	2.73	3.38	4.47

Strengths:

Low frequency and severity of disasters

Surrounding environment is safe

Good level of collaboration with stakeholders

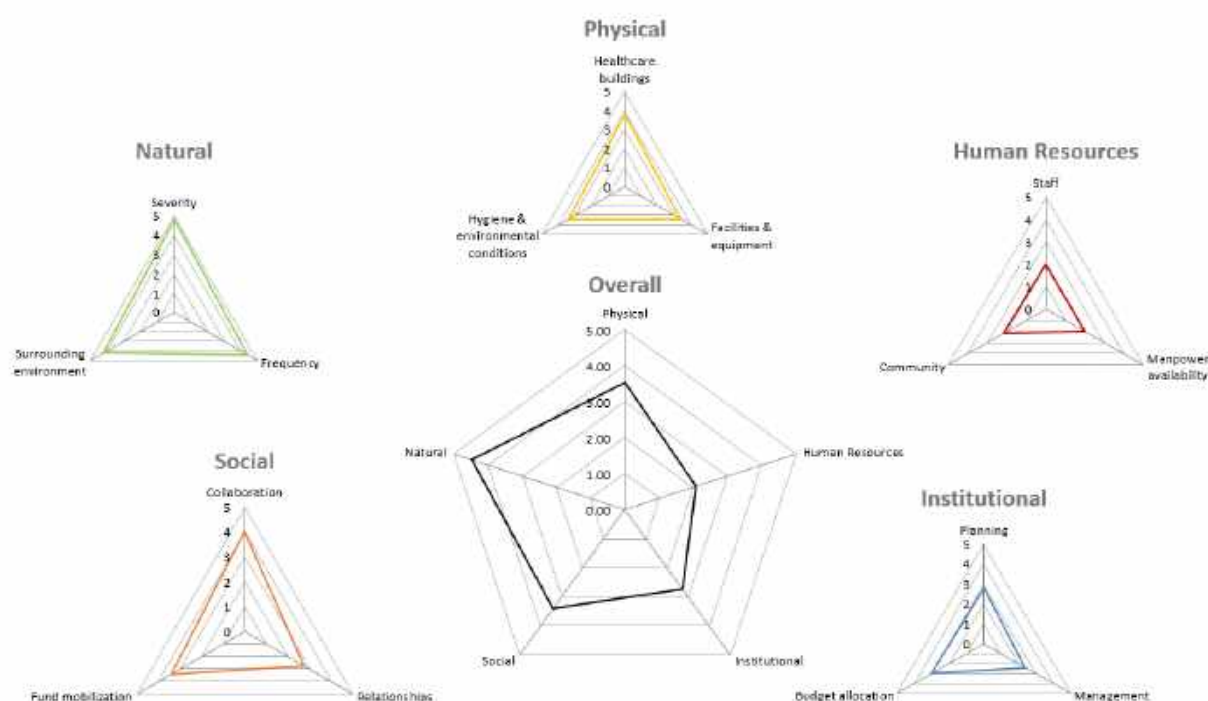
Weaknesses:

Capacity for carrying out DRM related activities is low

Staff shortage

Lack of awareness in local community

Analysis result:



Physical conditions:

- The healthcare building is in moderately good condition with no damage being registered due to recent disasters in the district.
- The facilities are limited with most of the equipment being functional. The attached SC has some shortage of equipment.
- The hygiene conditions are moderate with availability of drinking water, proper WASH facilities, waste segregation, etc.

Human resources:

- Staff awareness of DRM activities is low and there are issues of absenteeism during the day of

heavy rainfall.

- There is low manpower availability at times of disasters and the ANM have to go for fever surveillance in the population.
- The community-based interaction fare moderately as the staff make special efforts and there is need for awareness on impact of child marriage, family planning, etc.

Institutional conditions:

- The centre demonstrates moderate conditions with some awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is negligible budget allocated for work with NGOs, private organizations, etc. Most of the untied fund of approximately 5 lakh is utilized for maintenance of the centre and adjoining model hospital.

Social relationships:

- There is good level of collaborations with local stakeholders like NGOs, etc. An NGO named Cheshta, has been actively supporting the work during COVID-19.
- There is a scope for establishing relationships with charitable organizations for camps, training, etc. and enhancing relationships with communities with organization of community-based DRM activities and public health awareness.
- Fund mobilization is moderate with majority funding being used for maintenance works only. There can be some activities assigned for enhancing the capacity of DRM.

Natural conditions:

- The institution has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Manikpur Model Hospital

Brief profile of the centre: Manikpur Model Hospital is a 80 bedded hospital that is equipped with good amenities and additionally provides isolation care for COVID-19 patients. The hospital has beds allocated for women under the Soubhagya scheme and has functional labs and testing facilities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.65	4.07	2.75	3.47	3.52	4.47

Strengths:

Low severity and frequency of disasters

Training conducted for DRM activities

Good healthcare building condition

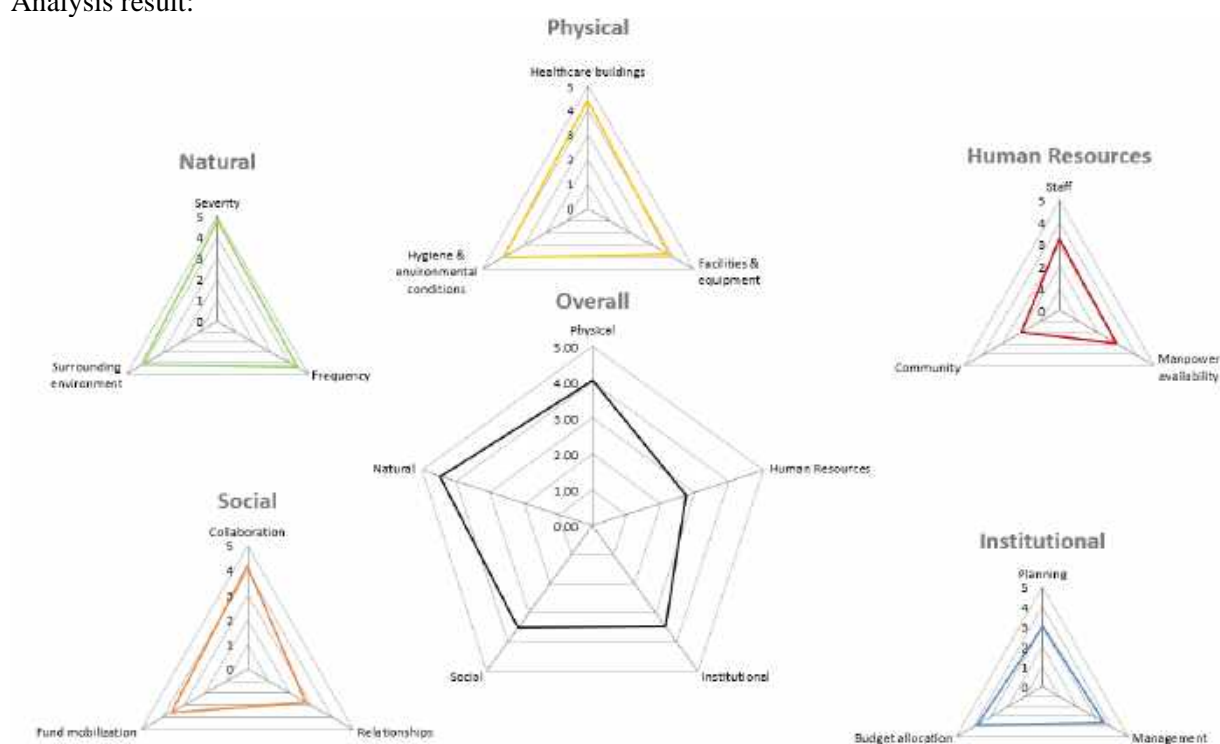
Weaknesses:

Relationship with community is not very strong

Community awareness is low

Scope for improvement of fund mobilization

Analysis result:



Physical conditions:

- The healthcare building is in very good condition with the construction being undergoing regular repair and maintenance.
- Facilities and equipment are in good condition with availability of power backup, testing and lab facilities, fire extinguishers, etc. The access road conditions and ramps are good.
- Hygiene and environmental conditions fare well with availability of pits, bins for segregation, and regular cleaning of premises. The incharge suggests biomedical waste handling training will be useful for new staff.

Human resources:

- The staff have limited capacity for managing disaster related activities. They are usually not affected by disasters and continue their duties.
- The manpower availability is moderate at most times but there is manpower shortage with less number of ward girls to attend to female patients.
- The staff is not much engaged in community level awareness generation for DRM related activities but they encourage patients to practice good hygiene and go for regular checkups.

Institutional conditions:

- The planning is moderately good with space segregation for contagious diseases but there is no DRM plan or guidelines for integration of DRM activities.
- The management condition is good for activities related to DRM with regular training conducted by the incharge for staff, especially fire drills. Staff have also attended training given by the district on DRM.
- The budget allocations are mostly done for equipment monitoring, repairing, and training of staff in fire. Some budget is also allocated for activities like blood donation camps, etc.

Social relationships:

- The collaborations are good with all types of stakeholders and government bodies except external agencies like CSR, NGOs. The collaborations are in the form of blood camps, health camps, mock drills, etc.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Although the funding support by different stakeholders is low, there is scope for better mobilization.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Barbila SC

Brief profile of the centre: Barbila Sub Centre was established in 2006 and caters to a total population of 6,021. It has OPD and delivery facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.82	2.80	2.43	2.20	2.48	4.20

Strengths:

Low frequency and severity of hazards

Surrounding environment is safe

Moderately good condition of building

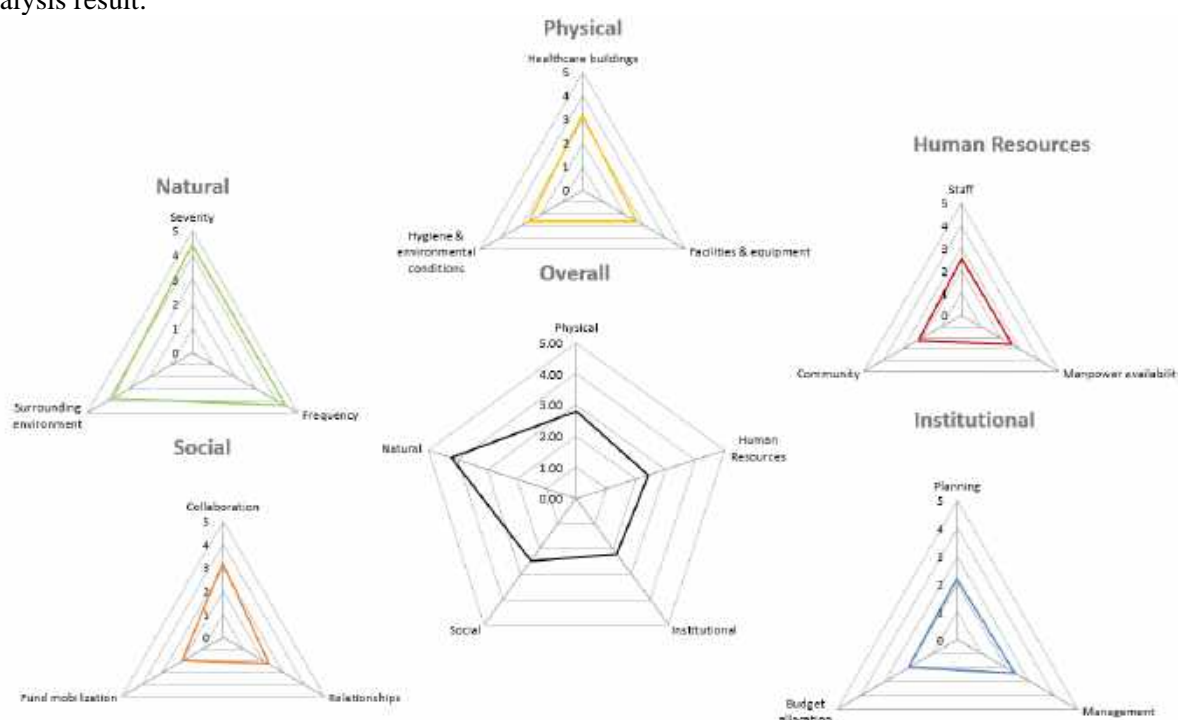
Weaknesses:

Fund mobilization is not adequate

Budget allocation for DRM related work is negligible

Community-based DRM activities need improvement

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition with no impact of disasters. The centre is not very old so doesn't require a lot of maintenance.
- Facilities and equipment are in moderately poor condition with no availability of electricity or water connection. However, testing kits facilities are available and the centre has never faced damage of equipment due to disasters.
- Hygiene and environmental conditions are almost moderate with environmental campaigns being conducted. However, there is the practice of burning waste which needs to be stopped when an alternative is available.

Human resources:

- The staff have limited capacity for managing disaster related activities. They are usually not affected by disasters and continue their duties.
- The manpower availability is almost moderate at most times but there is a manpower shortage when the staff has to attend relief camps.
- The community level sharing of DRM plans or SOPs is low as the staff do not have any DRM plan, but share COVID-19, non-communicable diseases (NCD), related information regularly to the community.

Institutional conditions:

- The planning is poor with no proper space management for contagious diseases and there is no DRM plan or guidelines for integration of DRM activities.
- The management condition is almost moderate with incharge and staff communicating with the community on a regular basis during and after disasters.
- The budget allocations are mostly done for equipment monitoring, repairing, etc. but not for DRM activities.

Social relationships:

- The collaborations are moderate with all types of stakeholders especially government bodies. Some support from NGOs is also available at block level. Gram Panchayat has been supporting by constructing toilets for the centre.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- There is low funding support from stakeholders except the state government. There is scope for better fund mobilization.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Bridhabashi SC

Brief profile of the centre: Bridhabashi Sub Centre caters to about 1,000 OPD patients and has the facilities of delivery and test sample collections. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.51	2.73	2.13	2.13	2.10	3.47

Strengths:

Moderately low impact of disasters except floods

Located at moderately safe surrounding area

Good structural condition of building

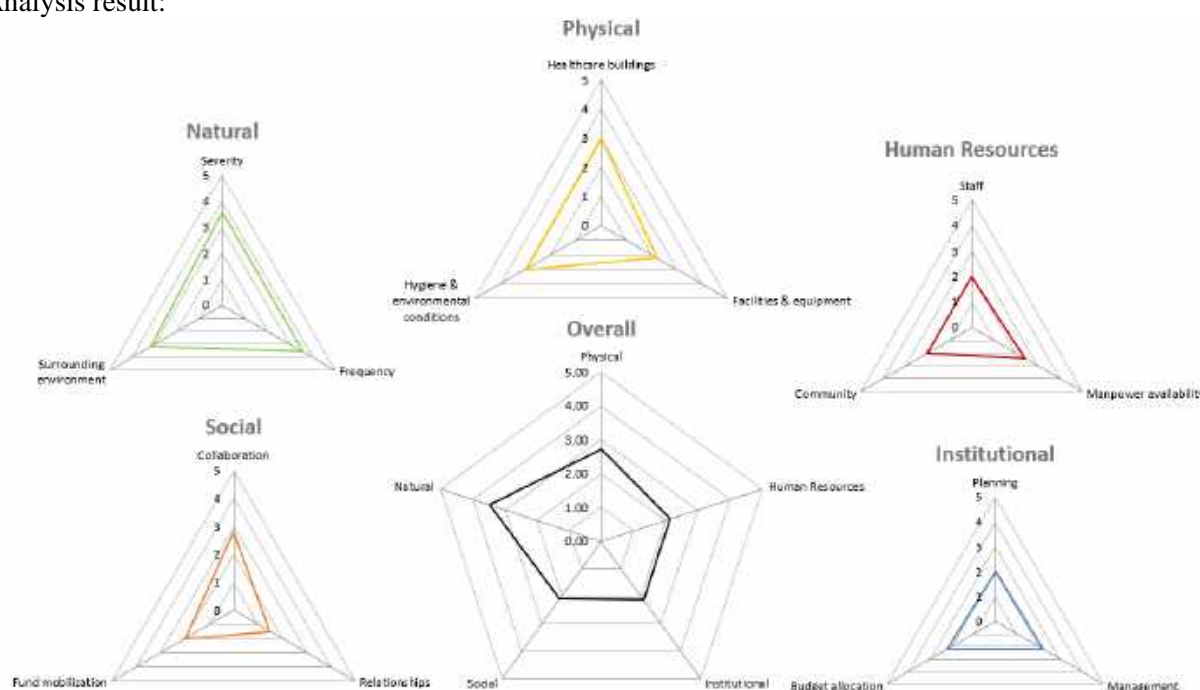
Weaknesses:

Poor relationship with community for DRM activities

Low level of fund mobilization

Inadequate staffing for undertaking assigned duties

Analysis result:



Physical conditions:

- The building condition is moderately good with regular maintenance.
- The facilities and equipment are in poor condition with road connectivity impacted by frequent flooding in the area.
- Hygiene conditions are moderately good with availability of pits and waste segregation. However, there is water logging and boundaries are in not so good condition.

Human resources:

- The staffing condition is poor as the staff cannot access the centre during flooding and go for fields while the centre has to be kept closed.

- Manpower management is not adequate in the centre with a low level of disaster awareness and preparedness.
- There is scope for improvement in spreading awareness in the community as a large part of the population under the centre is affected by floods every few months.

Institutional conditions:

- The level of planning for DRM is low with no DRM plans available with the staff despite being in one of the flood prone areas.
- The management of activities like dissemination of information during disasters is moderately low.
- Budget allocation in the centre is mostly for maintenance. No budget is allocated for the DRM activities.

Social relationships:

- The collaboration with the state government is good. However, it has almost no collaboration with the Gram Panchayat.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Fund mobilization is poor with not much available resources for DRM related activities.

Natural conditions:

- The institution has poor natural conditions due to proximity to river and regular flooding in and near the centre.
- Water logging is a major issue that prevents access to the centre and damages the roads.

Some photographs of the centre:



Nowapara SC

Brief profile of the centre: Nowapara Sub Centre established in 1990 caters to a population of approximately 6,610 across three villages. It is located near National Highway 27 and is affected by flooding every year.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.87	2.87	2.60	2.47	2.53	3.87

Strengths:

Staff with experience of working in flood situations

Support from local stakeholders

Low frequency and severity of disasters, except floods

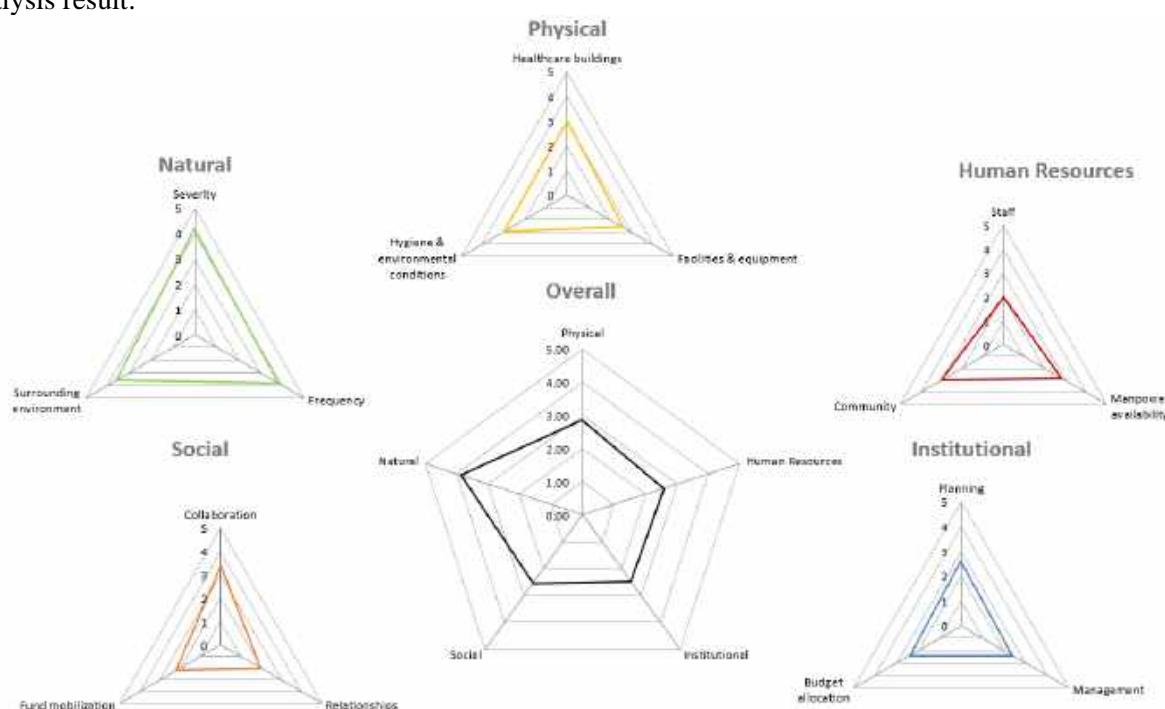
Weaknesses:

Fund mobilization is not adequate

Facilities are inadequate for proper service delivery

Waste disposal facilities are not robust

Analysis result:



Physical conditions:

- The centre is an old construction and is moderately maintained with some repairing work needed.
- The facilities in the centre like electricity are through private connection. No rainwater harvesting or other smart practices are available.
- The centre has moderately good practices of hygiene with regular cleaning. However, it does not have pits for waste disposal and the collected waste is sent to the Manikpur BPHC.

Human resources:

- There are no regular trainings for flood related awareness. The staff have not received specific training for DRM. However, they have some knowledge from experience and self-learning.

- The manpower management is moderately good. The ANM stays in the same premises so the absenteeism is low during flooding but there is a shortage of cleaning staff in the centre.
- The relationship with the community is good. Assistance is provided for pregnant women with hypertension. There is no resistance from people for following the guidelines shared about precautions during flood. However, no healthcare DRM plan is available with the centre to be shared with the public.

Institutional conditions:

- The planning is moderate with the roles and responsibilities of staff during disasters well delineated but unavailability of a DRM plan.
- There is moderate capacity in management of hazards with awareness of staff on flood relief which is completely based on their past experiences. However, facilities for mass casualty management or emergency delivery are not yet present.
- There is poor budget allocation with the irregular inflow of funds. There is no allocation for work with NGOs or stakeholders. Funds are used based on priority or importance of the task at hand.

Social relationships:

- There is a good level of collaboration with local authorities with one toilet and tube well constructed by the Gram Panchayat.
- Some cases of vaccine related resistance were recorded. There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- The ANM has received best ANM award for her services that has motivated her to provide better services. Although there have not been incentives for visiting relief camps.

Natural conditions:

- The centre has moderate resilience to natural hazards. The building and the access road gets affected during floods.
- Skin diseases are prevalent post flooding in the area. The staff is aware of the type of treatment and facilities to be provided for the same.
- The centre remains closed during floods and the staff goes to deliver services at relief camps in the villages in their jurisdiction.

Some photographs of the centre:



Nachanguri No. 3 SC

Brief profile of the centre: Nachanguri No. 3 Sub Centre is located near the river bank and caters to flood affected population. It has approximately 200 OPD every year. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.41	2.28	2.30	2.13	2.48	2.87

Strengths:

Moderately low impact of disaster on building

Sharing awareness with community is strong

Severity of disasters is moderate

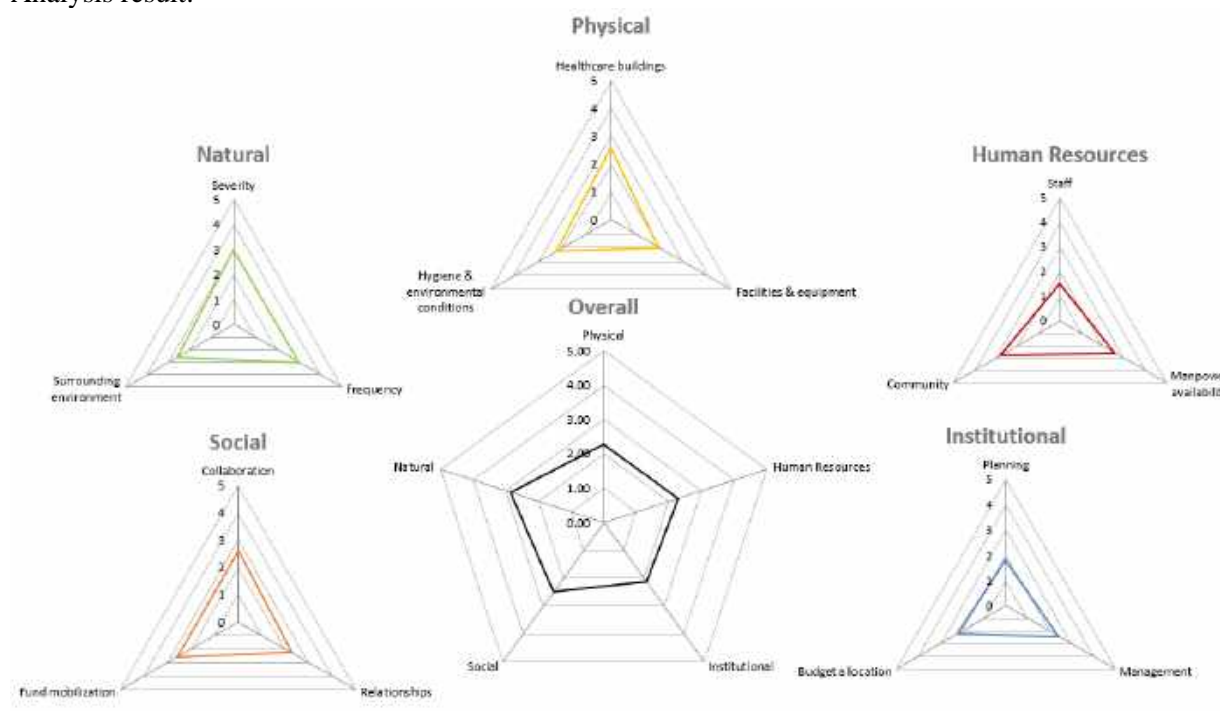
Weaknesses:

Inadequate planning

Low level of staff capacities in DRM

Poor condition of facilities and equipments

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is a confined masonry structure which has been affected by flooding two years back. It doesn't have proper emergency exits and demarcations.
- The facilities within the centre are very basic. There are no energy saving or rainwater harvesting features. Access road gets flooded during the monsoon.
- The hygiene and environment conditions are poor with poor drinking water, no proper sanitation, and poor waste segregation system.

Human resources:

- The centre has a low score in human resources considering the lack of sharing of DRM plans, lack of formal training for improving capacity on DRM activities. The staff prepare for disasters based on their past experience.
- Manpower availability is almost poor in the centre as there is damage to embankment during floods which prevent access to the centre. The staff have to do overtime work during floods and don't receive incentives for visiting camps.
- The staff and the incharge is moderately active in organizing meetings with community members to spread awareness on water borne diseases, hygiene, etc. However, not much communication related to disaster preparedness happens between them.

Institutional conditions:

- The centre demonstrates poor conditions in planning of activities related to DRM with not much identification of roles during disasters, no proper space segregation for contagious diseases, or awareness of DRM.
- There is a lack of early warning information dissemination in the community. A gap in the management is there due to no significant steps undertaken in enhancing the center's capacity with DRM plans or SOPs, which are critical.
- Despite being located in a flood prone area there is a very low level of budget allocated for various works to enhance resilience.

Social relationships:

- There has been good collaboration with NHM but no active collaborations with NGOs and private agencies for camps, donation of facilities, equipments, COVID-19 relief materials, etc. in the centre.
- There is a scope to engage with local Gram Panchayat for improvement of disaster related capacities like engaging with communities for community-based DRM activities and public health awareness.
- A good inspection and management mechanism by national and state management exists in the centre. However, no funding or support was given by other stakeholders. The mobilization of funds needs to be improved with a vision for improving services in the centre.

Natural conditions:

- The centre is located somewhat far from the arterial road in a flood prone area. It is located away from emergency facilities of police stations, ambulances, fire services, etc.
- There have been past incidents of flooding in the area near the centre with the issues like water borne diseases, skin diseases, etc. being commonly prevalent.
- It is important for the staff to be aware of the emergency DRM steps. For this there is need for capacity building activities related to DRM.

Dompara MPHC & attached SC

Brief profile of the centre: Dompara Mini Primary Health Centre caters to a population of approximately 5,000, most of which are affected by floods. The attached Sub Centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.11	3.60	2.62	2.67	2.62	4.07

Strengths:

Severity and frequency of disasters is low

Healthcare building condition is considerably good

Hygiene and surrounding environment are maintained well

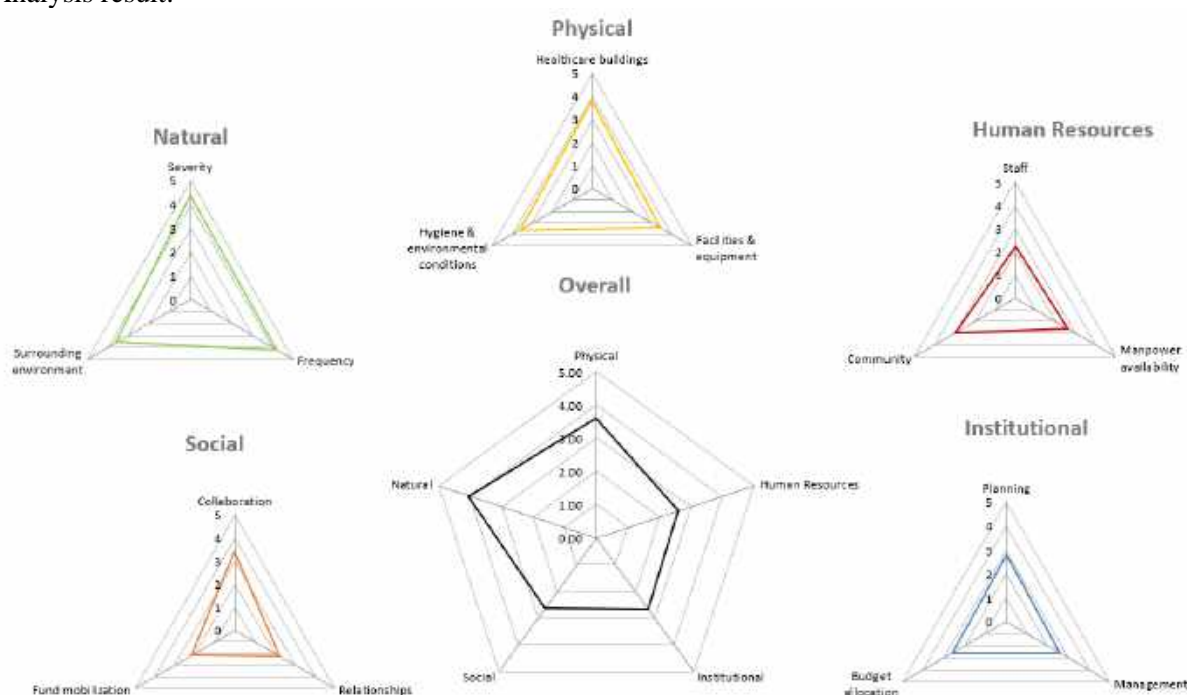
Weaknesses:

Fund mobilization is not adequate

Relationships with various stakeholders need improvement

There is an impact of disasters on staff

Analysis result:



Physical conditions:

- The healthcare building is in good condition with the construction undergoing regular repair and maintenance about two times a year.
- Facilities and equipment are in moderately good condition with availability of testing and lab facilities, fire extinguishers, ambulance services, etc. The incharge feels the need of cold chain facility will improve services.
- Hygiene and environmental conditions fare well with availability of pits, bins for segregation, and regular cleaning of premises.

Human resources:

- The staff have a low level of formal training for managing disaster related activities. No training on flood or fire was received in recent past.
- Most staff go to the Bashbari No. 4 SC area to serve at the flood relief camps, resulting in the shortage of staff in the centre.
- The staff is moderately engaged in community level awareness generation for DRM related activities with them spreading awareness of disaster at relief camps. But they have never received incentives for services at camps.

Institutional conditions:

- The planning is moderately good with space segregation for contagious diseases but there is no DRM plan or guidelines for integration of DRM activities.
- The management condition is poor for activities related to DRM with no regular training but staff has knowledge from past experience of disasters.
- The budget allocations are mostly done for equipment monitoring, repairing, but not much has been allocated for DRM.

Social relationships:

- The collaborations are moderate with support from government bodies but no help from external agencies like CSR, NGOs.
- There is a scope for engaging with local NGOs, private organizations, for improving facilities in the centre that can contribute to DRM, environmental protection techniques, etc. and maintain a cordial relation with communities for community-based DRM activities and public health awareness.
- Although the funding support by different stakeholders is low, there is scope for better mobilization.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- Some of the villages under the jurisdiction of the centre have issues of flooding.

Some photographs of the centre:



Salabila SC

Brief profile of the centre: Salabila Sub Centre established in 1989 provides facilities like OPD and delivery. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.10	3.53	2.55	2.33	3.27	3.80

Strengths:

Low frequency of disasters

Low severity of disasters

Healthcare building condition is good

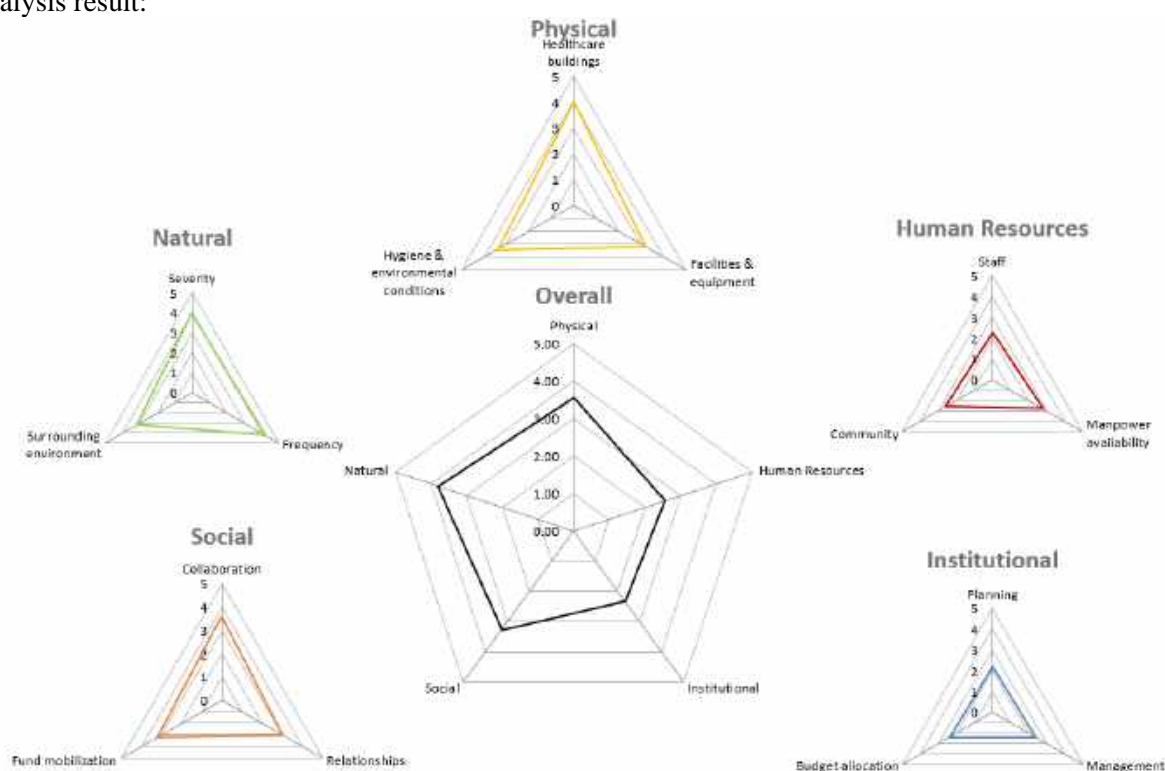
Weaknesses:

Impact of disasters on staff

Low planning of DRM activities

Need for better budget allocation

Analysis result:



Physical conditions:

- The building condition is good and of confined masonry typology.
- Facilities like electricity, inverter, running water, etc. are present. Fire extinguisher exists but its usage and handling are not known to the staff.
- Hygiene conditions are moderately good with availability of waste pits and segregation, drinking water facilities. There are two toilets but one has been non-functional for a long time.

Human resources:

- The staff gets no regular training on hazard management or has experience of DRM. Only one

staff member has received training related to DRM in the past.

- The manpower availability is moderate with some of the staff operating from relief camps when flood affect the nearby villages.
- Community interactions are almost moderate with information of disasters being conveyed but there is no availability of DRM plans that can be shared with the community.

Institutional conditions:

- The planning fares poorly as the staff is partially aware of roles and responsibilities during disaster and go to relief camps. Although SOPs exists, but there is no integration of DRM and healthcare plans.
- Management of DRM activities are in need of improvement as they have limited capacity of mass casualty management. They face medicine shortages at certain times of the year.
- Budget allocation fare almost moderately with a small sum allocated for maintenance and repair but almost no budget for DRM activities.

Social relationships:

- Collaborations are moderately good with regular support from NHM, NGOs, Gram Panchayat, and intra and inter-healthcare centre communication and dependency system.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness. The local people are cooperative so the potential for community-based DRM can be explored.
- Funding is not diverse with the majority of the centre functioning on government funding only.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- There are cases of flooding/ water logging in the villages under the jurisdiction of the centre.

Some photographs of the centre:



Salabila No. 2 SC

Brief profile of the centre: Salabila No. 2 Sub Centre serves a population of about 4,780. Established in 2003, the centre provides basic healthcare facilities but doesn't conduct deliveries.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.83	3.73	2.50	1.80	2.12	4.00

Strengths:

Low frequency of disasters

Low severity of disasters

Condition of the healthcare building is good

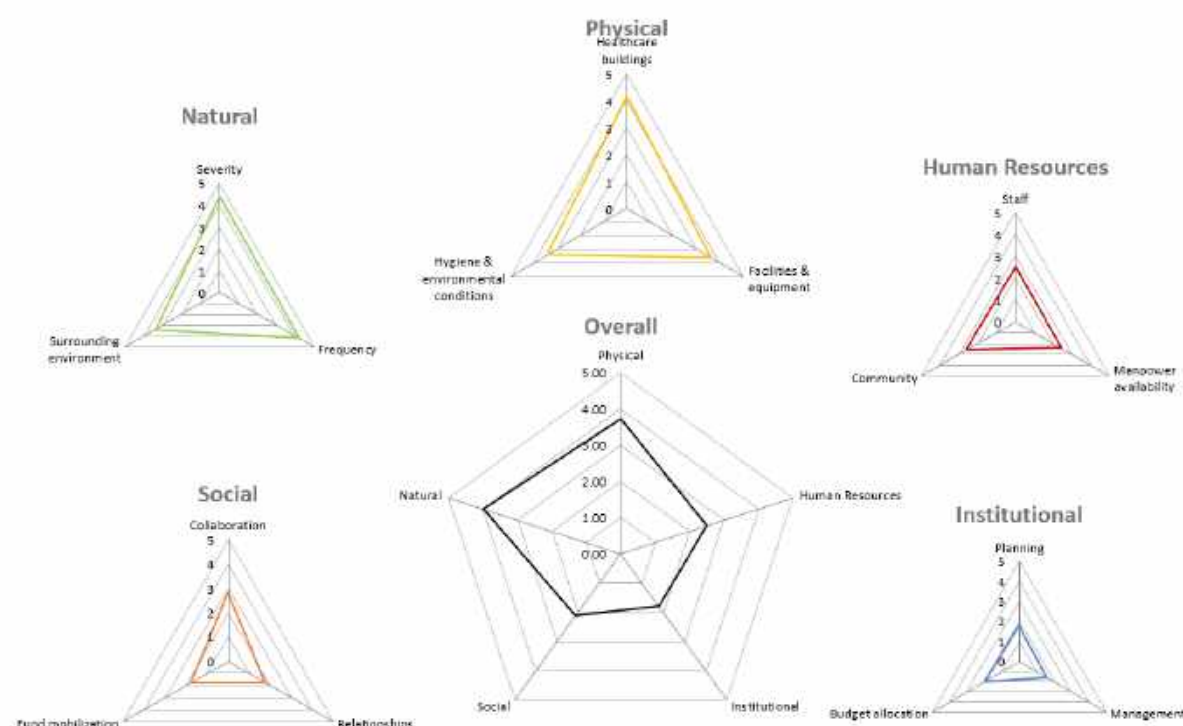
Weaknesses:

Capacity for management of disasters is very low

Lack of planning of appropriate DRM activities

Fund mobilization is not adequately done

Analysis result:



Physical conditions:

- In terms of physical conditions, the building is well maintained and on a regular basis.
- Facilities and equipment are usually available with rarely a shortage of essential medicines. However, the access road connecting the building is in poor condition and needs repairing.
- Hygiene condition is moderate with chances of disruption to WASH services.

Human resources:

- The staff has not received any training related to DRM. Moreover, their awareness of hazards and DRM is very low.
- The team has reported cleaning staff shortage in delivering essential services, and suggests it

being a major impediment for effective service delivery.

- Community interactions are almost moderate with information of disasters being conveyed but there is no availability of DRM plans that can be shared with the community.

Institutional conditions:

- The planning fares poorly as the staff is partially aware of roles and responsibilities during disaster and go to relief camps. Although SOPs exists, but there is no integration of DRM and healthcare plans.
- Management of DRM activities are in need of improvement as they have limited capacity of mass casualty management. They face medicine shortages at certain times of the year.
- Budget allocation fare almost moderately with a small sum allocated for maintenance and repair but almost no budget for DRM activities.

Social relationships:

- The centre receives major support from the government body in terms of funds. However, there is no collaboration with any active NGO, private firms, or community groups in this regard.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Although the funding support by different stakeholders is low, there is scope for better mobilization.

Natural conditions:

- The centre has good resilience to natural hazards, as not many hazards are reported.
- However, these issues could arise and challenge the system as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Bashbari No. 4 SC

Brief profile of the centre: Bashbari No. 4 is a Sub Centre that treats almost 2,000 OPD patients in a year. It has facilities for delivery, OPD, and basic tests.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.73	3.73	1.73	1.80	2.12	4.27

Strengths:

Low severity of hazards in the area

Low frequency of disasters

Good facilities with alternatives available

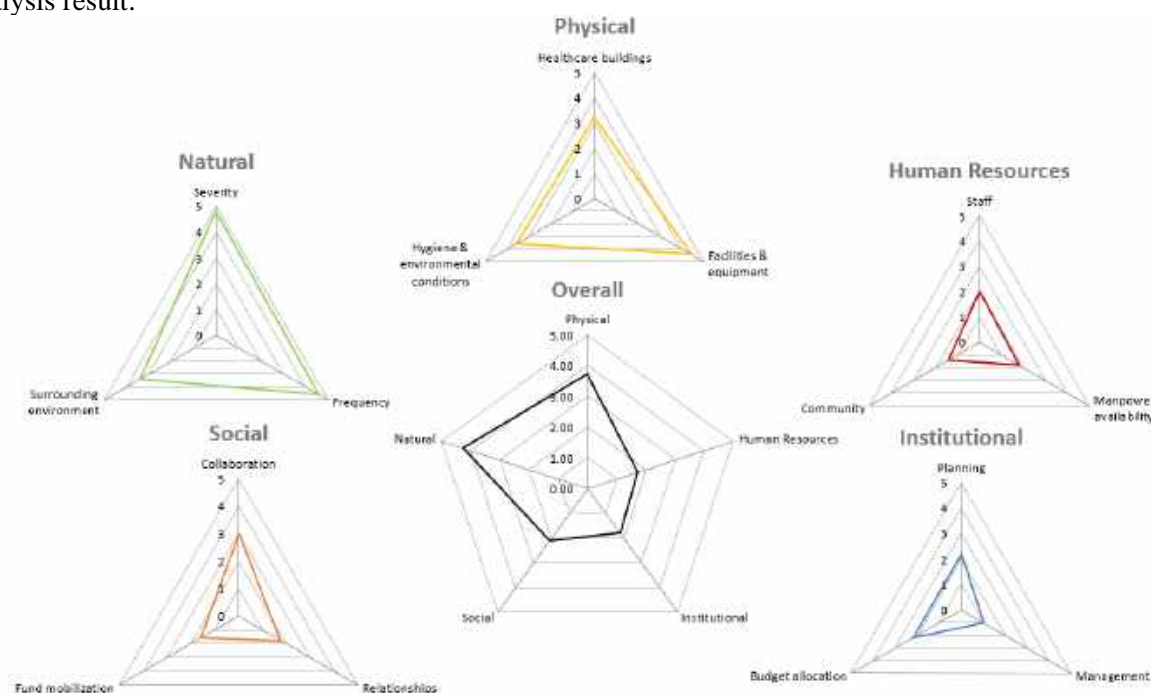
Weaknesses:

Poor awareness of DRM related activities

Community interactions and participation is low

Low level of fund mobilization

Analysis result:



Physical conditions:

- The building condition is moderate with maintenance being done as required and when funding is available.
- The condition of facilities and equipment are good and have never been damaged by disasters. There is no challenge of communication during floods.
- The condition of hygiene and environment in the area within the centre premises is moderately good.

Human resources:

- The centre has a low score in human resources considering the lack of capacity and awareness on DRM activities.

- Manpower availability is poor in the centre with an inadequate number of staff. Their attendance in the centre is impacted by flooding in the nearby area. The staff don't go to the relief camps in fear of malaria or contagious disease.
- The staff have not been engaged in disseminating information about DRM to the communities.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is negligible budget allocated for collaborative work with NGOs, private organizations, etc. The small budget assigned to the centre prevent the staff from carrying out their duties properly.

Social relationships:

- Collaborations have been moderate with local community members and Gram Panchayat assisting the staff whenever support is needed. But not much frequent collaboration with clubs, local NGOs, etc.
- The relationships with the community fare poorly due to not much interaction on DRM preparedness or early warning information being conveyed by the staff.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- The surrounding area has a frequently flooding river so there may be chances of flood related impacts in the future.

Some photographs of the centre:



Bhandara RPHC

Brief profile of the centre: Bhandara Riverine Primary Health Centre is located in the floodplains of Manas River. It caters to only OPD patients and no delivery facilities are available.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.91	3.40	2.42	2.60	2.12	4.00

Strengths:

Low severity of disasters

No disruption of service despite frequent flood

Regular checks on facilities and equipments

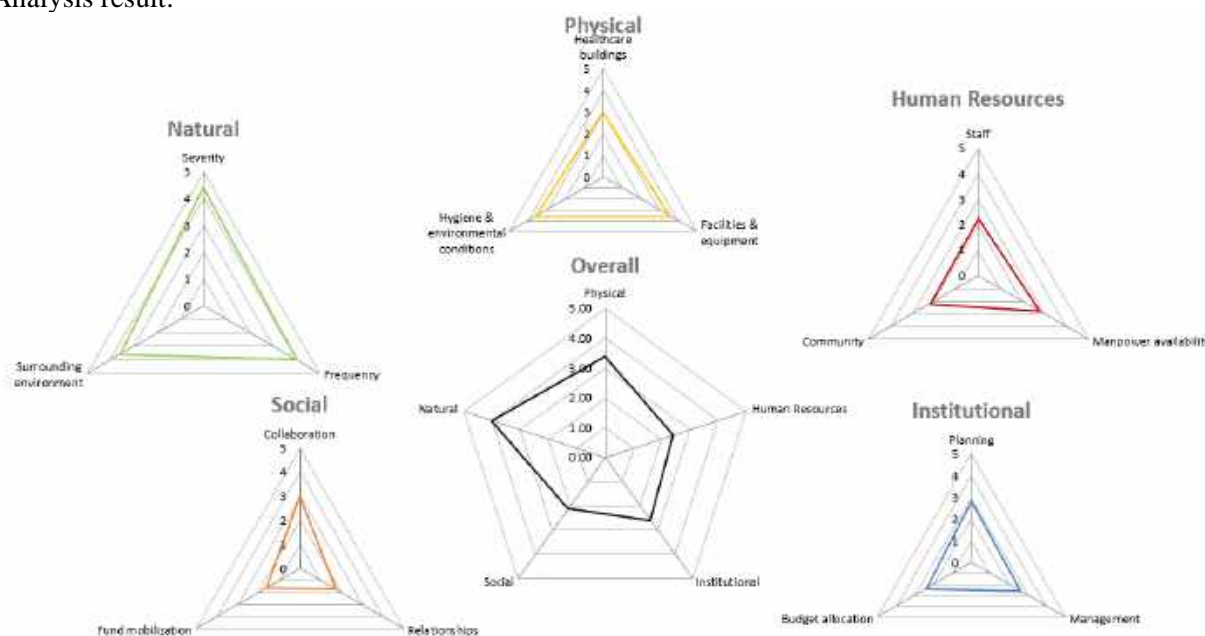
Weaknesses:

Poor mobilization of funds

No participation in community level disaster training

Lack of support from local NGOs

Analysis result:



Physical conditions:

- The physical conditions are moderate with the centre built on stilts that prevent flood water from entering the centre.
- The quality check and maintenance of facilities is regular, however, no specific gadgets and facilities for emergency and environmental protection are being used.
- The hygiene condition is above average with separate bins for waste disposal. The centre also undertakes various activities like plantation drives, awareness programmes on Swachh Bharat, etc.

Human resources:

- There is a low resilience of staff as no DRM plan or capacity building training to handle disaster

have been shared/ imparted to them. Only a few of the staff have attended training about 5 years ago.

- Manpower availability is moderate as the majority of staff go on fields to attend relief camps, however, there are no incentives for overtime.
- Community level interaction for communication of disaster specific awareness is low and people do not engage in DRM related activities.

Institutional conditions:

- The planning conditions are moderate with the roles and responsibilities delineated by the incharge and proper space planning for contagious and non-contagious diseases.
- Management of early warning and dissemination is moderate. Mass casualty management experience is lacking.
- The centre has budget allocation for most of the essential heads except for collaborations with external agencies.

Social relationships:

- There are no collaborations with external agencies, NGOs, etc. that can have the potential to invest in improvement of the services.
- There is negligible amount of funds from other stakeholders except government so, the level of fund mobilization is also very low.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards due to its structural strength that prevents flood water from affecting the centre.
- It has some water logging issues in nearby areas which may pose a risk of malaria in future.

Some photographs of the centre:



Bashbari No. 2 SC

Brief profile of the centre: The Bashbari No. 2 Sub Centre caters to the frequently flood affected population of Bashbari area. A total population of approximately 4,400 comes under its jurisdiction and the staff also provide their services at relief camps.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.67	2.40	2.53	2.53	2.55	3.33

Strengths:

Robust building

Good level of collaborations

Well managed activities like flood relief camps, community awareness, etc.

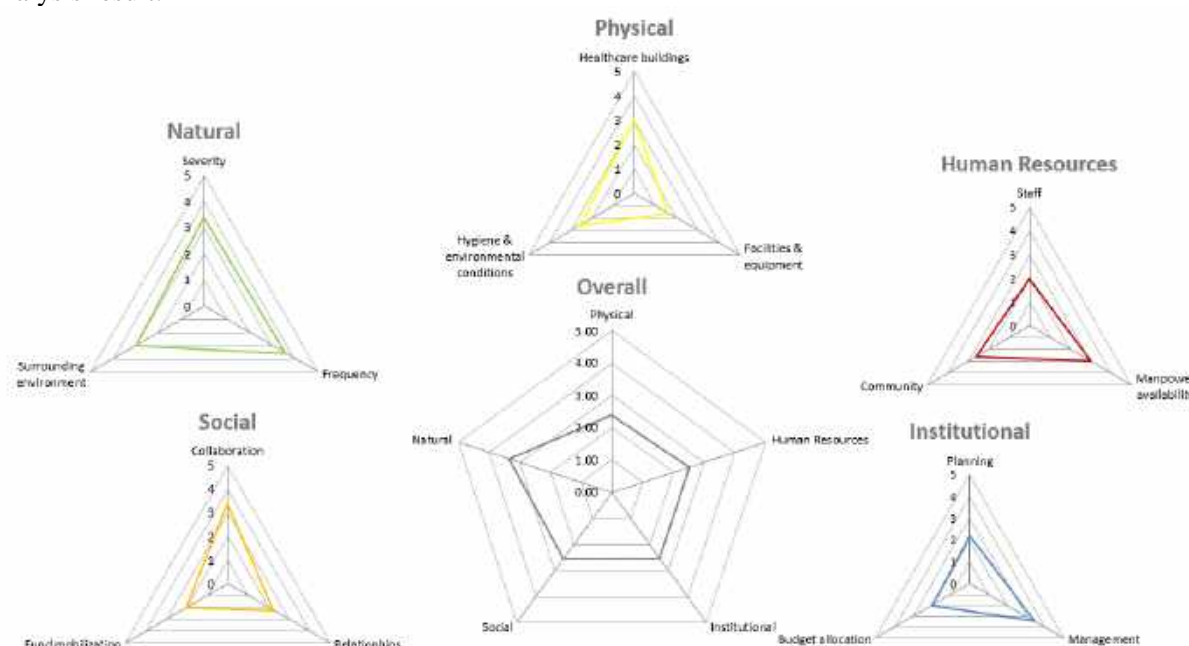
Weaknesses:

Poor condition of access roads

High severity of floods

Vulnerable site with water logging

Analysis result:



Physical conditions:

- The building condition is moderate with frequent damage caused due to flooding inside the centre. The boundary and the flooring have been damaged in past floods.
- Facilities and equipment fare poorly as the access roads remain flooded, thus affecting communication and resulting in closing the centre. The facilities like water and electricity are disrupted during flooding.
- Hygiene conditions are almost moderate with availability of waste pits and segregation; however, issues of water logging are there in the premises.

Human resources:

- The staff gets impacted by disasters as their houses get damaged by floods and they are unable to commute due to extreme water logging in the access roads.
- The manpower availability is moderate with all staff operating from relief camps since the centre is also shut due to floods.
- Community interactions are almost moderate with most of the emphasis being on post flood precautions. There is no availability of DRM plans that can be shared with the community.

Institutional conditions:

- The planning fares poorly as there is no integration of pre, during, and post DRM actions with healthcare plans as the site is vulnerable.
- Management of DRM activities are done by the incharge and staff based on the experience, however, they have limited experience in mass casualty management.
- Budget allocation fare poorly with small sum allocated for maintenance and repair but almost no budget for collaborations.

Social relationships:

- Collaborations are moderately good with regular support from district administration, NGOs, and Gram Panchayat.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Funding is not diverse with the majority of the centre functioning on government funding.

Natural conditions:

- The centre is severely impacted by flooding, however, other disasters are not severe in the surrounding area.
- There are cases of dog bite in the area and the centre refers the patients to the nearby health centres.
- Flood frequency is high in the area which prevents proper functioning of the centre. However, the staff deliver services in the relief camps regularly.

Some photographs of the centre:



Hapachara SC

Brief profile of the centre: Hapachara Sub Centre has OPD and delivery facility. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.71	2.93	2.22	2.00	2.38	4.00

Strengths:

Low frequency of disasters

Low severity of disasters

Good level of collaborations

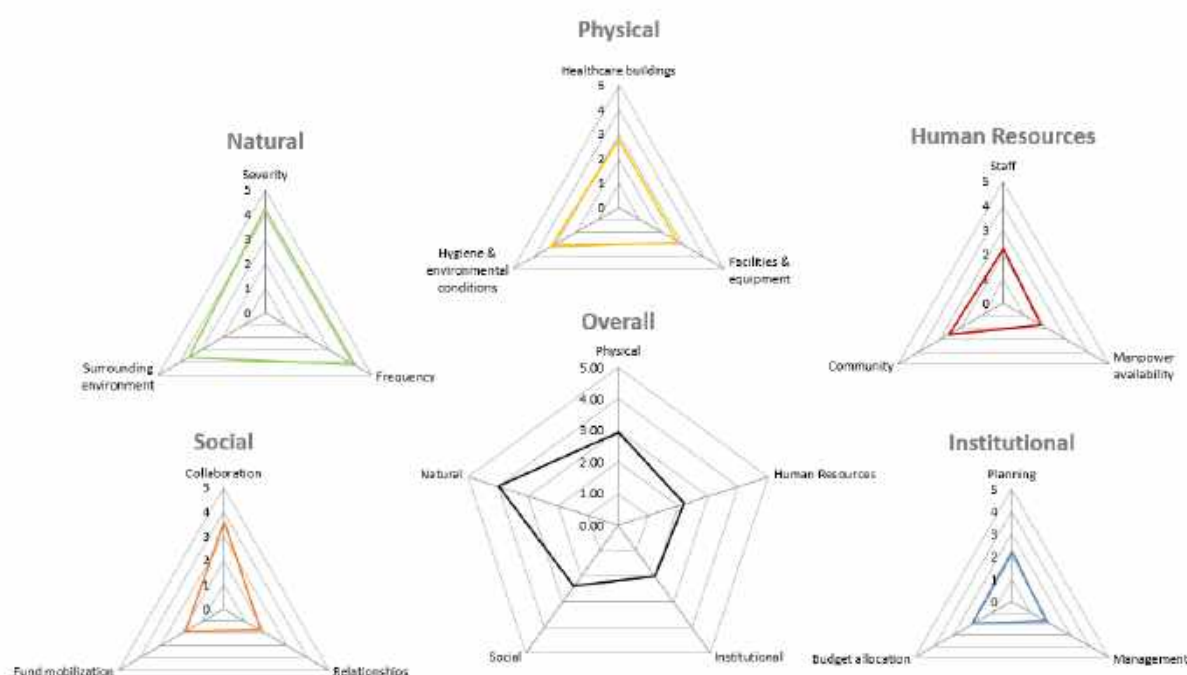
Weaknesses:

Poor engagement with the communities for DRM related activities

Staff management is inadequate

Low level of fund mobilization

Analysis result:



Physical conditions:

- The building conditions are moderate with regularly maintained confined masonry structure.
- The facilities like road access, test sample collection, delivery facilities, are average. There is an issue of flooding when the access road is impacted.
- The centre has well maintained hygiene, however, waste segregation is not proper. There is a lack of proper placenta waste pits.

Human resources:

- Awareness of staff regarding DRM is low. Staff has not been able to get trained owing to COVID-19 vaccination duties.
- Availability of manpower is usually low especially with no regular cleaning staff.

- Moderate interaction with the community for DRM activities, however, they spread awareness on public health, hygiene, safe pregnancy, regular testing, etc.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a certain level of incentives assigned for staff going to relief camps from the Manikpur BPHC.
- There is a negligible budget allocated for collaborative work with NGOs, private organizations, etc. The small budget assigned to the centre prevent the staff from carrying out their duties properly.

Social relationships:

- Collaborations fare well in the particular centre with contribution from the local NGOs during floods, COVID-19, etc.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Mobilization of funds is low with negligible private organizations or local government contributions.

Natural conditions:

- The centre has moderately good resilience to other natural hazards, except severe case of flooding.
- There is low frequency of hazards owing to the lack of history of any hazards reported. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- The surrounding conditions are moderately good, however, the centre's proximity to the water body poses the risk of flooding.

Some photographs of the centre:



Patiladaha MPHC & attached SC

Brief profile of the centre: The Patiladaha Mini Primary Health Centre caters to a population of 26,677 approximately with a total of 10 staff. The centre has received the Kayakalp award in 2019 and 2021. It has an attached Sub Centre. It is located near to the Patiladaha Highway but the access road is partially damaged.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.20	3.80	2.97	2.80	2.48	3.93

Strengths:

Very well-maintained centre

Proper waste treatment mechanism in place

Good practices like rainwater harvesting

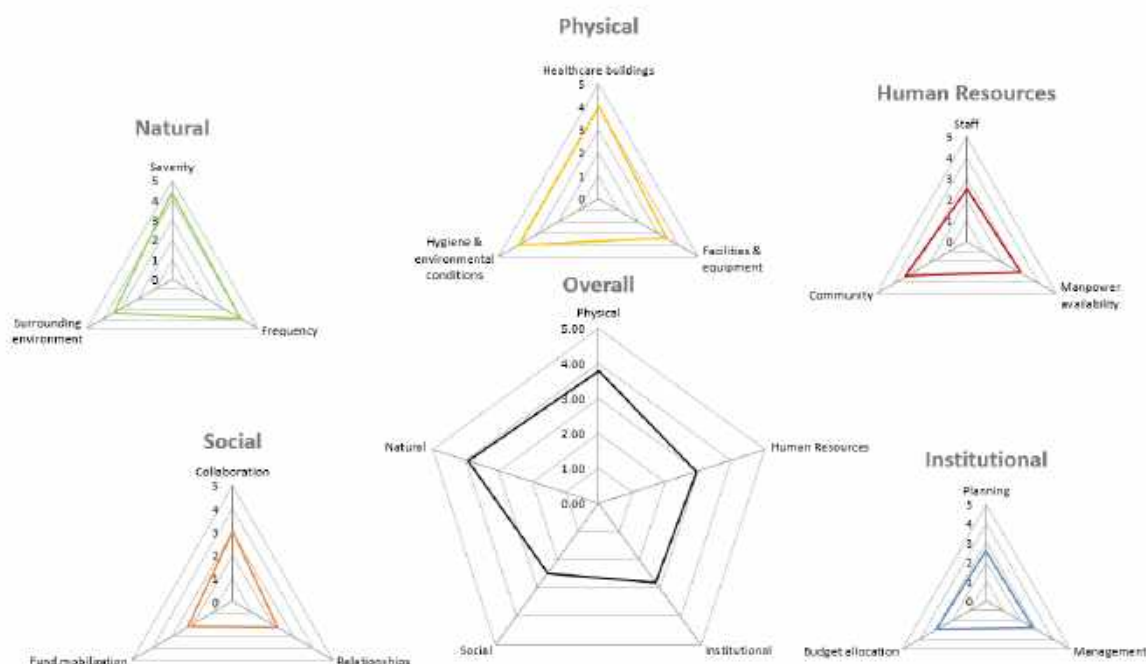
Weaknesses:

Scope for improvement of fund mobilization

Relationships with the community can be improved

Staff training on DRM related activities is needed

Analysis result:



Physical conditions:

- The center building is well maintained having a confined masonry structure which has not faced hazard related damages recently.
- The centre was awarded the Kayakalp Award in 2019 for cleanliness and in 2021 for the best performing health centre in the district.
- While there is effective emergency equipment (availability of multiple fire extinguishers), there is unavailability of other facilities such as power saving options, which is very much critical. The access road connecting the building gets flooded during rain, affecting the accessibility to the centre.

Human resources:

- There has been no DRM training imparted to the staffs from any department.
- The staff is well connected with the community and undertake COVID-19, fever surveillance to prevent health hazards such as dengue fever, and other diseases.
- Community level interaction for communication of disaster specific awareness is low and people do not engage in DRM related activities.

Institutional conditions:

- There is a gap in the DRM planning as there is no significant step in enhancing the centre with DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget under the head of DRM and no provision for budget is present in the same.
- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management.

Social relationships:

- The government forms the major financial support for the centre, promoting fund per year.
- The centre receives no form of support/ collaborations from any active NGOs, private organizations, or community groups to promote capacity building campaigns.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Patkata No. 2 SC

Brief profile of the centre: Patkata Sub Centre caters to an approximate population of 4,154. It is usually affected by water logging and flooding in nearby areas.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.71	2.87	2.47	2.13	2.37	3.73

Strengths:

Surrounding environment is safe

Moderately good condition of building

Moderate severity and frequency of disasters, except flood

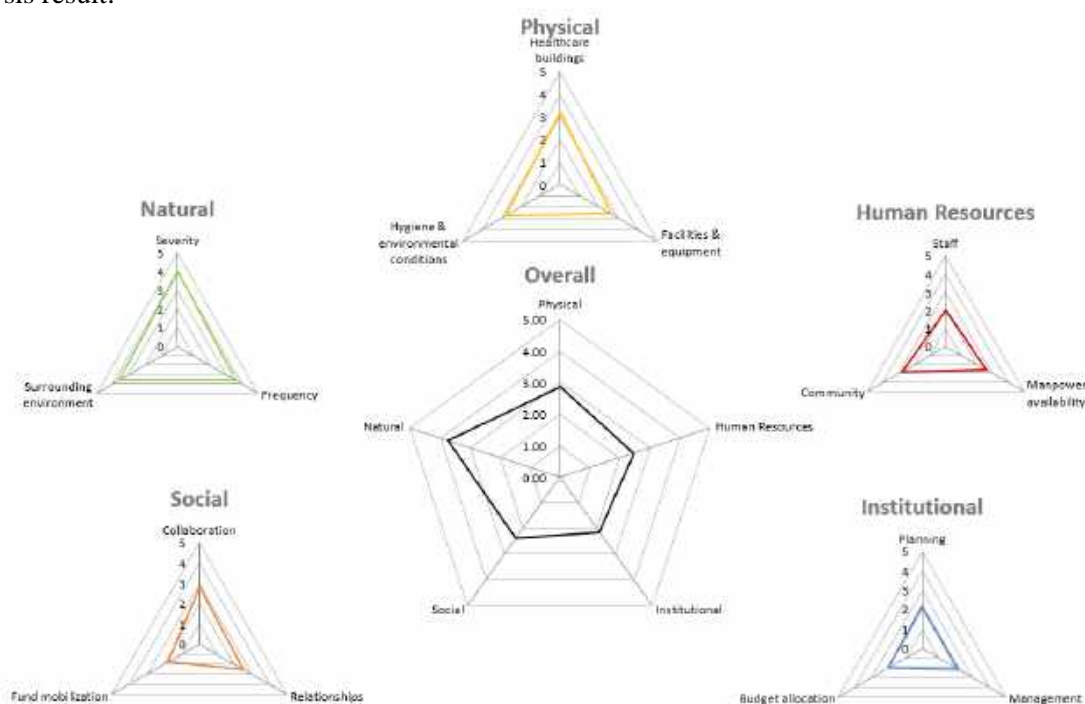
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Lack of planning of activities during disaster

Analysis result:



Physical conditions:

- The building is of confined masonry type and has good condition.
- The facilities are poor with the medicine and test kits being available but centre has reported no electricity connection, owing to failure in bill payments.
- There is proper waste segregation and management system, with weekly collection of hazardous materials. However, there are toilet facilities without running water and they use water from hand pump.

Human resources:

- In terms of human resources, the staff has not received any training related to DRM and the awareness of hazards and DRM is very low.

- Manpower availability is almost poor in the centre. The staff lack disaster preparedness and don't receive incentives for visiting camps.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on health and hygiene but not on DRM.

Institutional conditions:

- There is a gap in the DRM planning, as there is no significant step in enhancing the centre with DRM plans or any mock drills.
- The centre is not well equipped to disseminate early warning, preparedness information, to the communities.
- In terms of budget allocation, there is lack of knowledge on budget under the head of DRM and no provision for budget for safety appliances like fire extinguishers, etc. Further, the centre reported budget insufficiency.

Social relationships:

- Collaborations have been active with NHM and coordination has been done with other centres too but no collaboration with the local government, NGOs, private organizations. However, once WHO has visited the centre.
- The relationships with the community fare almost poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There is a scope for enhancing relationships with Gram Panchayat, NGOs, etc. to ensure funding options and mobilization of various funds through community activities, etc.

Natural conditions:

- The building is affected by waterlogging/ flash flooding, but does not challenge the functioning of the centre.
- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Kushlaiguri SC

Brief profile of the centre: Kushlaiguri Sub Centre was established in 2015 and caters to a population of approximately 5,000. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
3.06	3.60	2.72	2.47	2.40	4.13

Strengths:

Low severity and frequency of disasters

Surrounding environment is safe

Building conditions is good

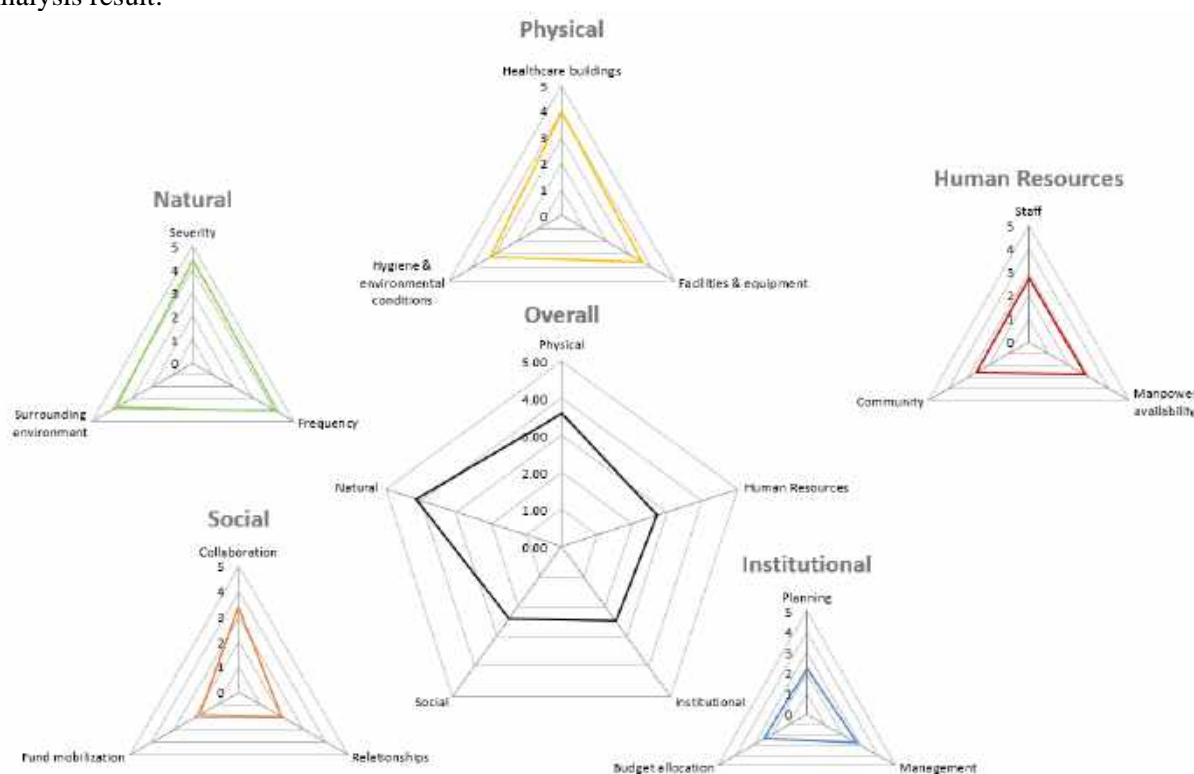
Weaknesses:

Scope for improvement of fund mobilization

Weak relationships with community

Lack in planning of DRM related activities

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the center building is well maintained having a confined masonry structure which has not faced hazard related damages recently.
- Further, the center was newly established in 2015. The center officials suggested receiving an untied fund twice per year that is used for upkeep of facilities. However, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards, signages, fire extinguishers, etc.
- There is a proper waste segregation and management system, with weekly collection of hazardous materials.

Human resources:

- The centre has its incharge trained in fire hazard management. However, other staff have not received any training related to DRM and the awareness of hazards and DRM is very low.
- The centre has reported manpower shortage, and the officials suggested key issues managing the center during field trips, affecting the overall service delivery.
- The centre has basic testing facilities established; however, there is a dearth of emergency toolkits (other than medicinal) such as fire extinguishers.

Institutional conditions:

- There is a gap in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget under the head of DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

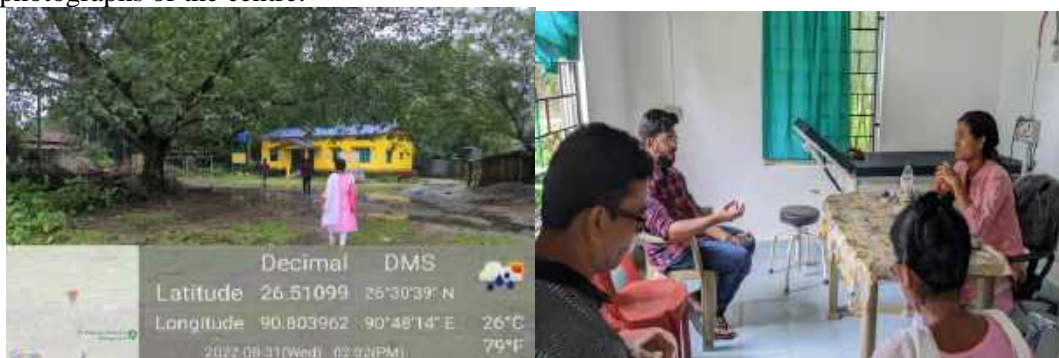
Social relationships:

- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial projects.
- The government forms the major financial support for the centre, promoting fund twice per year. However, the centre receives no form of support/ collaborations from any active NGOs, private organizations, or community groups to promote capacity building campaigns.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Sonaikola SC

Brief profile of the centre: Sonaikola Sub Centre is a centre which provides essential healthcare services in flood prone areas. It receives approximately 2,500 OPD per year. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.65	2.80	2.45	2.07	2.25	3.67

Strengths:

Moderately low impact of disasters on centre

Building condition is good

Facilities in the surrounding areas are good

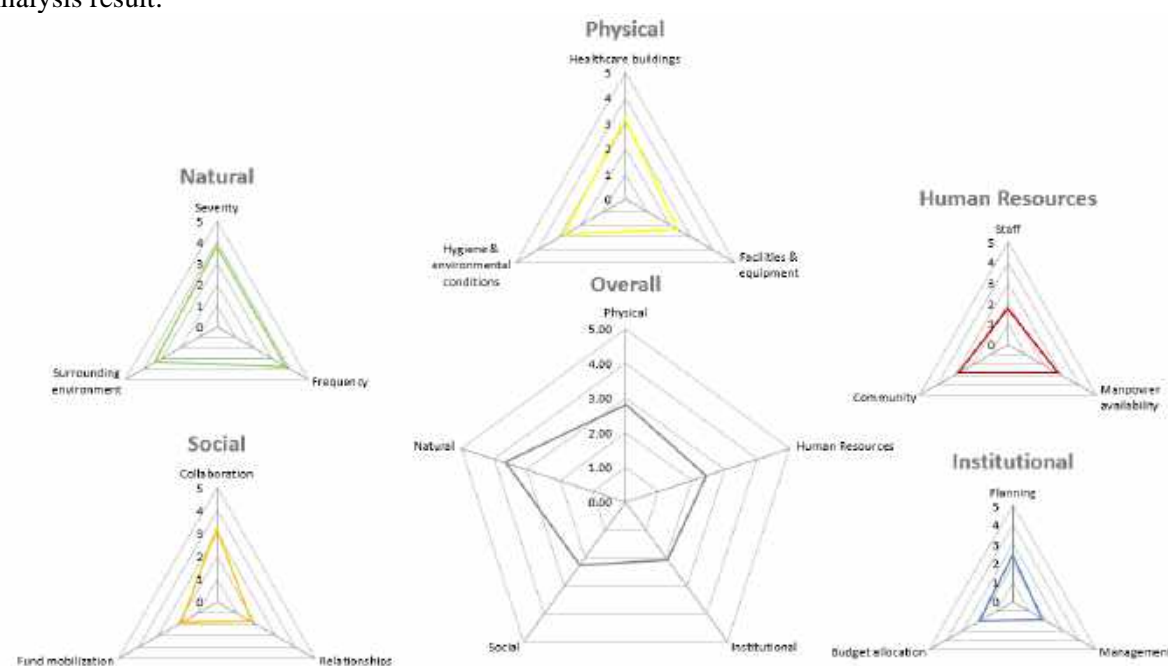
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Relationships with community needs improvement

Analysis result:



Physical conditions:

- The physical condition of the building is moderate with maintenance of facility and equipment. However, challenges pertain to inadequate signages, lack of permanent boundary wall, space for waiting room, etc.
- The facilities and equipment fare poorly with medical equipment being functional; however, power backup systems, access road to centre are damaged and in need of repair.
- There is a moderate hygiene condition with WASH facilities, segregation being practiced inside the centre, and dedicated cleaning staff. Surrounding areas are unclean.

Human resources:

- The centre has a low score in staff as they get affected by flooding which impacts their commute.
- Considering the availability of manpower to dispose off their duties within the centre, they fare moderately. Staff awareness of DRM activities is low and have never attended trainings.
- Community level activities have not been very successful considering the high number of underage pregnancies, low awareness of waste management within the community.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is a negligible budget allocated for collaborative work with NGOs, private organizations, etc. No fund allocation is done for DRM related work.

Social relationships:

- There is a moderate level of collaboration with good inspection and management mechanism by national and state management, but falls behind in establishing connections with community-based committees.
- The relationships with local communities are not very strong as there is some resistance to the guidance given by staff and lack of cooperation.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- It has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- The surrounding areas have issues of water logging and waste dumping practice that may give rise to diseases.

Some photographs of the centre:



Dhupuri No. 2 SC

Brief profile of the centre: Dhupuri No. 2 Sub Centre lie under the Patiladaha MPHC and cater to the population of flood affected areas. The centre operates from a small house with 1 ANM and 4 ASHA staff.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.76	2.93	2.55	1.87	2.47	4.00

Strengths:

Low severity and frequency of disasters in the centre

Moderately safe environment near the centre

Good level of collaborations

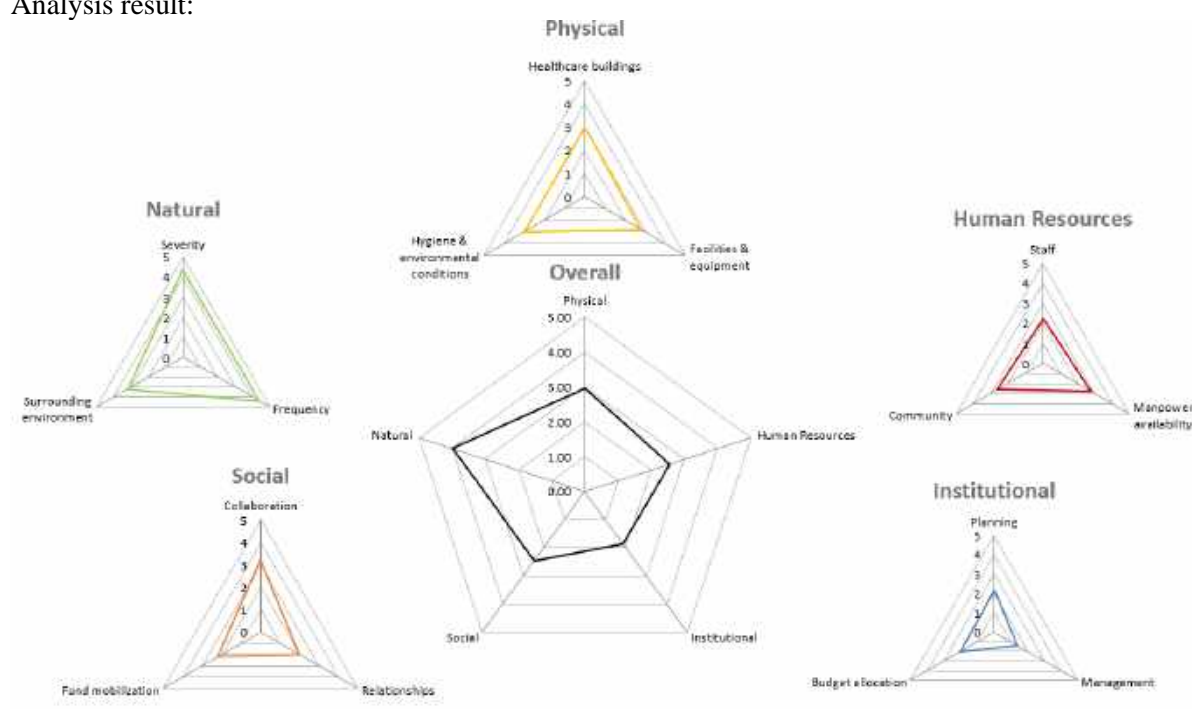
Weaknesses:

Management of DRM related activities are insufficient

Budget is not well allocated for DRM

Planning related to relief and DRM related activities need improvement

Analysis result:



Physical conditions:

- The building condition is moderate with need for maintenance. The centre is located within a rented room of a house so there is less space for patients in the seating area.
- Facilities and equipment fare almost moderately as the testing, medical equipment, are functional but access roads remain damaged after floods thus affecting communication. Additionally, there is no boundary wall and there is space issue for making waste pits.
- Hygiene conditions are almost moderate with availability of waste segregation; however, no pits are there in the premises.

Human resources:

- The staff has low DRM related training experience and have never been aware of DRM plans. They get impacted by disasters as they face inconvenience in commute due to extreme water logging in the access roads.
- The manpower availability is moderate with all staff operating from relief camps or alternate locations when they are unable to open the centre.
- Community interactions are almost moderate with most of the emphasis being on post flood precautions. There is no availability of DRM plans that can be shared with the community.

Institutional conditions:

- The planning fares poorly due to lack of awareness of staff about DRM plans and no integration of pre, during, and post DRM actions with healthcare plans.
- Management of DRM related activities, or precautions like space segregation for contagious diseases, is not present. As a very small centre, the facilities are inadequate for early warning communication and reporting.
- Budget allocation fare poorly with only a small sum allocated for maintenance and repair but almost no budget for collaborations with other stakeholders.

Social relationships:

- Collaborations are moderately good with the local Gram Panchayat and community supporting the centre by construction of toilets, providing space for routine immunization sessions, etc.
- Members of the community do not have resistance to the guidance provided by healthcare staff so there is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Fund mobilization fare almost low with very little support by the government and no monetary support from the NGOs, CSRs, private organizations, etc.

Natural conditions:

- The centre has good resilience to natural hazards, owing to the lack of history of any hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Jhawbari SD and attached SC

Brief profile of the centre: The Jhawbari State Dispensary caters to a population of approximately 10,000. It has an attached Sub Centre that takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.96	2.87	2.62	2.53	2.93	3.87

Strengths:

Low frequency of disasters

Low severity of disasters, except floods

Surrounding environment is safe with good connectivity

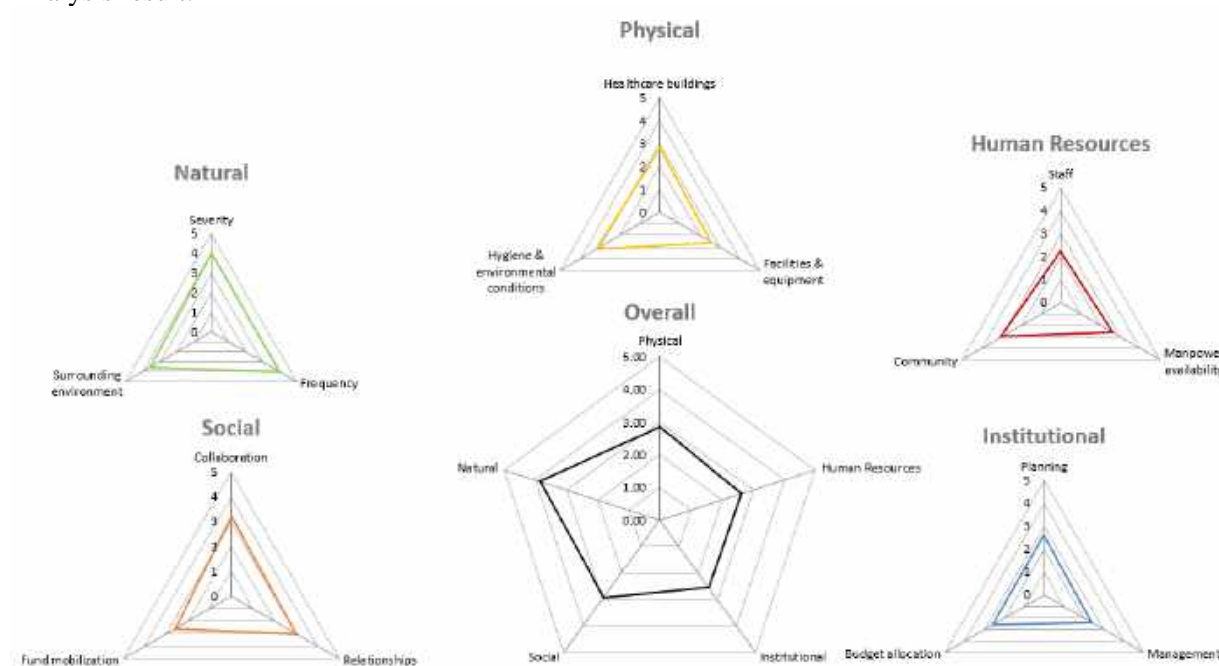
Weaknesses:

Staff management is inadequate

Need to improve activities related to DRM

Poor budget allocation to DRM activities

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition. It is an old structure which has very frequent issues of water logging in the centre and damage to structure due to strong winds. The structure is not regularly maintained.
- The facilities within the centre are not fully functional. The delivery room repairing is ongoing, the access road is damaged, and signages are not well maintained.
- The hygiene and environment conditions are moderate with regular segregation practice but sometimes waste is burned. The attached sub centre doesn't have a proper segregation system.

Human resources:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a lot of staff are required to visit relief camps in the jurisdiction and less staff is available to attend OPD. Centre has no specific capacity for mass casualty management, inadequate facilities for emergency deliveries, etc.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on seasonal diseases, malaria, Japanese encephalitis, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is negligible budget allocated for collaborative work with NGOs, private organizations, etc. Although there are NGOs which visit the centre, no specific funds are assigned for collaborations.

Social relationships:

- Collaborations have been frequent with local NGOs; however, not with local government or private organizations.
- The relationships with the community fare moderate due to mostly community members actively participating in camps and supporting the staff in activities.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has moderate resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- There are issues of water logging and storm in the centre that has previously caused damage. The surrounding area has in past faced Japanese encephalitis cases.

Some photographs of the centre:



Aolaguri SC

Brief profile of the centre: Aolaguri Sub Centre caters to the population affected by flooding. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.85	3.20	2.77	2.20	2.33	3.73

Strengths:

Low severity of disasters

Low frequency of disasters

Facilities and equipments are in good condition

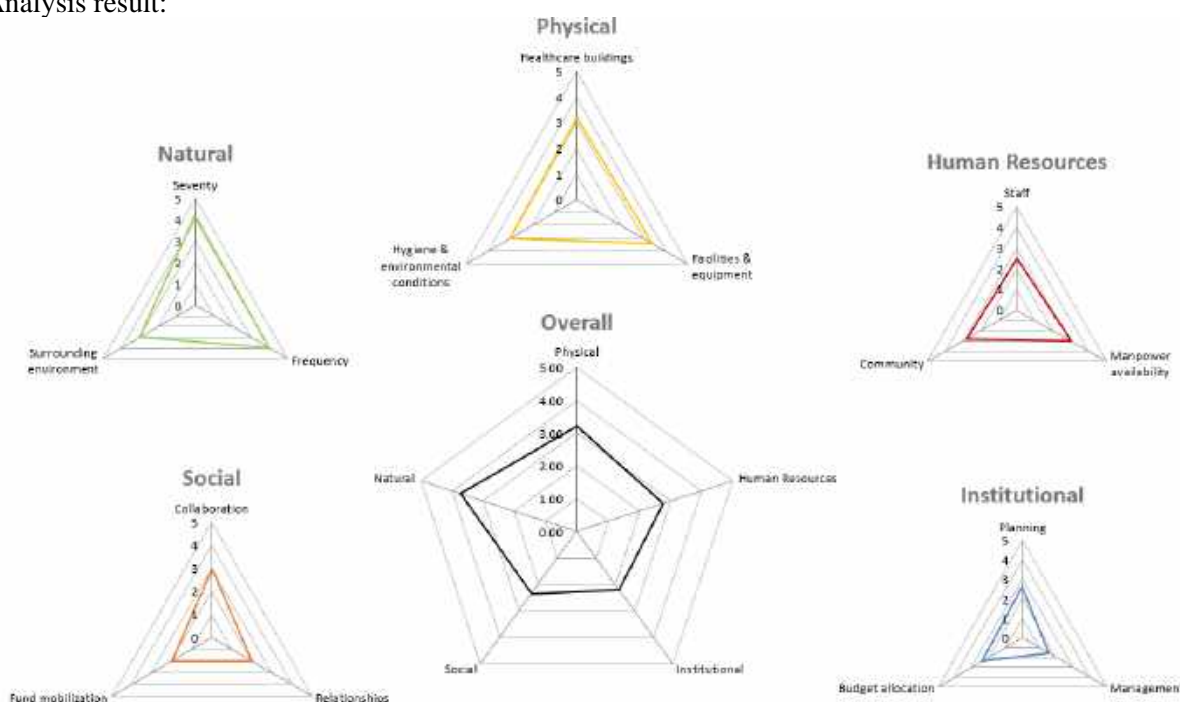
Weaknesses:

Management of DRM related activities needs improvement

Relationships between community and centre needs enhancement

Fund mobilization is not efficient

Analysis result:



Physical conditions:

- The building condition is moderately good with maintenance done regularly from the government given untied funds.
- The facilities available are good with no shortage of essential medicines. Testing kits and devices are functional and the accessibility to the centre is good.
- The hygiene and environmental conditions are moderately good. There is a proper waste collection mechanism with plastic waste being sent to Manikpur BPHC.

Human resources:

- Staff awareness of DRM activities is moderately low with no training attended but only on job learning.

- There is low manpower availability with only 1 ANM for the entire population.
- The community-based interaction fare moderately as the staff has been working with the community for many years. However, no DRM related training has been given except COVID-19 related leaflet distribution.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is negligible budget allocated for collaborative work with NGOs, private organizations, etc.

Social relationships:

- There are no collaborations with local NGOs, local Gram Panchayat, etc.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Fund mobilization is low with majority funding being used for maintenance works only.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- There are villages under the centre which are affected by flooding.

Some photographs of the centre:



Fagunagaon MPHC & attached SC

Brief profile of the centre: The Fagunagaon Mini Primary Health Centre and attached Sub Centre caters to a population of approximately 15,000. Some areas under the jurisdiction are affected by flood and the staff provide services at relief camps.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.89	3.13	2.48	2.40	2.75	3.67

Strengths:

Low severity of disaster events in the area near the centre

Low frequency of disaster events

Hygiene and environmental conditions in the centre are maintained

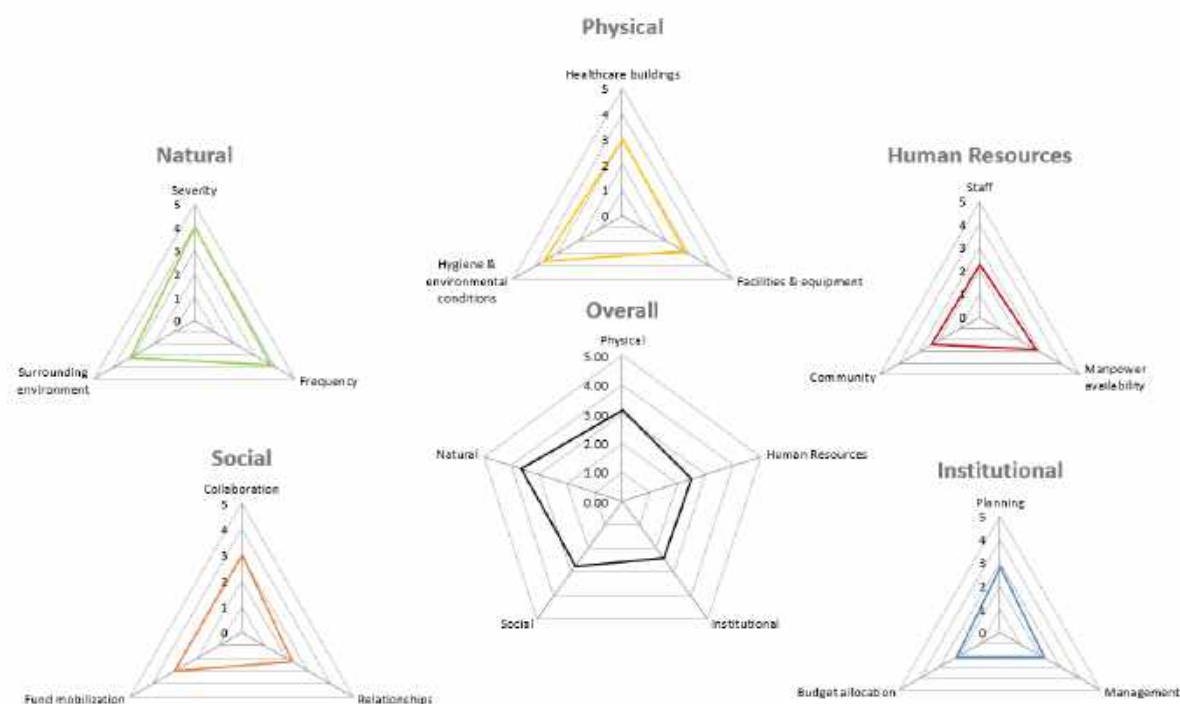
Weaknesses:

Budget allocation for DRM activities is low

Staff awareness of DRM is low

Management capacity of activities related to DRM is inadequate

Analysis result:



Physical conditions:

- The building condition is moderate built with confined masonry with damage caused to the roofing due to storms. The walls and the roofing have been damaged in past floods.
- Facilities and equipment fare moderate as the equipment have not been damaged but access road and roof damages have not been repaired on time. There have been incidents of theft of water pumps from the centre.
- Hygiene conditions are almost moderate with availability of waste pits and waste segregation, drinking water facilities, and functional toilets. However, issues of water logging are there in the premises.

Human resources:

- The staff gets no training on hazard management or has experience of DRM. Some of them have been impacted by disasters as they face challenges to commute due to flooding in rivers and water logging in the access roads.
- The manpower availability is moderate with all staff operating from relief camps when they are unable to open the centre. However, they do not receive incentives for this service.
- Community interactions are almost moderate with the community not interested in any training. Awareness given is mostly on post flood precautions. There is no availability of DRM plans that can be shared with the community.

Institutional conditions:

- The planning fares almost moderately as the staff is aware of roles and responsibilities during disaster and go to relief camps regularly. Although SOPs exists, but there is no integration of pre, during, and post DRM actions with healthcare plans.
- Management of DRM activities are done by the incharge and staff based on the experience; however, they have limited capacity of mass casualty management.
- Budget allocation fare poorly with small sum allocated for maintenance and repair but almost no budget for collaborations.

Social relationships:

- Collaborations are moderately good with regular support from NHM and intra and inter-healthcare centre communication and dependency system.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness. The trust in community has to be established with more interactive sessions.
- Funding is not diverse with the majority of the centre functioning on government funding.

Natural conditions:

- The centre is severely impacted by storms; however, other disasters are not severe in the surrounding area.
- There are cases of flooding in the areas under the jurisdiction of the centre and cases of water logging in the villages. Block level duties prevent proper functioning of the centre in the flooding season. However, the staff deliver services in the fields regularly.

Some photographs of the centre:



Goraimari SC

Brief profile of the centre: The Goraimari Sub Centre is a functional health centre with good associations with local stakeholders like NGOs, community groups, etc. It caters to a large number of pregnant women with a high number of deliveries. The ANM of this centre here has been awarded for her relentless work by the state.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.77	3.13	2.30	2.00	2.40	4.00

Strengths:

Low frequency of disasters

Low severity of disasters

Moderately good condition of facilities and equipments

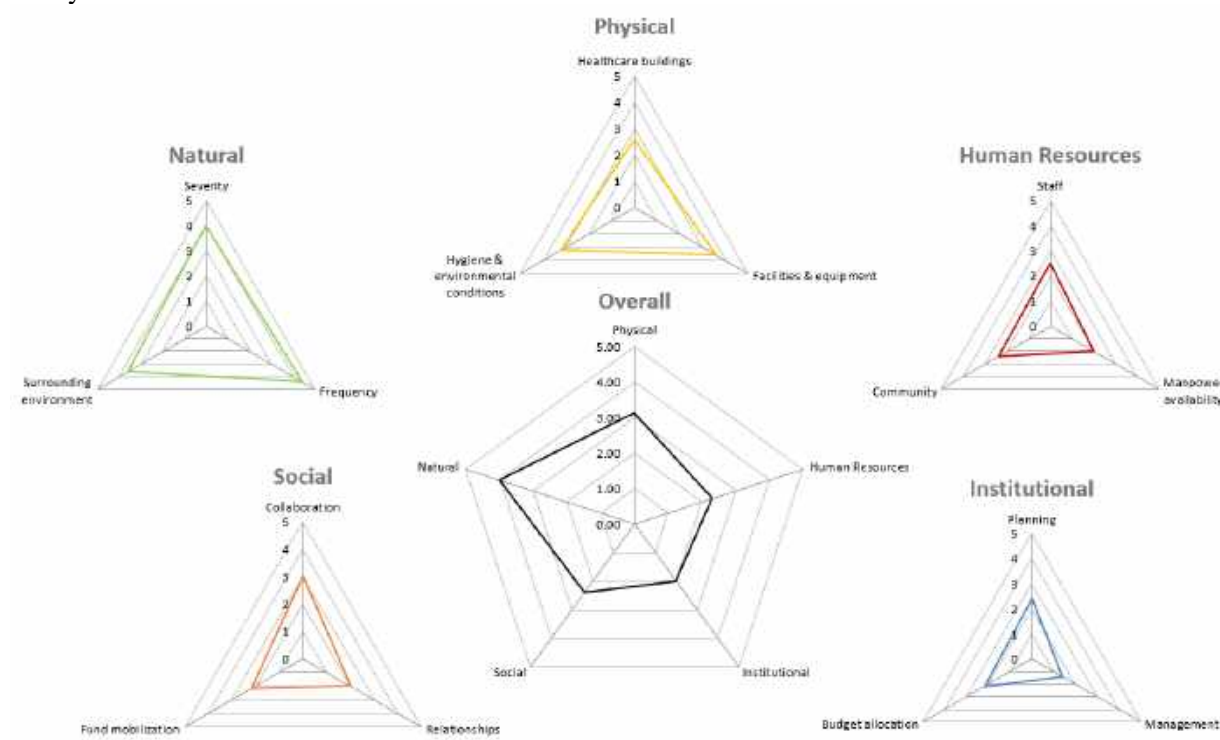
Weaknesses:

Capacity to manage disaster is low

Low manpower availability

Poor engagement with the communities for DRM related activities

Analysis result:



Physical conditions:

- The healthcare building is not very well maintained as it has a very small area with no proper boundary walls, poorly maintained outdoor seating, etc.
- The facilities within the centre are fully functional; however, the access road is damaged and signages are not well maintained.
- The hygiene and environment conditions are moderate with regular waste segregation practice but space constraint for placenta waste pits.

Human resources:

- The centre has a low score in human resources considering the lack of capacity and awareness on DRM activities.
- Manpower management is poor in the centre with the staff going to field and lack of staff to attend OPD.
- The staff have not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is negligible budget allocated for collaborative work with NGOs, private organizations, etc. The small budget assigned to facilities which prevent the staff from carrying out their duties properly.

Social relationships:

- Collaborations have been frequent with clubs, local NGOs; however, not with local government or private organizations.
- The relationships with community fare poorly due to mostly superstitions and resistance from local community.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- There are minor issues of water logging as the centre is located at a lower level to the main road.

Some photographs of the centre:



Jamdoha No. 2 SC

Brief profile of the centre: Jamdoha No. 2 Sub Centre is located in a flood prone area which caters to the population mostly at relief camps and other makeshift facilities during the monsoon and flooding periods.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.84	2.73	2.75	2.47	2.93	3.33

Strengths:

Low frequency of disasters, except flood

Collaborations with local stakeholders is good

Relationships with the community is strong

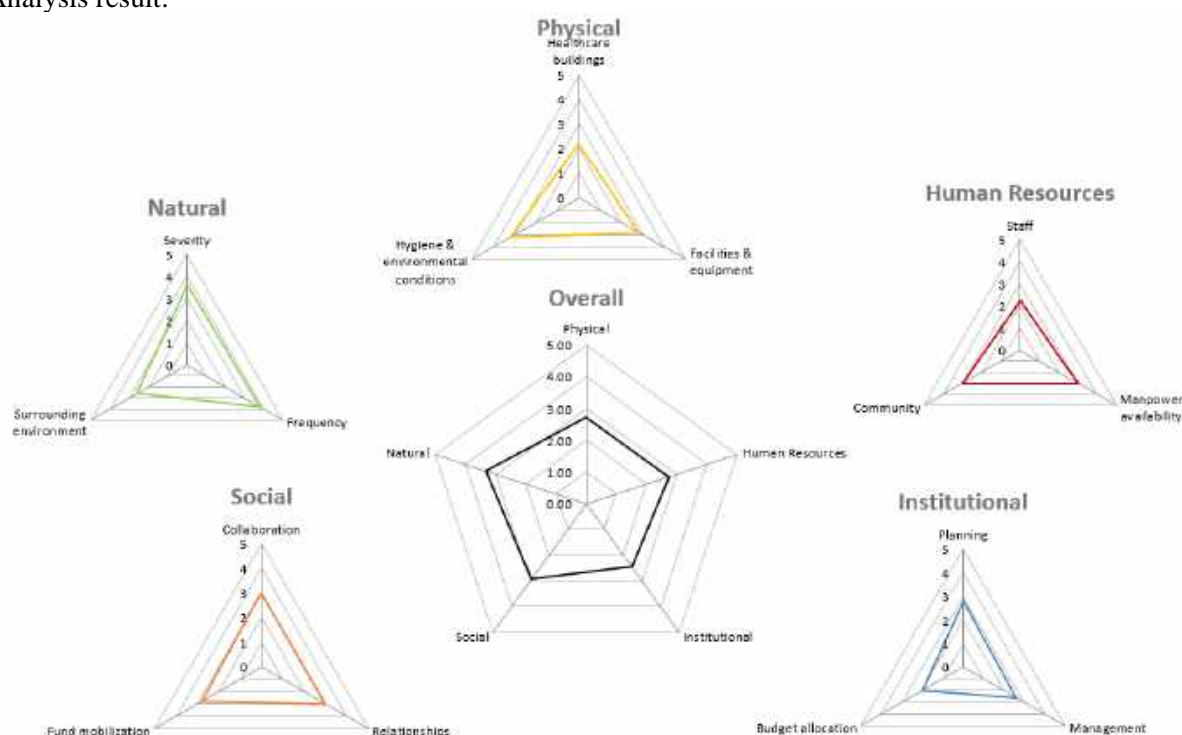
Weaknesses:

Low budget allocation for DRM related activities

Condition of healthcare building requires improvement

Number of staff is low

Analysis result:



Physical conditions:

- The building condition is poor as the centre is made using CI sheets with frequent damage caused due to flooding.
- Facilities and equipment fare almost moderately as the access roads remain damaged after floods, thus affecting communication. Additionally, the electricity supply doesn't have backup and is donated by community members.
- Hygiene conditions are almost moderate with availability of waste segregation; however, issues of water logging are there in the premises.

Human resources:

- The staff has awareness of flood related management activities due to experience in the area for many years but have never received training. But they get impacted by disasters as they face inconvenience in commute due to extreme water logging in the access roads.
- The manpower availability is moderate with all staff operating from relief camps when they are unable to open the centre. Shortage of staff is experienced post flooding as more cases of fever, diarrhea, etc. are reported.
- Community interactions are almost moderate with most of the emphasis being on post flood precautions. There is no availability of DRM plans that can be shared with the community.

Institutional conditions:

- The planning fares almost moderately due to the awareness of the local people and staff who are frequently affected by floods. Although SOPs exists, but there is no integration of pre, during, and post DRM actions with healthcare plans.
- Management of DRM activities are done by the staff based on the experience; however, they have limited experience of mass casualty management.
- Budget allocation fare poorly with only a small sum allocated for maintenance and repair but almost no budget for collaborations with other stakeholders.

Social relationships:

- Collaborations are moderately good with the local Gram Panchayat and community supporting the centre by providing electricity supply, hand pumps for water supply, etc.
- Members of the community do not have resistance to the guidance provided by healthcare staff so there is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Fund mobilization fare almost moderate with no monetary support from the NGOs, CSRs, private organizations, etc.

Natural conditions:

- The centre is severely impacted by flooding; however, other disasters are not severe in the surrounding area.
- Flood frequency is high in the area which prevents proper functioning of the centre. However, the staff deliver services in the relief camps regularly.

Some photographs of the centre:



Moutara SC

Brief profile of the centre: Moutara Sub Centre has OPD and delivery facility. It gets an approximate of 3,000 OPD every year. The centre takes up activities related to vaccination, basic testing, and community-based awareness.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.74	3.13	2.08	2.07	2.33	4.07

Strengths:

Low frequency of disasters

Low impact of disasters on building

Good level of hygiene and environmental conditions

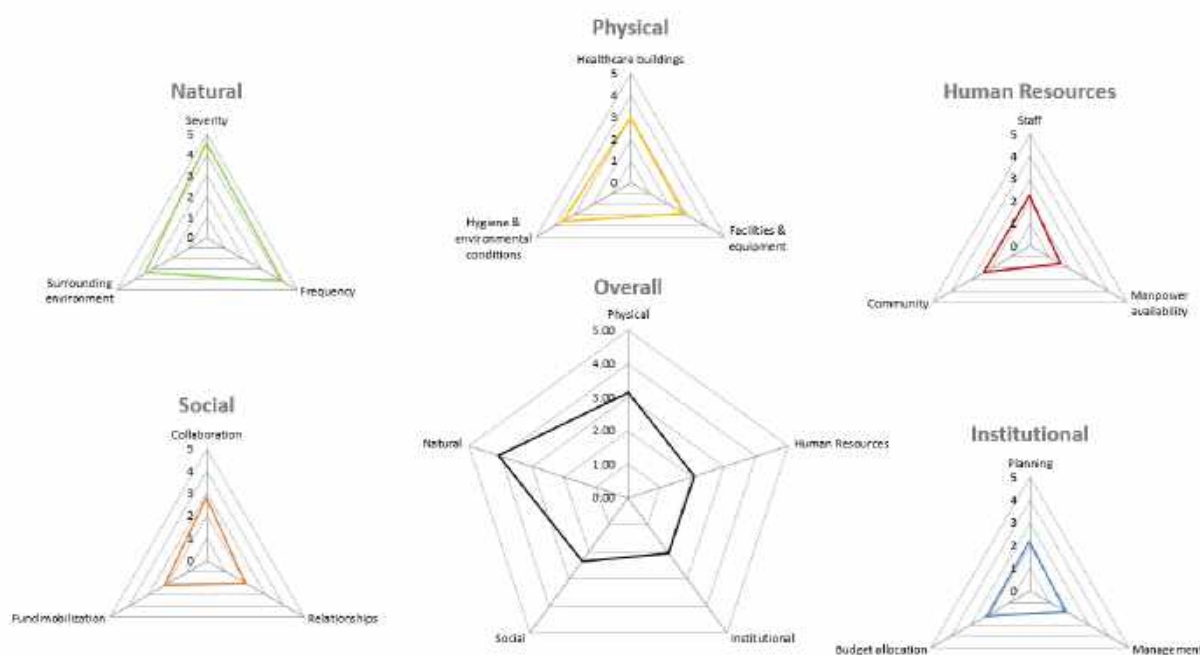
Weaknesses:

Lack of sufficient manpower

Staff management is inadequate

Poor engagement with the communities for DRM related activities

Analysis result:



Physical conditions:

- The centre has moderately good physical infrastructure with a confined masonry structure which has not faced disaster related damages in the past although the maintenance is not regular.
- There are no energy saving or smart practices in the centre however there is power backup.
- There are separate dustbins for waste segregation but the cleanliness of the area within the centre boundary is unkempt.

Human resources:

- The staff has not received any training related to DRM and the awareness of hazards and DRM is very low.

- There is low manpower availability in the centre and incharge suggests it being a major impediment for effective service delivery.
- Most of the work by the staff has been around spreading awareness on public health and hygiene. But there has been no DRM related awareness except for COVID-19.

Institutional conditions:

- The centre is not well equipped to disseminate early warning information to the communities. There is a gap in the DRM planning, as there is no significant step in enhancing the centre's resilience with DRM plans.
- There is a dearth in drills/ training sessions related to hazards. The centre demonstrates poor conditions with no awareness of DRM and planning activities.
- There is lack of knowledge on budget under the head of DRM and no provision for budget for safety appliances like fire extinguishers, etc.

Social relationships:

- Collaborations have been active with NHM and coordination has been done with other health centres actively but no collaboration with local government, NGOs, private organizations.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Some photographs of the centre:



Chouraguri SC

Brief profile of the centre: The Chouraguri Sub Centre was established in early 1990s and caters to a population of about 6,100. It has OPD, delivery, and basic testing facilities.

HDRA score:

Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
2.77	3.13	2.08	2.07	2.42	4.13

Strengths:

Low frequency of disasters

Low severity of disasters

Surrounding environment is safe

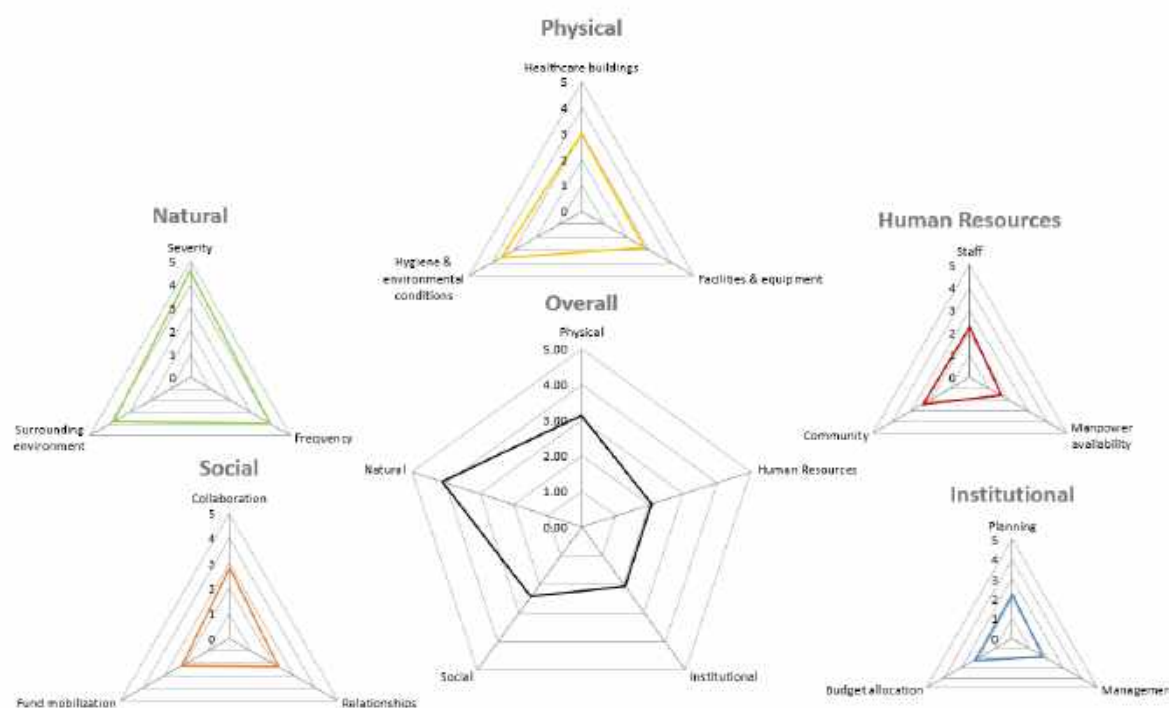
Weaknesses:

Lack of sufficient manpower

Staff management is inadequate

Poor budget allocation to DRM activities

Analysis result:



Physical conditions:

- The building condition is moderately good with maintenance done regularly from the government given funds.
- The facilities available are almost moderate as they are functional and the accessibility to the centre is good. However, there is no space for making waste pits and patient waiting areas are insufficient.
- The hygiene and environmental conditions are moderately good. There is a proper waste collection mechanism with a functional water supply.

Human resources:

- Staff awareness of DRM activities is low. There are no capacity building related to preparedness,

provision for dissemination of information, availability of DRM plans, etc.

- There is low manpower availability with only 1 ANM for the entire population. There are no incentives or alternate staffing options available.
- The community-based interaction fare moderately as the staff make special efforts with people of the area who are superstitions.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is negligible budget allocated for collaborative work with NGOs, private organizations, etc. The small budget assigned to facilities which prevent the staff from carrying out their duties properly.

Social relationships:

- There are no collaborations with local NGOs, local Gram Panchayats, etc. However, the NHM supports the centre both financially and with equipments.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Fund mobilization is low with majority funding being used for maintenance works only.

Natural conditions:

- The centre has good resilience to natural hazards.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- There are villages under the centre which are affected by flooding issues. Some incidents of malaria have been reported in past.

Some photographs of the centre:



Bongaigaon Health Block

The Bongaigaon health block in Bongaigaon district consists of 32 health centres as shown in Figure 12 below. The detailed analysis report of each of the centres is given in the upcoming section.

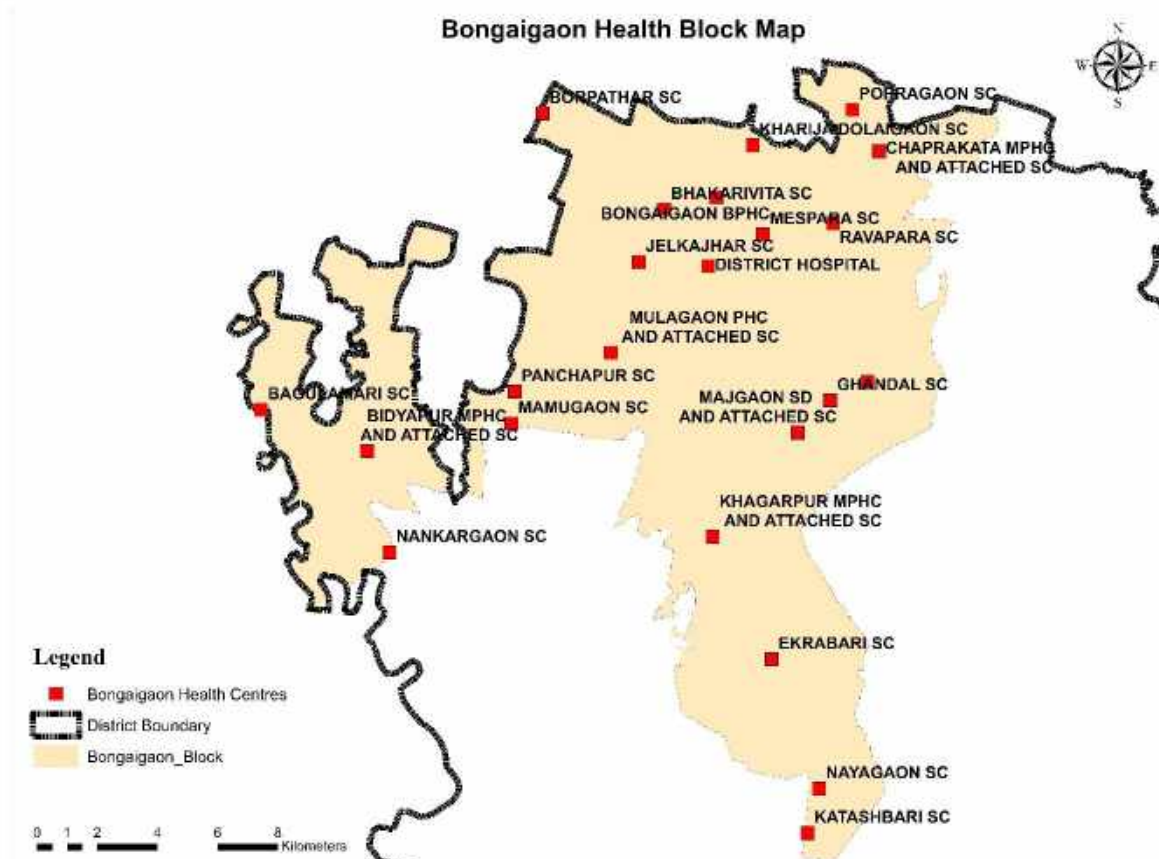


Figure 12: Bongaigaon health block map showing locations of the health centres

Bongaigaon BPHC

Brief profile of the centre: Bongaigaon Block Public Health Centre is one of the oldest centre's in the district and is located in an urban area. The structure is an old Ekra construction with the maternity ward being a newly constructed RCC structure which is attached to the old building as an annex.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Bongaigaon PHC	3.27	3.73	2.55	2.87	3.08	4.13

Strengths:

Low severity and frequency of disasters

Good condition of facilities and equipments

Hygiene and environmental conditions is good

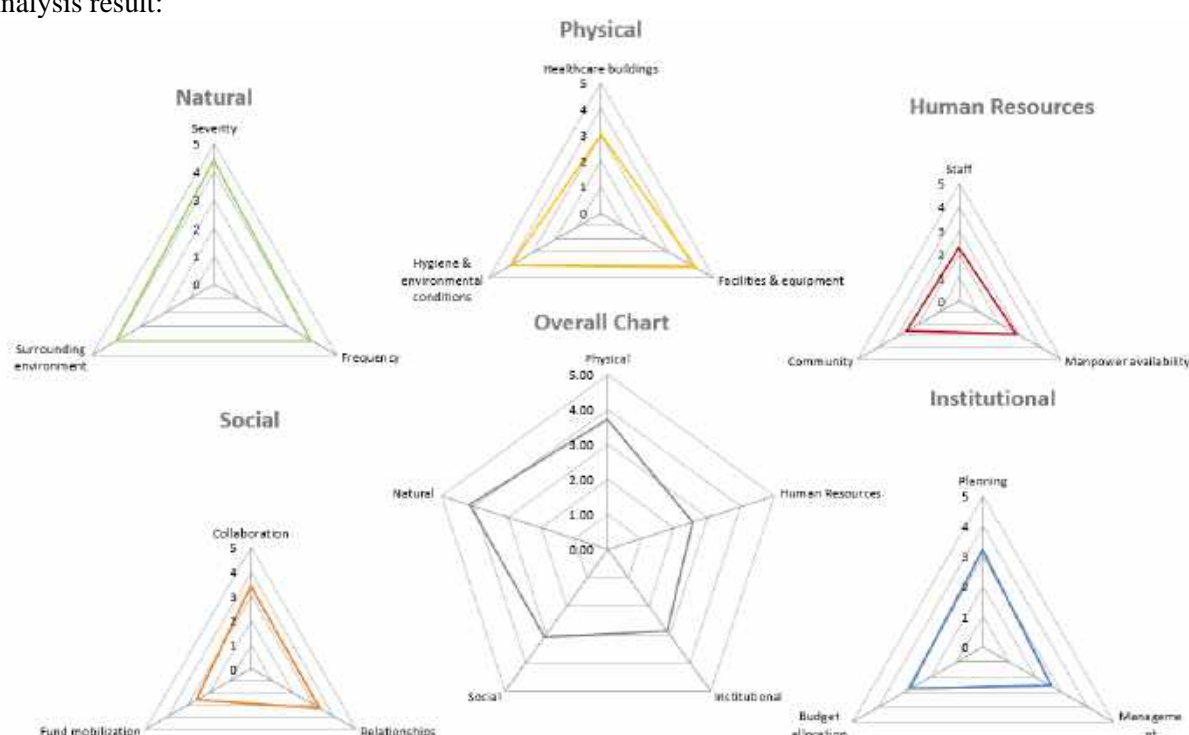
Weaknesses:

Low budget allocation for DRM related activities

Management of DRM related activities is not adequate

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in almost good condition. It receives untied funds twice a year for regular maintenance.
- The facilities within the centre are good with fully functional laboratories, drinking water, power back up, cold storage, etc.
- The hygiene and environment conditions are good with a proper segregation system and pits for waste. The surrounding premises are well maintained and clean.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for all staff on improving capacity building in DRM. Only a few staff have attended training 3-4 years ago.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on public health, Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. There are NGOs, private organizations, clubs, etc. which visit the centre to support for collaborations.

Social relationships:

- Collaborations have been fairly good with local government, NHM, NGOs, and private organizations.
- The central and state governments form the major financial support for the centre by promoting funding every year.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Bhakaravita SC

Brief profile of the centre: Bhakaravita Sub Centre falls under the Bongaigaon BMPHC sector and is located in a remote area. The sub centre has only one ANM.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Bhakaravita SC	2.58	3.13	1.87	2.07	1.98	3.87

Strengths:

Low frequency of disasters

Good condition of facilities and equipments

Surrounding environment is safe

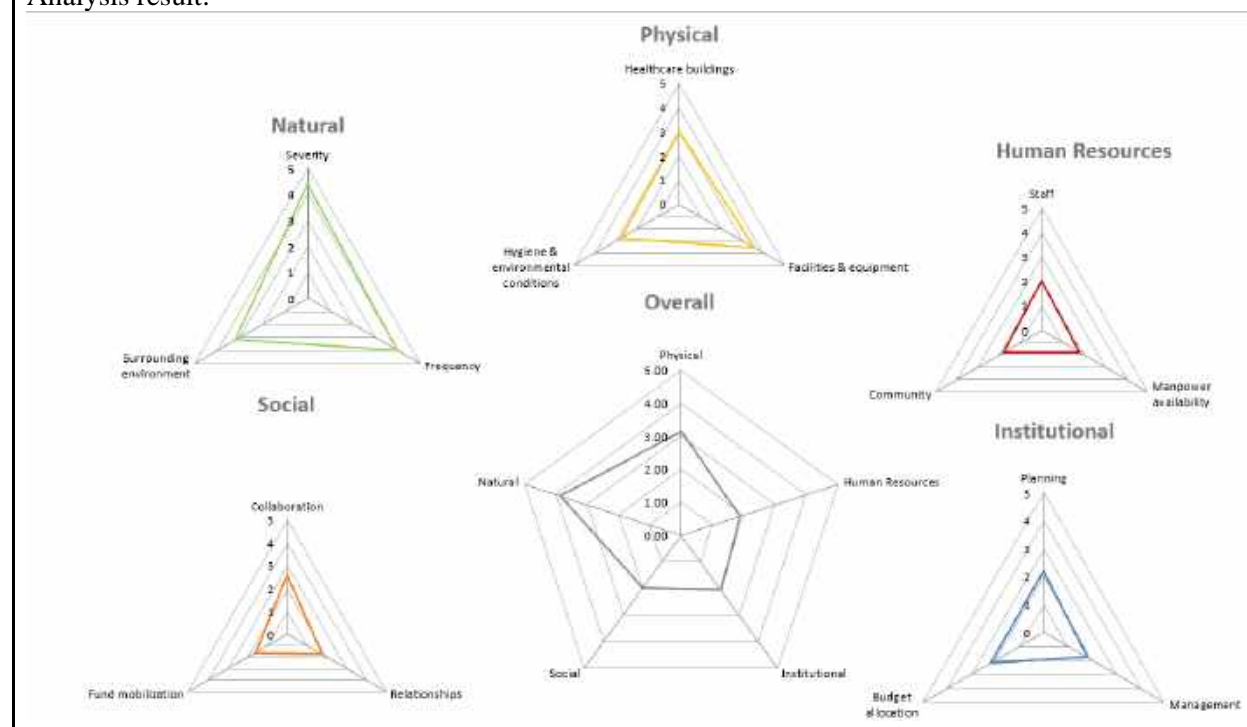
Weaknesses:

Fund mobilization is poor

Relationship with stakeholders is lacking

Manpower availability is low

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition.
- The facilities within the centre are poor as there are no fully functional ramps, drinking water, etc.
- The hygiene and environment conditions are moderate with proper segregation system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is poor in the centre as the staff are required to visit house-to-house for COVID-19 vaccination and they are not provided vehicles which make it difficult to commute.
- The staff is active in organizing meetings with community members to spread awareness on mother and child health, COVID-19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DRM plans or SOPs, which are critical.
- There is low level of budget allocated for various works like maintenance, equipment monitoring, etc.

Social relationships:

- Mobilization of various funds should be considered while addressing DRM activities.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Support from the communities have been moderately good with them helping in the procurement of COVID-19 vaccines from the city centre.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Mespara SC

Brief profile of the centre: Mespara Sub Centre falls under the Bongaigaon BPHC sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Mespara SC	2.33	2.60	2.27	1.60	1.70	3.47

Strengths:

Low frequency of disasters

Good condition of facilities and equipments

Surrounding environment is safe

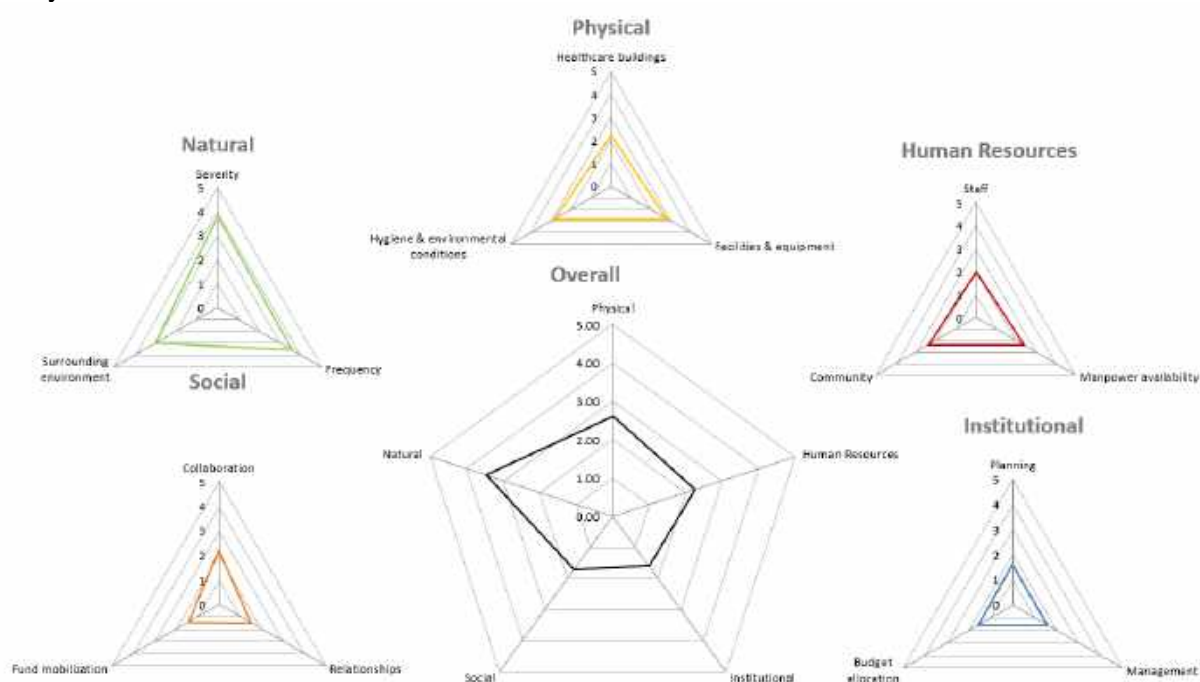
Weaknesses:

Planning is inadequate

Fund mobilization is poor

Relationship with stakeholders is lacking

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition and doesn't have an inclusive design.
- The facilities within the centre are not fully functional. The drinking water facilities and power back up is not there.
- The centre does not have a proper segregation system and pits for waste.

Human resource conditions:

- It is reported that the staff have not received any training related to DRM. Besides, the awareness of hazards and DRM is very low amongst the staff.
- The centre has reported shortage of staff and the officials suggested key issues managing the centre.
- The centre has basic testing facilities established. However, there is a dearth of emergency toolkits and fire extinguishers.

Institutional conditions:

- The centre has reported a poor performance in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills.
- The budget allocation or mobilization is also poor for DRM and no provision of budget for safety appliances like fire extinguishers, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial collaboration.
- The government forms the major financial support for the centre by promoting funding every year.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Kharija Dolaigaon SC

Brief profile of the centre: Kharija Dolaigaon Sub Centre falls under the Bongaigaon BPHC sector and is located in a remote area. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kharija Dolaigaon SC	2.44	2.73	2.02	2.27	1.97	3.20

Strengths:

Moderately low severity and frequency of disasters

Good condition of hygiene

Surrounding environment is safe

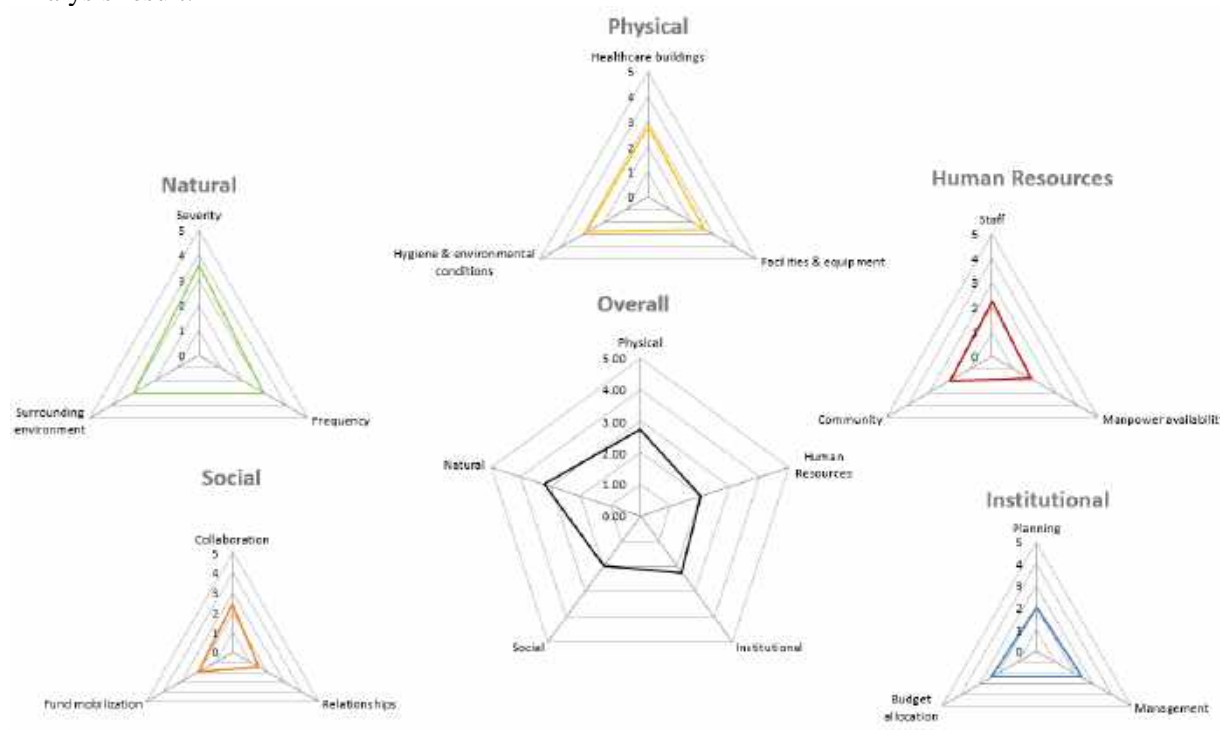
Weaknesses:

Manpower availability is low

Fund mobilization is poor

Relationship with stakeholders is lacking

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no inclusive design.
- The facilities within the centre are not fully functional. The drinking water facilities is not there and lab is not there.
- The hygiene and environment conditions are moderate with a proper segregation system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff is active in organizing meetings with community members to spread awareness on Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. Although there are NGOs which visit the centre not much of specific funds are assigned for collaborations.

Social relationships:

- The centre performs poorly in collaborating with communities and other public or private organizations on various aspects of public health and DRM.
- The relationships with the community fare poor due to no disaster related training or awareness given by the healthcare officials or staff.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- The premises and surrounding areas of the centre occasionally gets water logged after a heavy shower.
- However, severe issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Barpathar SC

Brief profile of the centre: Barpathar Sub Centre falls under the Bongaigaon BPHC sector and is located in a secluded area. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Barpathar SC	2.74	2.80	2.63	1.93	2.05	4.27

Strengths:

Very low severity and frequency of disasters

Surrounding environment is safe

Moderately good condition of hygiene

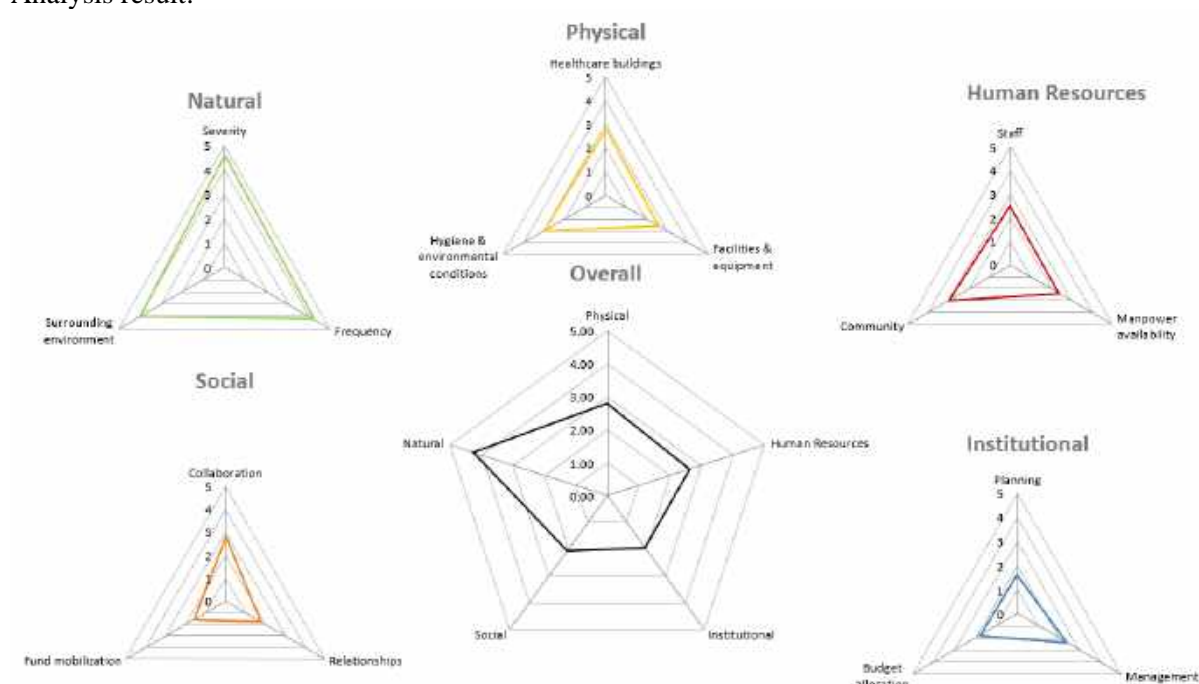
Weaknesses:

Manpower availability is low

Fund mobilization is poor

Relationship with stakeholders is lacking

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no inclusive design.
- The facilities within the centre are not fully functional. The drinking water facilities is not there and lab is not there.
- The hygiene and environment conditions are moderate with a proper segregation system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff is active in organizing meetings with community members to spread awareness on Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre has reported a poor performance in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills.
- The budget allocation or mobilization is also poor for DRM and no provision of budget for safety appliances like fire extinguishers, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial collaboration.
- The government forms the major financial support for the centre by promoting funding every year.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Bhawlaguri UHC

Brief profile of the centre: Bhawlaguri Urban Health Centre is a health centre serving the Bongaigaon health block of Bongaigaon district. It has OPD and delivery facility. The health centre takes up activities related to vaccination and community-based awareness and activities in health hazards.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Bhawlaguri UHC	3.43	4.00	2.58	2.60	3.37	4.60

Strengths:

Very low severity and frequency of disasters

Surrounding environment is safe

Good level of collaborations

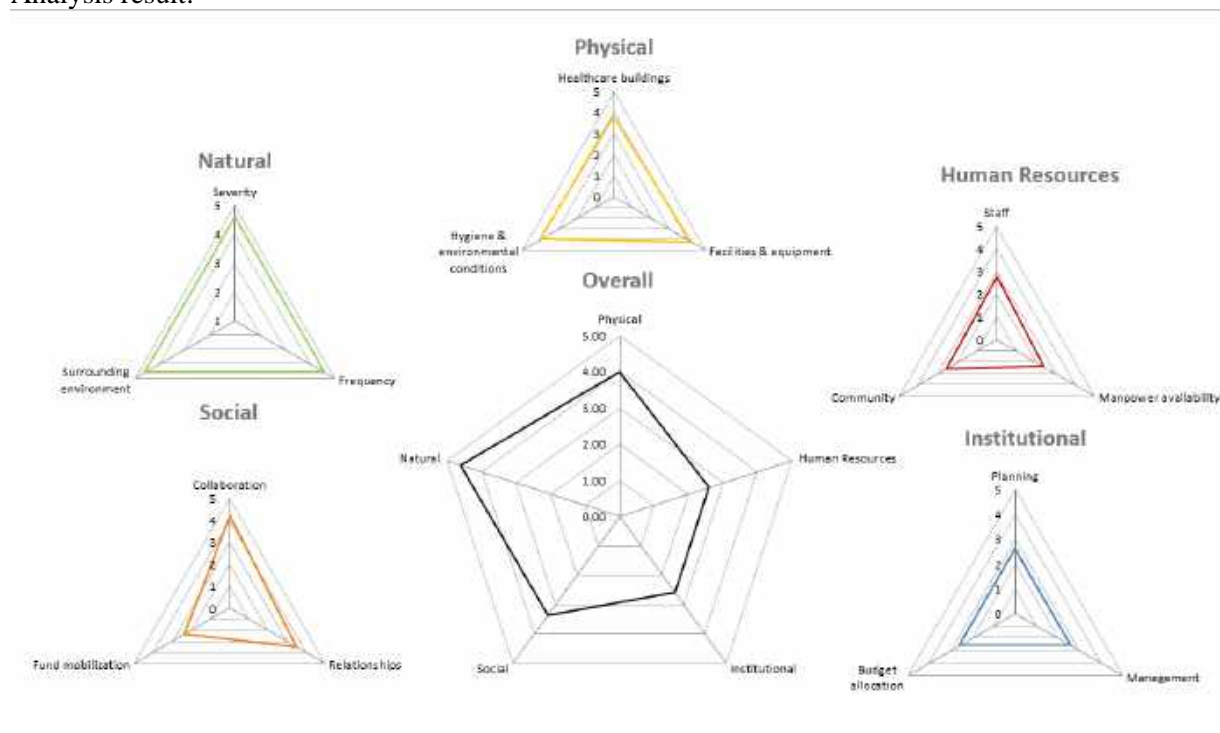
Weaknesses:

Manpower availability is low

Fund mobilization is almost poor

Planning and management of DRM activities is lacking

Analysis result:



Physical conditions:

- The physical condition of the building is good and is of the confined masonry building typology.
- The building and the facilities have not faced any serious damages due to disasters and is inspected regularly by the health officials.
- The building has good waste management system.
- There is opportunity for improvement in installing demarcations or signages for evacuation routes during crisis.

Human resource conditions:

- The staff have not received any training in DRM.
- The centre reported having no specific training imparted from them to communities on DRM.
- The staff suggested receiving no incentives for their field work especially in disaster situations.

Institutional conditions:

- The centre has reported a gap in DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills.
- There has been no budget allocation for DRM activities.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The centre receives major funding from the government, promoting untied funding every year.
- The centre has poor participation from the community in terms of financial collaboration.
- There is an opportunity for collaboration with any active NGOs, private organisations, community groups to promote DRM related capacity building campaigns.

Natural conditions:

- The centre fares well in the case of resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- The surrounding environment is risk free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Bidyapur CHC & attached SC

Brief profile of the centre: Bidyapur Community Health Centre and attached Sub Centre is a health centre with a 30 bedded facility, serving the Bongaigaon health block of Bongaigaon district. It has OPD and delivery facility, registering over 30 deliveries monthly. The health centre takes up activities related to vaccination and community-based awareness and activities in health hazards.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Bidyapur CHC att. SC	3.54	4.13	3.23	3.27	2.87	4.20

Strengths:

Low severity and frequency of disasters

Facilities and equipments are in good condition

Hygiene and environmental condition is good

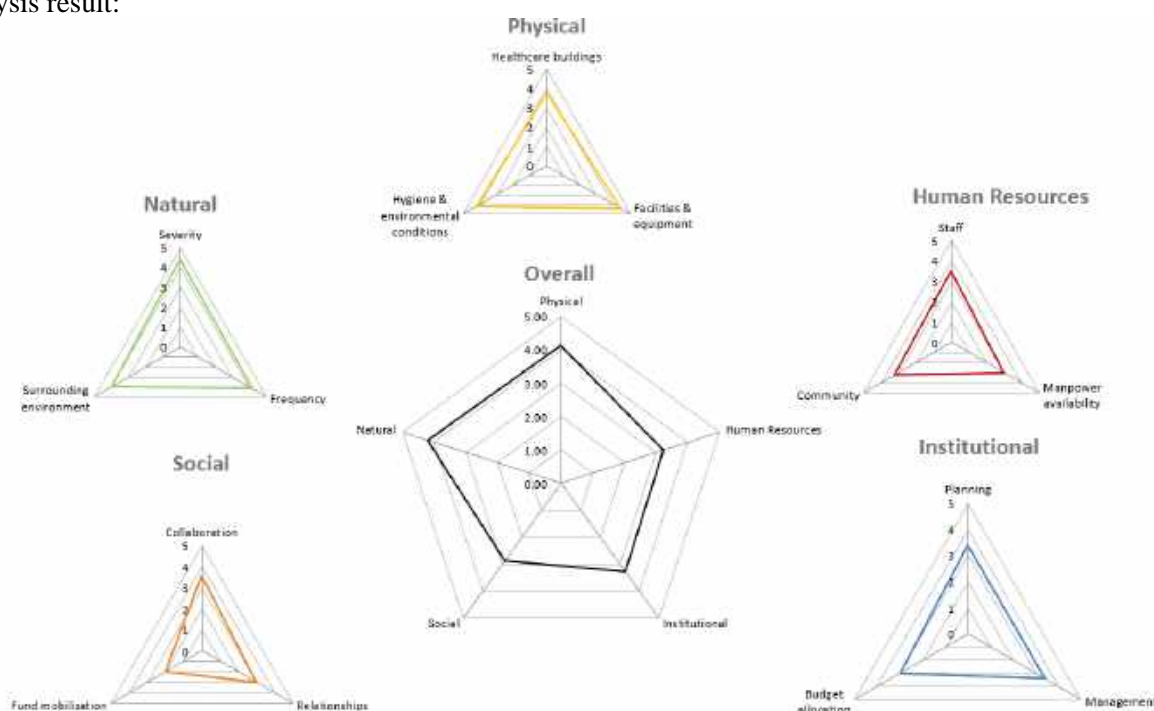
Weaknesses:

Fund mobilization is almost poor

Budget allocation for DRM activities is lacking

Relationships with stakeholders is not strong

Analysis result:



Physical conditions:

- The health centre fares well in the physical condition, as the building is moderately well managed, and is of the confined masonry building typology.
- The building and the facilities have been equipped with emergency equipments such as the availability of three working fire extinguishers.
- The building has a good waste management system.
- There is opportunity for improvement in installing demarcations or signages for evacuation routes during crisis.

Human resource conditions:

- The staff has reported promoting fire hazard training, and has suggested undergoing drills on the same in the recent past.
- However, they have not received training of any sort for other hazards.
- The centre has reported a shortage of staff, owing to the huge OPD of 180 per day, and the officials suggested key issues managing the centre.

Institutional conditions:

- The centre has a fire disaster management plan in place, but have no plan in place for other hazards.
- In terms of budget allocation, there is a lack of knowledge and provision for budget in DRM.
- The centre is poorly equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- There seems to be poor participation from the community in terms of financial collaboration.
- Further, the centre receives no form of support/ collaborations from any active NGOs, private organisations to promote DRM related capacity building campaigns.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- Besides, the centre is in a safer zone free from hazardous industries
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.



Nankargaon SC

Brief profile of the centre: Nankargaon Sub Centre falls under the Bongaigaon BMPHC sector and is located in a remote area. The sub centre has only one ANM.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Nankargaon SC	2.24	2.60	1.70	1.53	1.72	3.67

Strengths:

Low severity and frequency of disasters

Hygiene and environmental condition is almost moderate

Surrounding environment is moderately good

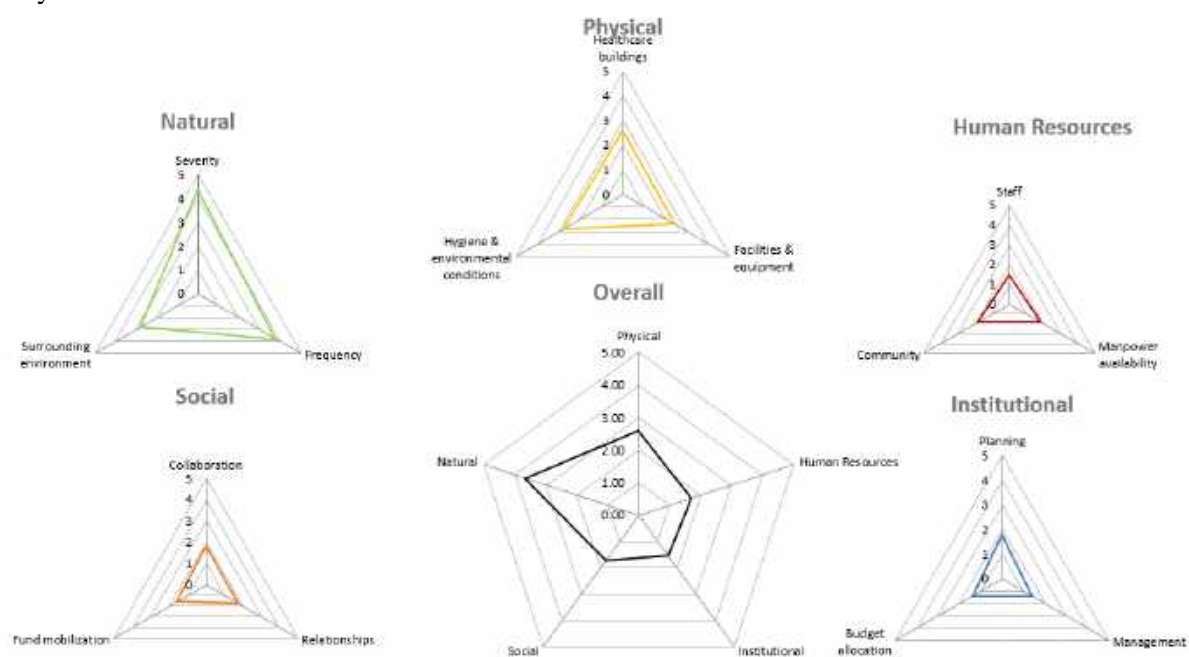
Weaknesses:

Budget allocation for DM activities is lacking

Management of DM activities is poor

Staff capacity of DM is very low

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no inclusive design.
- The facilities within the centre are not fully functional. The drinking water facilities is not there and lab is not there.
- The hygiene and environment conditions are moderate with a proper segregation system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff is active in organizing meetings with community members to spread awareness on Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre has reported a poor performance in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills.
- The budget allocation or mobilization is also poor for DRM and no provision of budget for safety appliances like fire extinguishers, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- Mobilization of various funds should be considered while addressing DRM activities.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Support from the communities have been moderately good with them helping in the procurement of COVID 19 vaccines from the city centre.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Bagulamari SC

Brief profile of the centre: Bagulamari Sub Centre falls under the Bongaigaon BMPHC sector and is located in a remote area. The sub centre has only one ANM.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Bagulamari SC	2.16	2.33	1.78	1.60	1.80	3.27

Strengths:

Hygiene and environmental condition is almost moderate

Moderate severity and frequency of disasters

Surrounding environment is moderately good

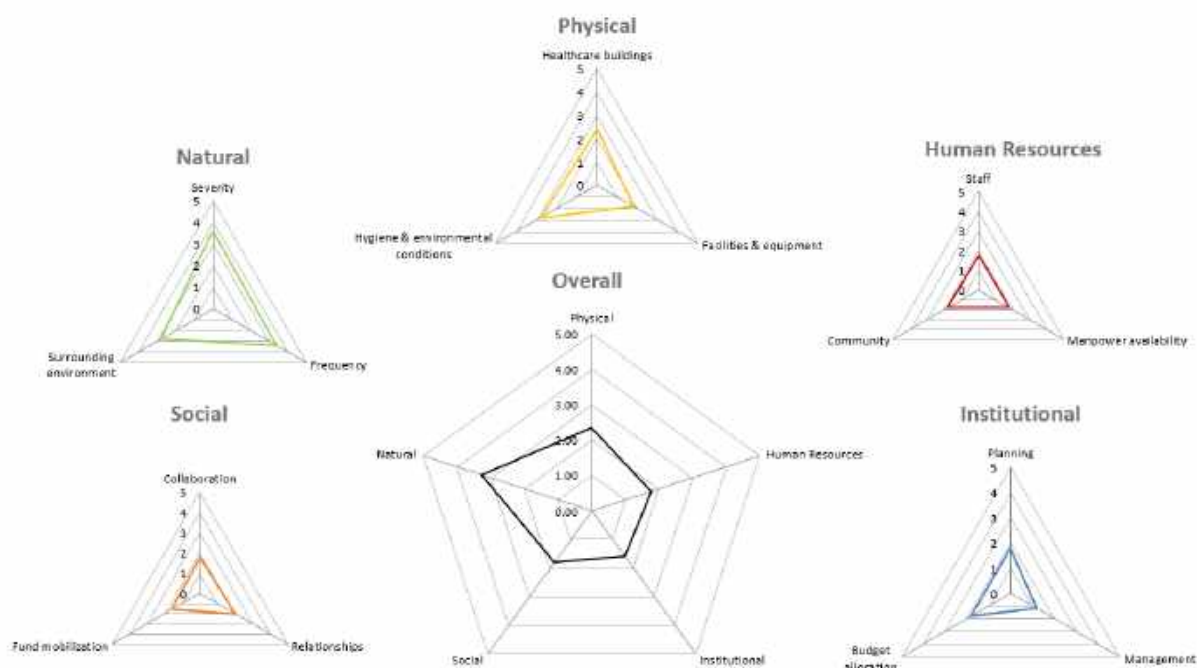
Weaknesses:

Fund mobilization is inadequate

Management of DRM activities is poor

Centre is impacted by heavy rains and storm

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no inclusive design.
- The roofing of the centre is affected by heavy rains and storms and as a result damaged in certain portions.
- The hygiene and environment conditions are moderate with a proper segregation system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff is active in organizing meetings with community members to spread awareness on Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre has reported a poor performance in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills.
- The budget allocation or mobilization is also poor for DRM and no provision of budget for safety appliances like fire extinguishers, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial collaboration.
- The government forms the major financial support for the centre by promoting funding every year.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Majgaon SD & attached SC

Brief profile of the centre: Majgaon State Dispensary and attached Sub Centre is an old establishment about 70 years old and caters to the population around Majgaon. The dispensary has OPD facilities but does not have laboratory and delivery facility. The attached sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Majgaon SD att. SC	3.14	3.40	2.55	2.33	3.13	4.27

Strengths:

Low severity and frequency of disasters

Surrounding environment is safe

Good level of collaborations

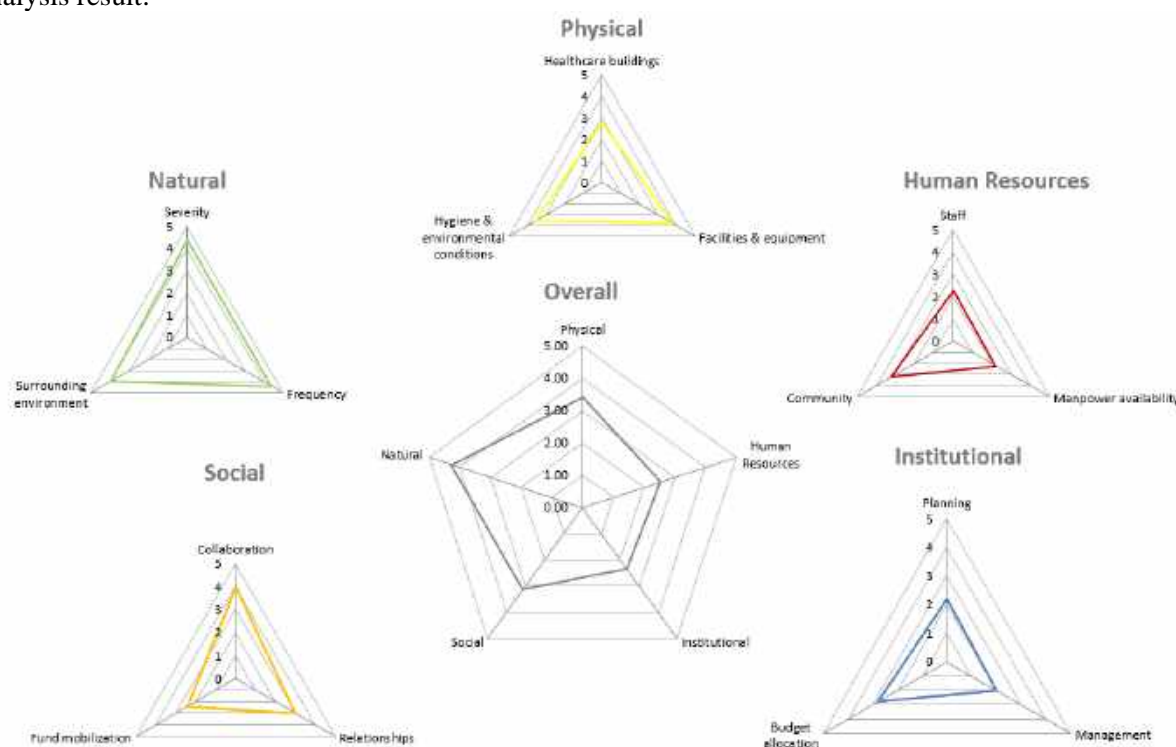
Weaknesses:

Poor fund mobilization for DRM related activities

Management of DRM related activities is not adequate

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is an old structure which doesn't have an inclusive design.
- The facilities within the centre are not fully functional. The drinking water facilities is not there and lab is not there.
- The hygiene and environment conditions are moderate with a proper segregation system and pits for waste.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a lot of staff are required to visit relief camps in the jurisdiction and they are not provided vehicles which make it difficult to commute to camps.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no awareness of DRM and planning activities in hospital management.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. Although there are NGOs which visit the centre not much of specific funds are assigned for collaborations.

Social relationships:

- Collaborations have been frequent with local government, NHM, NGOs, however, not with private organizations.
- The relationships with the community fare moderate due to mostly community members actively participating in camps and no drop out cases.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.



South Bongaigaon SC

Brief profile of the centre: South Bongaigaon Sub Centre falls under the Majgaon SD sector. The building and its premises are not in a suitable condition with damages to the roofs and windows.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
South Bongaigaon SC	2.34	1.93	1.98	1.73	2.13	3.93

Strengths:

Low severity and frequency of disasters

ASHA worker house is nearby the centre who can provide service to the community

ANM visits house-to-house even though centre is not fully equipped

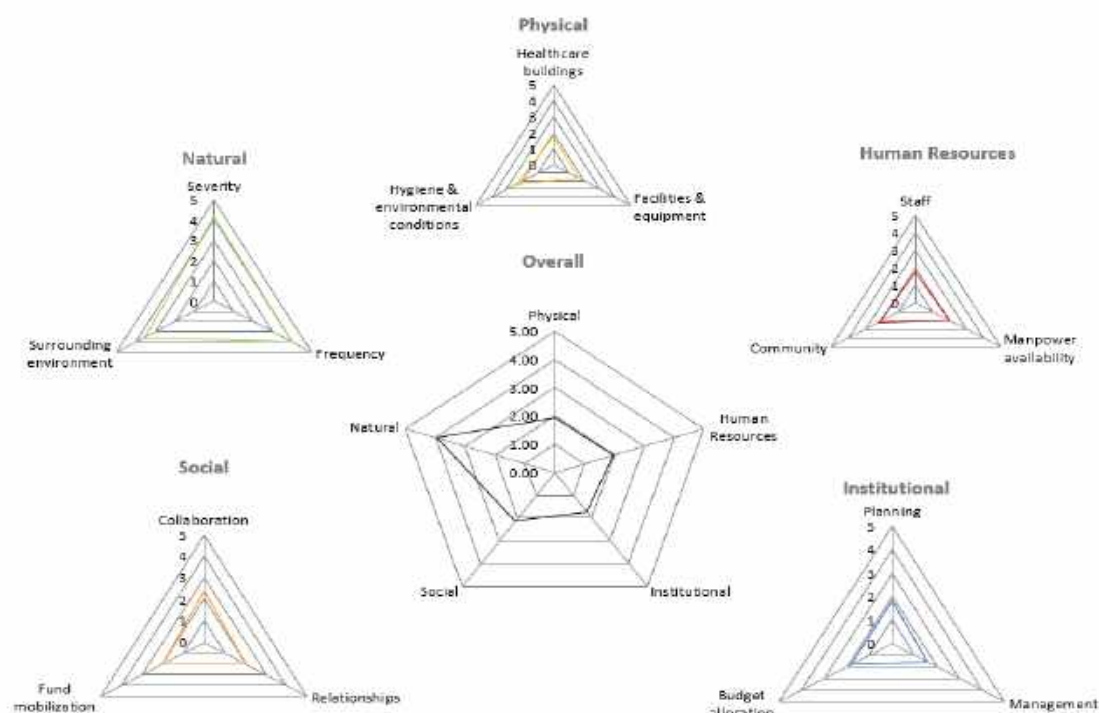
Weaknesses:

Staff number is inadequate

Scope for renovating the building

Poor DRM planning in the centre

Analysis result:



Physical conditions:

- The centre building has damaged roof and windows and the premises are also not in a suitable condition.
- There is a fairly well waste segregation system but no pits for waste disposal.
- Since the centre is not fully equipped challenges arise during routine immunization sessions which has to be conducted in the ASHAs house.

Human resource conditions:

- It is reported that the staff have not received any training related to DRM.
- Besides, the awareness of hazards and DRM is very low amongst the staff.
- The centre has reported shortage of ANM staff, and the officials suggested key issues managing the centre affecting the overall service delivery.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- There is a lack of early warning information dissemination in the community although the information is received through WhatsApp from district authority. A gap in the management is there as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk-free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Bhatipara SC

Brief profile of the centre: Bhatipara Sub Centre falls under the Majgaon SD sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Bhatipara SC	2.64	2.87	2.13	1.93	2.12	4.13

Strengths:

Low severity and frequency of disasters

Surrounding location is safe

Building conditions are good

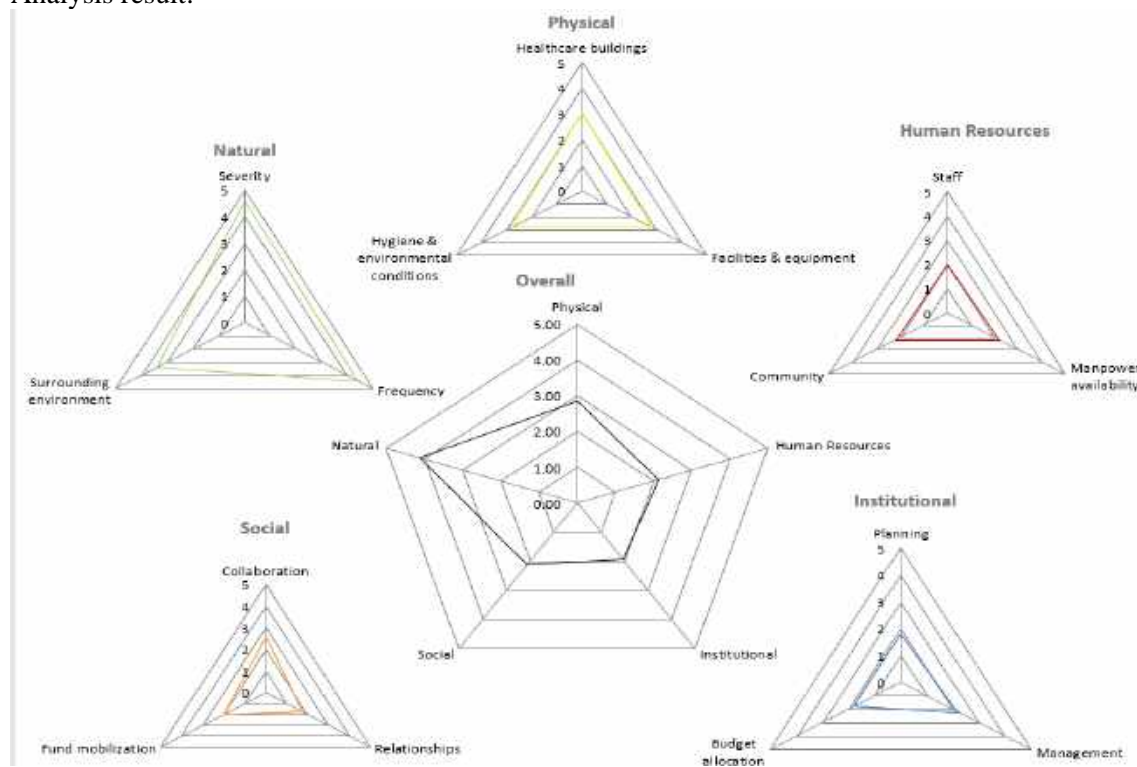
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Poor DRM planning in the centre

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition.
- The facilities within the centre are in moderately poor condition with no energy saving and emergency water facilities. The duration for repairing taken is long.
- The hygiene and environment conditions are fairly well with the centre promoting effective waste management practices such as three bin systems.

Human resource conditions:

- It is reported that the staffs have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.
- The centre suggested receiving no incentives as a part of the medical camps or other extra duties during disasters.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk-free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Mulagaon MPHC & attached SC

Brief profile of the centre: Mulagaon Mini Primary Health Centre and attached Sub Centre is an establishment that caters to the population with OPD, testing, delivery facilities. The attached sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Mulagaon MPHC att. SC	3.27	3.87	2.72	2.87	2.63	4.27

Strengths:

Low severity and frequency of disasters

Facilities and equipments in good condition

Good hygiene conditions

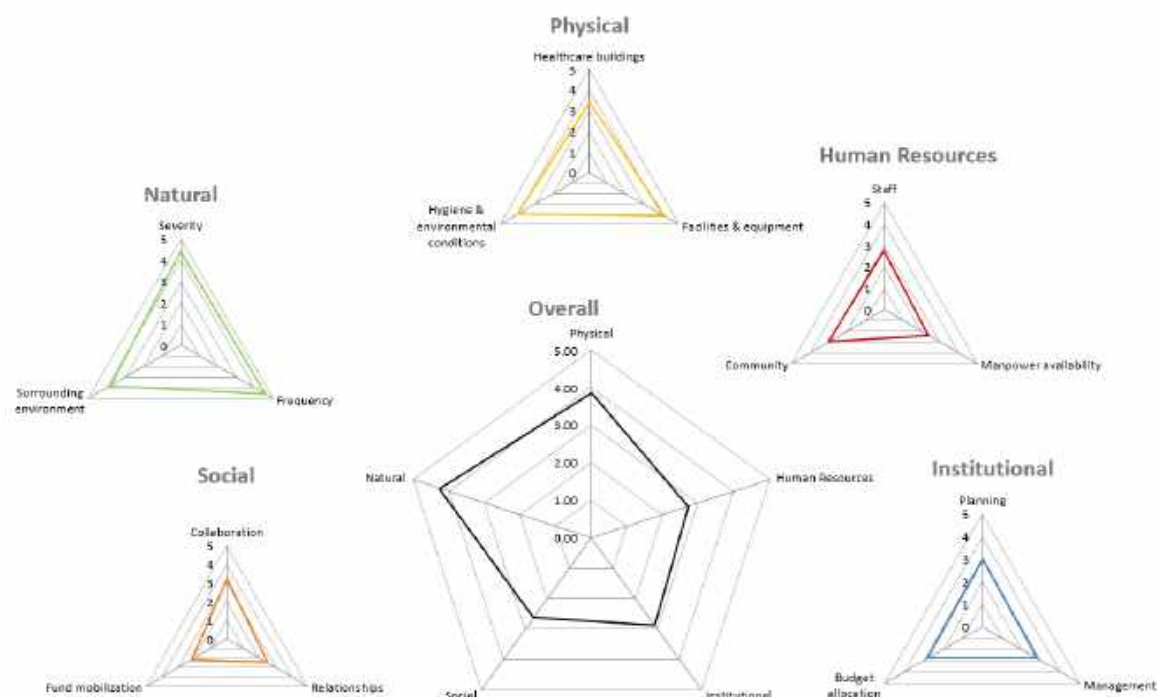
Weaknesses:

Poor fund mobilization for DRM related activities

Manpower availability is not adequate

Relationships are not robust

Analysis result:



Physical conditions:

- The healthcare building is in almost good condition. It receives untied funds twice a year for regular maintenance.
- The facilities within the centre are good with fully functional laboratories, ramps, drinking water, etc.
- The hygiene and environment conditions are good with a proper segregation system and pits for waste. The surrounding premises are well maintained and clean.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for all staff on improving capacity building in DRM. Only a few staff have attended training 3-4 years ago.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on public health, Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. There are NGOs, private organizations, clubs, etc. which visit the centre to support for collaborations.

Social relationships:

- Collaborations have been moderately good with local government, NHM, NGOs, and private organizations.
- The relationships with the community fare poor to moderate due to no disaster related training or awareness given by the healthcare officials or staff.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Jelkajhar SC

Brief profile of the centre: Jelkajhar Sub Centre falls under the Mulagaon MPHC sector and is located in a remote area. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Jelkajhar SC	2.41	2.80	1.85	1.80	1.92	3.67

Strengths:

Low severity and frequency of disasters

Moderately safe surroundings

Moderately good hygiene conditions

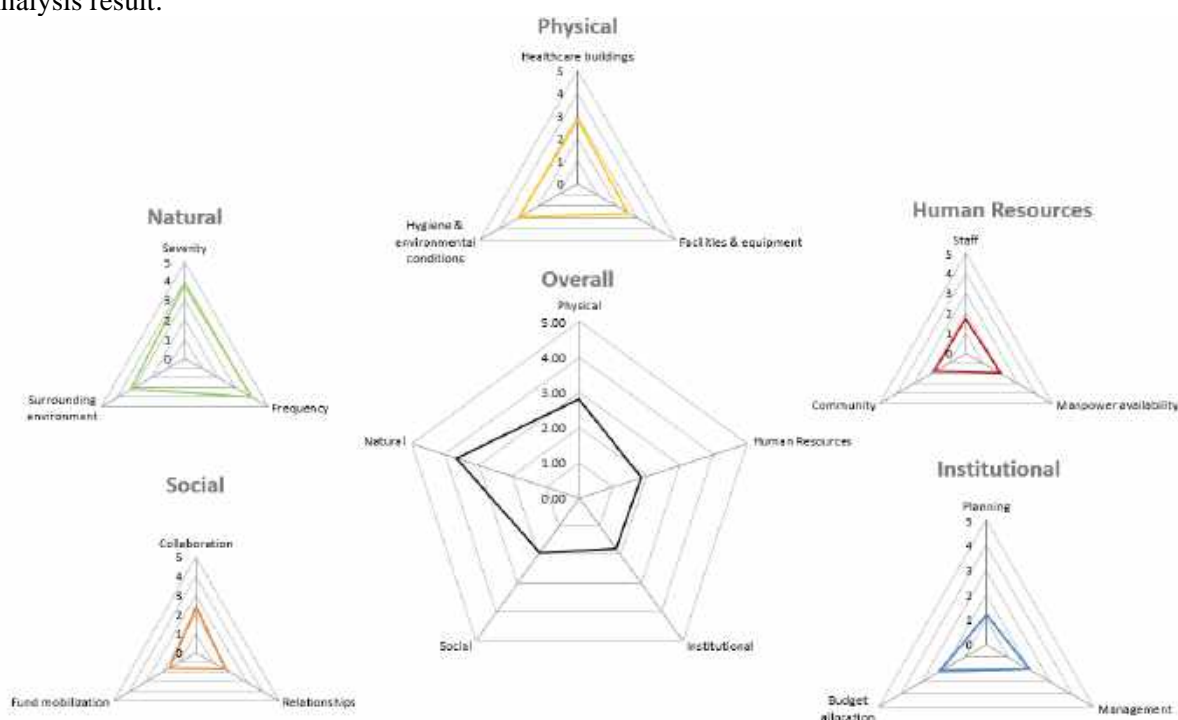
Weaknesses:

Planning of DRM related activities is inefficient

Poor fund mobilization for DRM related activities

Staff awareness of DRM is low

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition.
- The facilities within the centre are poor as there are no fully functional ramps, drinking water, etc.
- The hygiene and environment conditions are good with proper segregation system and pits for waste.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff are required to visit house-to-house for COVID-19 vaccination and they are not provided vehicles which make it difficult to commute.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial collaboration.
- The government forms the major financial support for the centre by promoting funding every year.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Chipansila MPHC & attached SC

Brief profile of the centre: Chipansila Mini Primary Health Centre and attached Sub Centre is an establishment that caters to the population with OPD, testing, delivery facilities. The attached sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Chipansila MPHC att. SC	3.24	4.00	2.78	2.60	2.93	3.87

Strengths:

Low severity and frequency of disasters

Facilities and equipments in very good condition

Good hygiene conditions

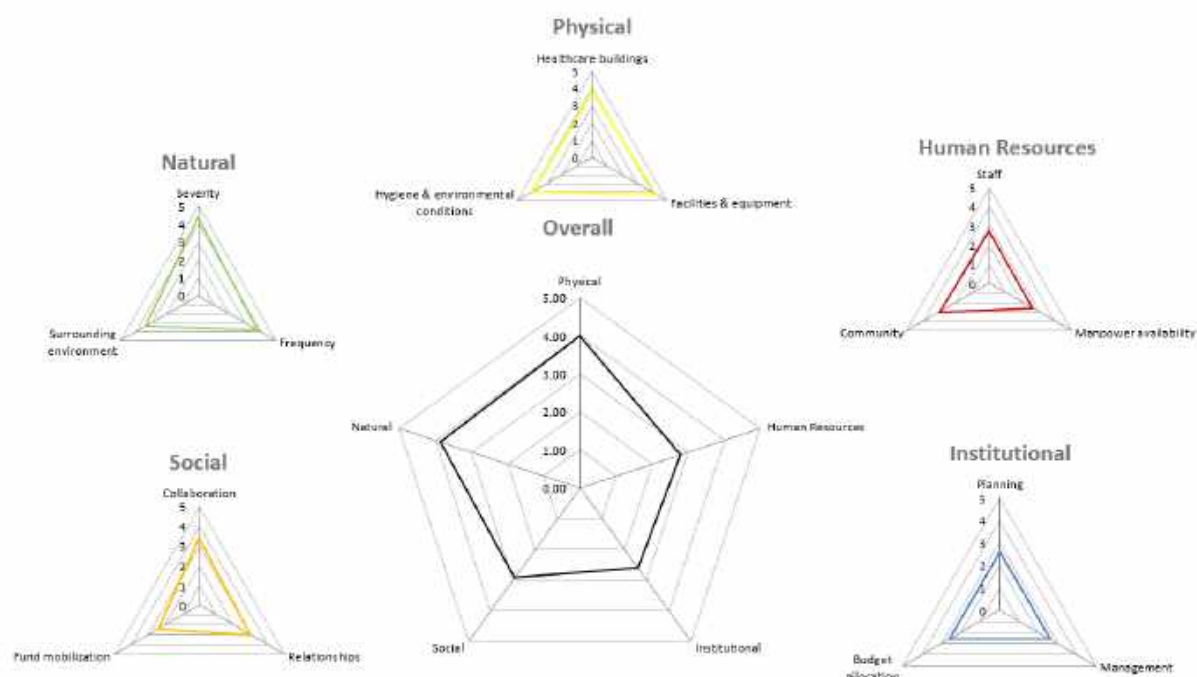
Weaknesses:

Poor fund mobilization for DRM related activities

Manpower availability is not adequate

Planning and management of DRM related activities are not robust

Analysis result:



Physical conditions:

- The healthcare building is not very old and is in good condition. It undergoes regular maintenance and has not been impacted by disasters in the past.
- The facilities within the centre are good with fully functional laboratories, ramps, rainwater harvesting, drinking water, etc.
- The hygiene and environment conditions are good with a proper segregation system and pits for waste. The surrounding premises are well maintained and clean.

Human resource conditions:

- The centre has a moderate score in human resources.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on public health, COVID 19, etc.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. There are NGOs, private organizations, clubs, etc. which visit the centre to support for collaborations.

Social relationships:

- Collaborations have been moderately good with local government, NHM, NGOs, and private organizations.
- The central and state governments form the major financial support for the centre by promoting funding every year.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Ghandal SC

Brief profile of the centre: Ghandal Sub Centre falls under the Chipansila MPHC sector and is located at a distance of 1-5 Km from the MPHC. The sub centre has only one ANM and one cleaner who has been appointed from the community committee from the untied fund.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Ghandal SC	2.24	2.33	1.75	1.67	1.87	3.60

Strengths:

Low severity of disasters

Moderate frequency of disasters

Moderately good surrounding environment

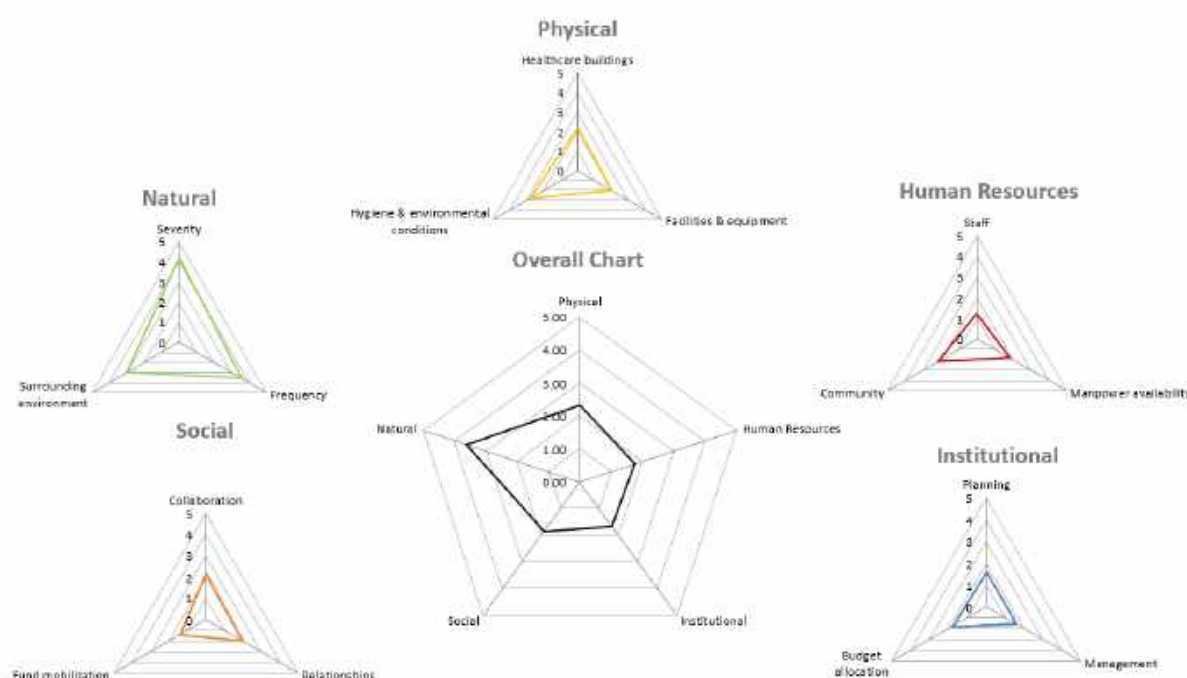
Weaknesses:

Poor fund mobilization for DRM related activities

Management of DRM related activities is not adequate

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no inclusive design.
- The facilities within the centre are not fully functional. The drinking water facilities is not there and lab is not there.
- The hygiene and environment conditions are moderate with a proper segregation system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity building in DRM.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff is active in organizing meetings with community members to spread awareness on Polio, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. There are NGOs, private organizations, clubs, etc. which visit the centre to support for collaborations.

Social relationships:

- Mobilization of various funds should be considered while addressing DRM activities.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- The centre has fairly well intra and inter-healthcare centre communication.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Chaprakata MPHC & attached SC

Brief profile of the centre: Chaprakata Mini Primary Health Centre and attached Sub Centre is an establishment that caters to the local population with OPD, testing, delivery facilities. The attached sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Chaprakata MPHC att. SC	2.55	2.47	2.22	2.13	2.12	3.80

Strengths:

Low severity and frequency of disasters

Moderately good collaborations

Good intra and inter-healthcare centre communication

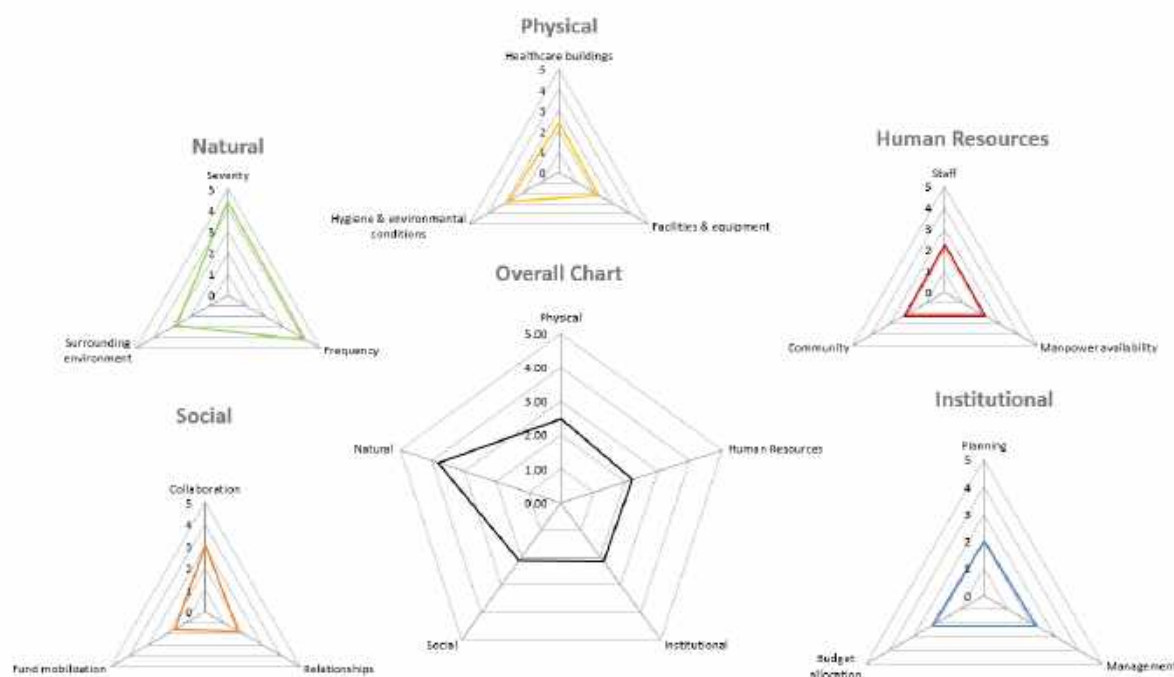
Weaknesses:

Poor fund mobilization for DRM related activities

Planning is not efficient

Relationships are not robust

Analysis result:



Physical conditions:

- The healthcare building is in poor to moderate condition with issues of seepage, leaking roofs, and damaged load bearing structures. It is an old structure and requires regular maintenance.
- The facilities within the centre are poor as there are no fully functional ramps, drinking water, etc. and the access road is damaged by water logging.
- The hygiene and environment conditions are moderate with no proper segregation system and pits for waste.

Human resource conditions:

- The centre has a low score in human resources with staff recording no formal training on improving capacity building in DRM. Staff duties are affected during the flooding season.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide. The staff goes for fever surveillance and other awareness meetings that hampers the OPD duties.
- The staff and the incharge spread awareness on public health, hygiene, COVID 19, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management. There is no integration of DRM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DM plans or SOPs, which are critical.
- There is low level of budget allocated for various works like maintenance, equipment monitoring, etc.

Social relationships:

- Collaborations have been moderately good with the local government and NHM providing support and collaborating on activities.
- The relationships with the community fare poor due to no disaster related training or awareness given by the healthcare officials or staff. Additionally, there are issues of resistance from some of the community members.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- The centre is located near a river and in case of future floods, it may impact the centre.

Popragaon SC

Brief profile of the centre: Popragaon Sub Centre falls under the Chaprakata MPHC sector. The sub centre has only one CHO and one Pharmacist. It is a 50 year old structure and gets flooded during monsoon. Only one room of the centre is functional which is used for the OPD.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Popragaon SC	2.06	2.07	1.70	1.20	1.93	3.40

Strengths:

Moderate severity and frequency of disasters

Moderately good surrounding environment

Active in performing COVID-19 vaccination

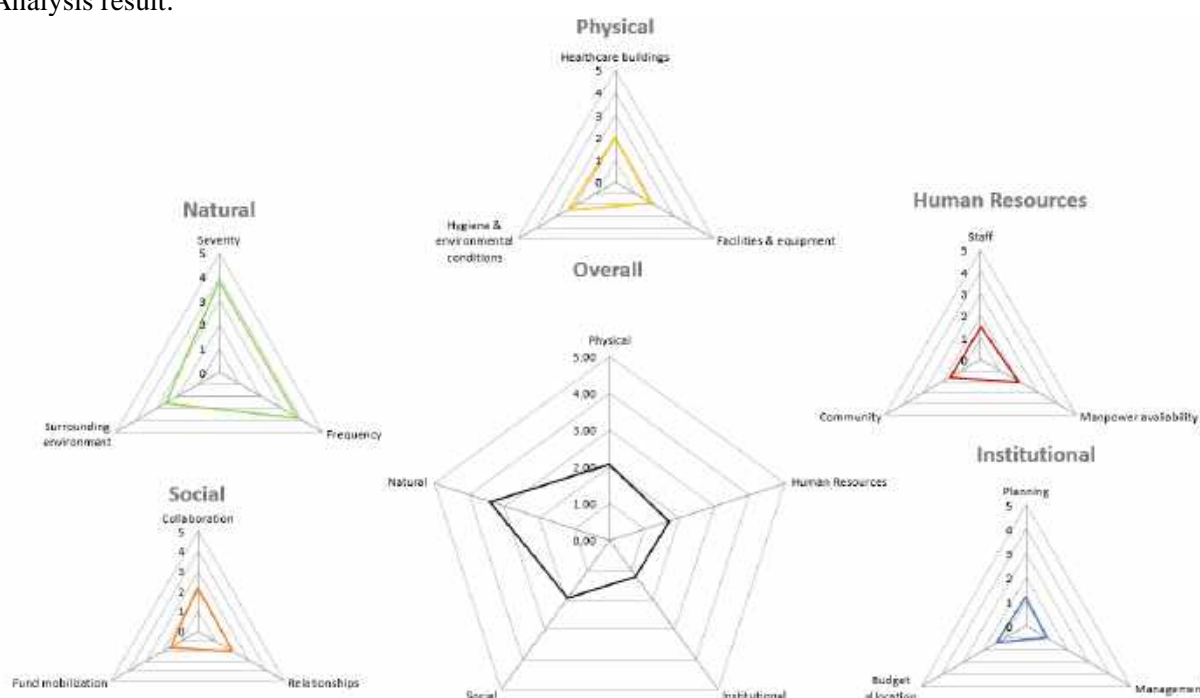
Weaknesses:

Poor management of DRM related activities

Planning is not efficient

Staff awareness is low

Analysis result:



Physical conditions:

- The healthcare building is in poor condition with issues of waist-deep flood waters entering, owing to which only one room of the centre is functional. This also floods the bathrooms thus hampering the WASH services.
- The hygiene and environment conditions are poor with no segregation system and pits for waste.
- The surrounding premises are not well maintained.

Human resource conditions:

- The centre has a low score in human resources with staff recording no capacities of DRM as there has been no formal training activities.
- Manpower management is almost poor in the centre as a shortage of staff is felt as compared to the amount of services they are expected to provide.
- The staff is active in performing COVID-19 vaccination. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DM plans or SOPs, which are critical.
- The budget allocation or mobilization is also poor for DRM and no provision of budget for safety appliances like fire extinguishers, etc. Further the centre reported budget insufficiency.
- Although affected by floods, the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The centre performs poorly in collaborating with communities and other public or private organizations on various aspects of public health and DRM.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Mobilization of funds related to DRM activities, repairing of the centre, should be considered.

Natural conditions:

- The institution has good resilience to natural hazards such as earthquakes, river erosion, landslides, heat waves/ storms but are frequently affected by floods.
- Since the frequency and severity of hazards are increasing globally such issues require immediate attention.

Ravapara SC

Brief profile of the centre: Ravapara Sub Centre falls under the Chaprakata MPHC sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Ravapara SC	2.41	3.27	1.70	1.73	1.62	3.73

Strengths:

Low severity and frequency of disasters

Facilities and equipments in moderately good condition

Good hygienic conditions

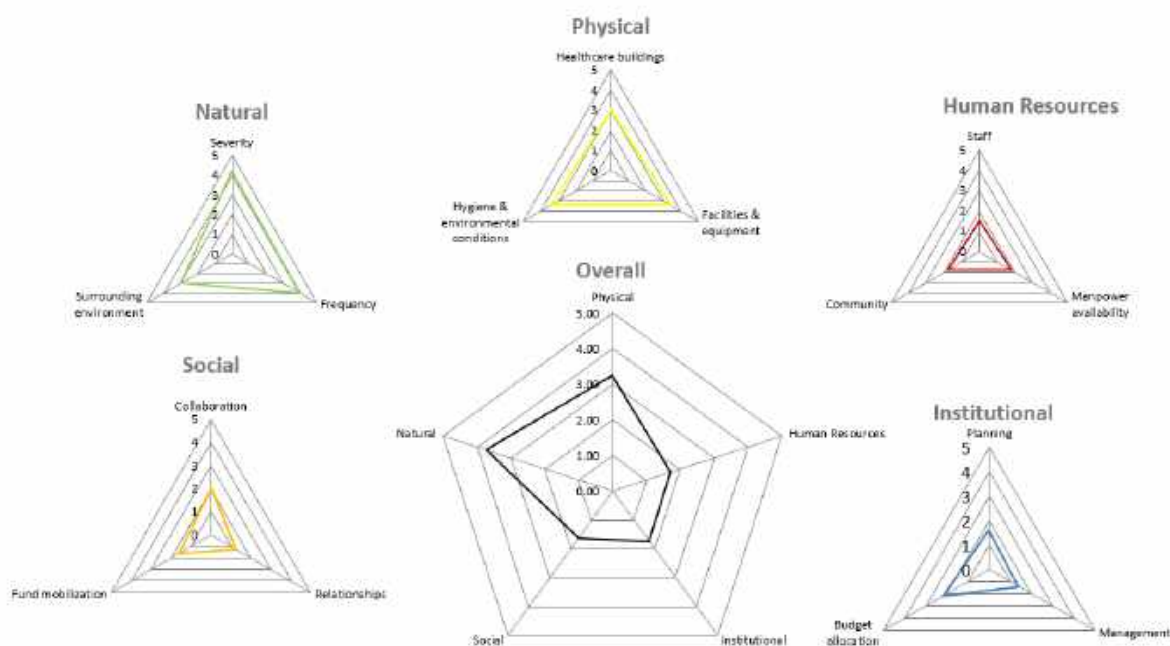
Weaknesses:

Relationships with community is weak

Management of DRM related activities is poor

Availability of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no impact of disasters.
- The centre has good waste management system. There is a proper waste segregation and management system, with deep burial and sharp pits for waste disposal.
- While the centre fares well in other aspects, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- It is reported that the staff have not received any training related to DRM. Besides, the awareness of hazards and DRM is very low amongst the staff.
- The centre has reported shortage of staff and the officials suggested key issues managing the centre.
- The centre has basic testing facilities established. However, there is a dearth of emergency toolkits and fire extinguishers.

Institutional conditions:

- The centre has reported a poor performance in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills.
- The budget allocation or mobilization is also poor for DRM and no provision of budget for safety appliances like fire extinguishers, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre by promoting funding every year.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial collaboration.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Panchapur MPHC

Brief profile of the centre: Panchapur Mini Primary Health Centre serves the Bongaigaon block. It has OPD and delivery facility. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Panchapur MPHC	3.15	3.93	2.55	2.60	2.48	4.20

Strengths:

Low severity and frequency of disasters

Surrounding location is safe

Building conditions are good

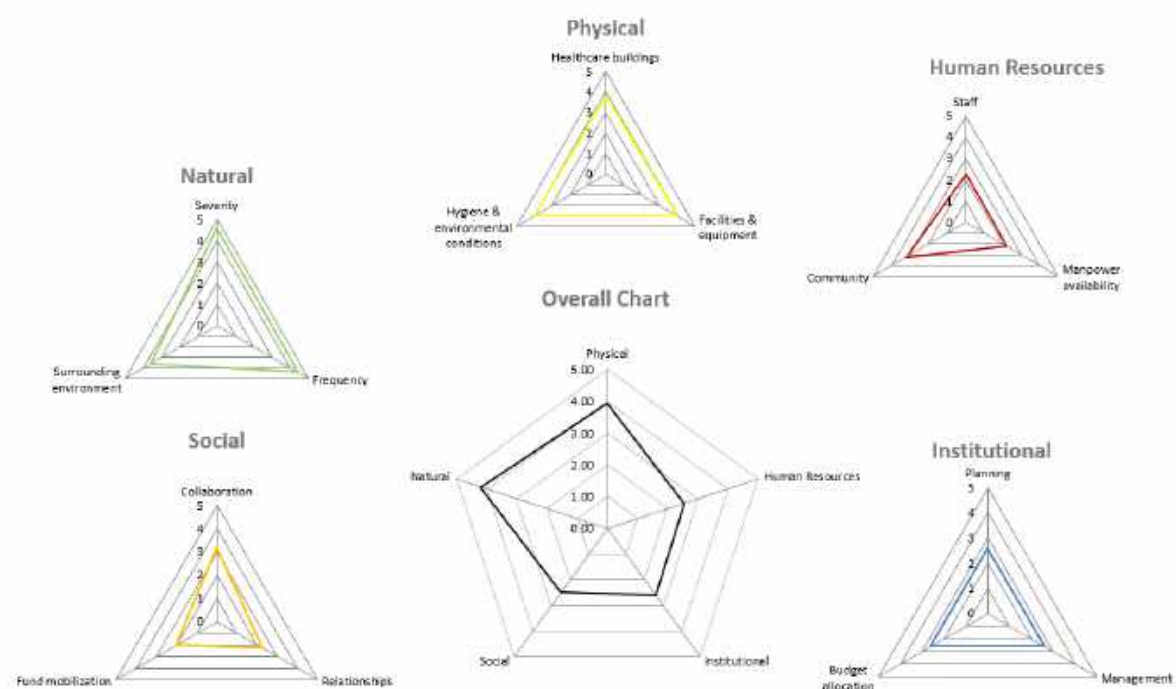
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Poor DRM planning in the centre

Analysis result:



Physical conditions:

- The centre building is well maintained having a confined masonry structure.
- The centre has good waste management system. There is a proper waste segregation and management system, with specific pits for waste disposal.
- The centre has provisioned emergency management units such as fire extinguishers.
- However, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- It is reported that the staffs have not received any training related to DRM.
- Besides, the awareness of hazards and DRM is very low amongst the staff.
- The centre has reported shortage of ANM staff, and the officials suggested key issues managing the centre affecting the overall service delivery.

Institutional conditions:

- The centre has reported no significant step in DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- Even though the centre has frequent meetings with the health officials, there seems poor participation from the community in terms of financial collaboration.
- However, the centre received collaborations from an active NGO, Marwari Yuva Mancha, to promote health related capacity building campaigns.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk-free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Mamugaon SC

Brief profile of the centre: Mamugaon Sub Centre falls under the Panchapur MPHC sector. It has OPD facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Mamugaon SC	2.40	2.87	1.95	1.67	1.83	3.67

Strengths:

Low severity and frequency of disasters

Surrounding environment is moderately safe

Good hygienic conditions

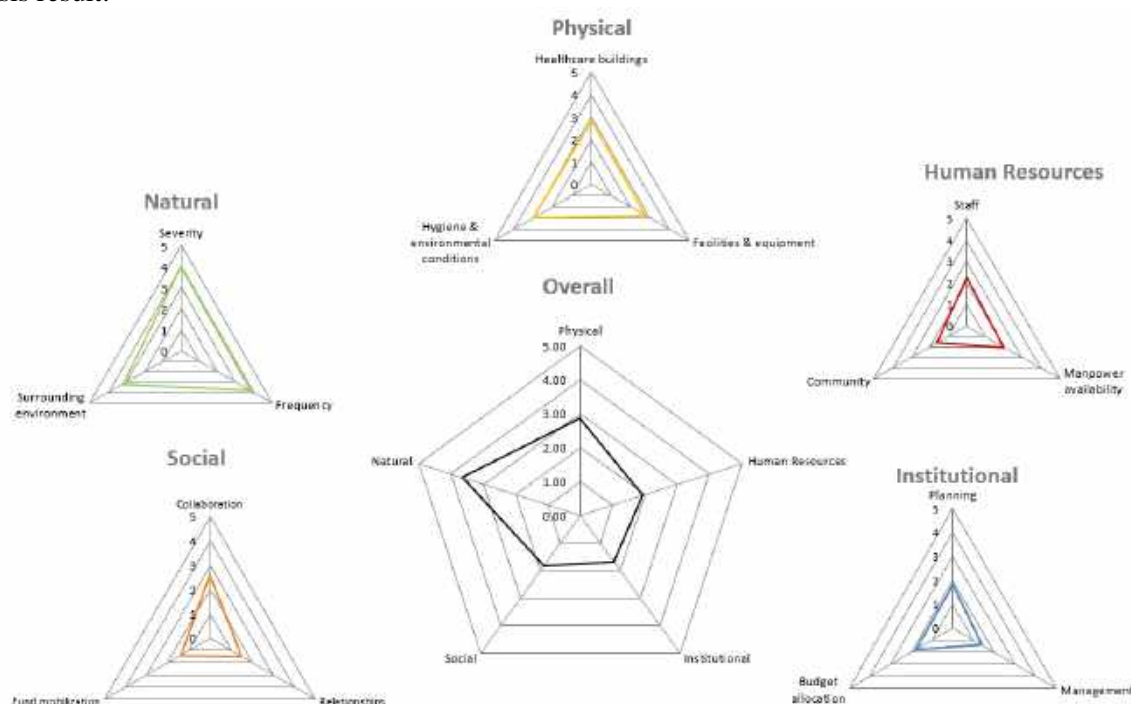
Weaknesses:

Poor fund mobilization for DRM related activities

Management of DRM related activities is not adequate

Relationships with community is not strong

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition with no impact of disasters.
- The centre has good waste management system, with specific pits for different wastes.
- However, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- In terms of human resources, the awareness of hazards and DRM is very low amongst the staff.
- The staff have not received any training related to DRM from any government or private organizations.
- The centre has basic testing facilities established. However, there is a dearth of emergency toolkits and fire extinguishers.

Institutional conditions:

- In terms of budget allocation, there is no significant allocation in the heads of DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- There is a gap in the DRM planning, as there is no significant step in enhancing the centres with DRM plans or mock drills. Further, there is no standard operating procedure distributed for the health centre officials in the event of a disaster.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial collaboration.
- The government forms the major financial support for the centre by promoting funding every year.

Natural conditions:

- The centre has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Khagarpur MPHC

Brief profile of the centre: Khagarpur Mini Primary Health Centre and attached Sub Centre is a health centre established in 2000. It has OPD and delivery facility. The attached sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Khagarpur MPHC att. SC	2.92	3.40	2.77	2.27	1.97	4.20

Strengths:

Low severity and frequency of disasters

Good hygienic conditions

Surrounding environment is safe

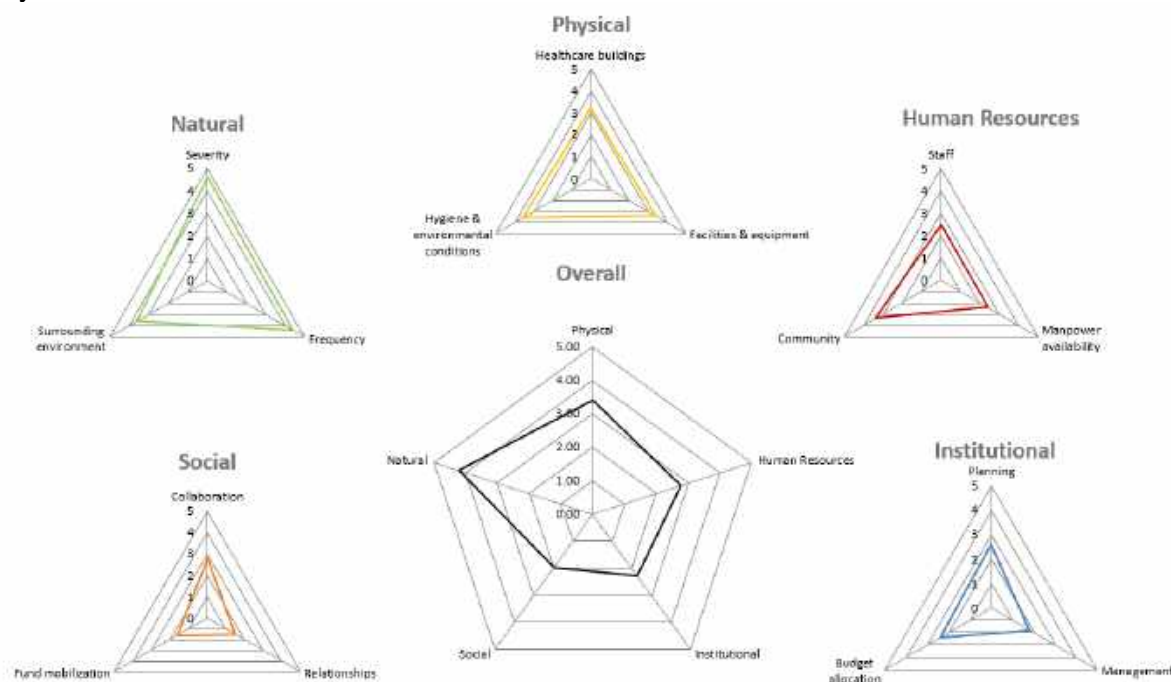
Weaknesses:

Relationships with community not strong

Poor level of fund mobilization

Management of DRM related activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is a confined masonry structure which has never been affected by disasters. It doesn't have a very inclusive design and has no proper emergency exits and demarcations.
- The facilities within the centre are almost fully functional. There are no energy saving or rainwater harvesting features. However, they have cold supply, power backup, and drinking water facilities.
- The hygiene and environment conditions are moderately good with proper segregation system and pits for waste. However, the incharge wishes for improvement in biomedical waste disposal system.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of sharing of DRM plans, formal training for improving capacity building. Only the surveillance inspector had received DRM training a long time ago.
- Manpower availability is almost poor in the centre as there is only one ANM against a large population of 12,000. The staff lack disaster preparedness and don't receive incentives for visiting camps.
- The staff and the incharge is active in organizing meetings with community members regularly to spread awareness on malaria, Japanese encephalitis, etc. They also distribute mosquito spray and nets to community.

Institutional conditions:

- The centre demonstrates moderately poor conditions in planning with not much identification of roles during disasters, no proper space segregation for contagious diseases, and lack of awareness on DRM.
- There is a lack of early warning information dissemination in the community although the information is received through WhatsApp from district authority. A gap in the management is there as there are no significant steps undertaken in enhancing the center's capacity with DRM plans or SOPs, which are critical.
- There is moderately low level of budget allocated for various works especially no allocation is done for DRM activities.

Social relationships:

- Collaborations have been active with NHM and coordination has been done with other centres actively but no collaboration with local government, NGOs, or private organizations.
- The relationships with the community fare poorly as there is minimal engagement with communities for community-based DRM activities with no contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances. There is a scope for mobilization of various funds through community activities, etc.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- Although there are cases of malaria and Japanese encephalitis in the area the centre is active in making the medicines available. It has vaccines for dog bite and refers the snake bite cases.

Katashbari SC

Brief profile of the centre: Katashbari Sub Centre falls under the Khagarpur MPHC sector. It has OPD and delivery facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Katashbari SC	2.50	3.00	2.08	1.87	1.77	3.80

Strengths:

Low severity and frequency of disasters

Healthcare building is in moderately good condition

Good hygienic conditions

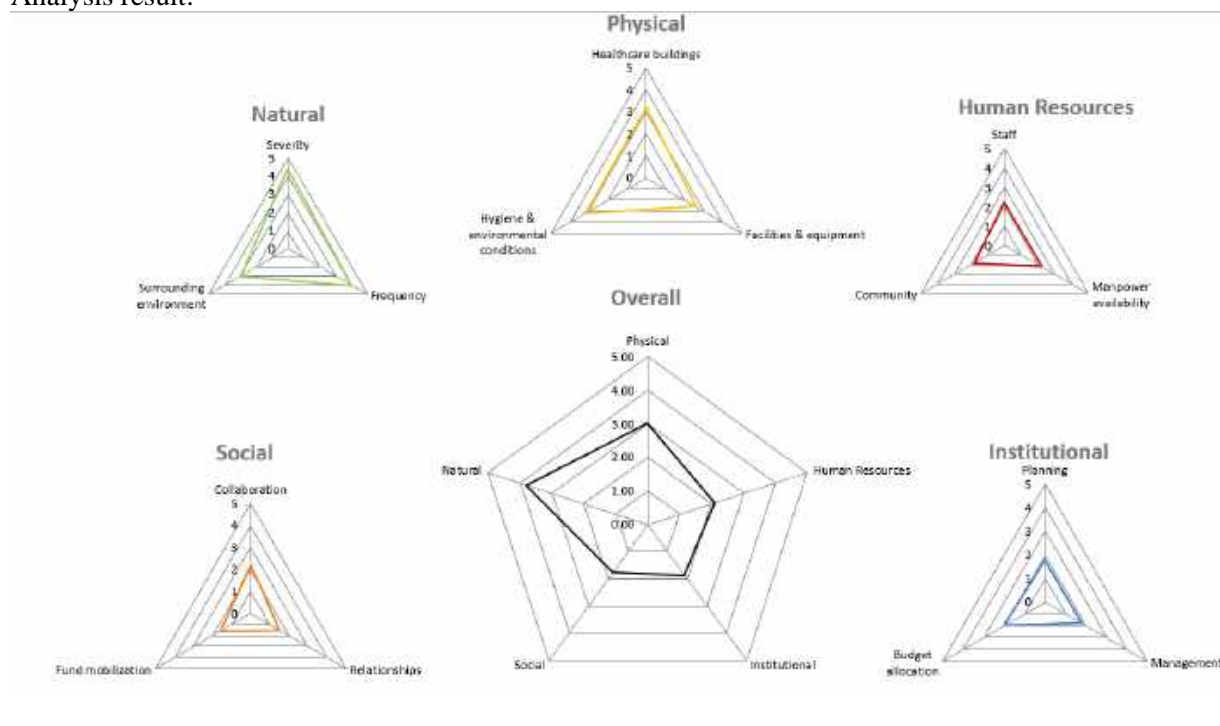
Weaknesses:

Poor fund mobilization for DRM related activities

Planning for DRM is not adequate

Relationships with community not strong

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition.
- The facilities within the centre are in moderately poor condition with no energy saving and emergency water facilities. The duration for repairing taken is long.
- The hygiene and environment conditions are moderate, with the centre promoting effective waste management practices such as three bin systems.

Human resource conditions:

- The staff have suggested not receiving any training related to DRM such as mock drills or SOPs.
- The awareness of hazards and DRM is very low amongst the staff.
- The centre suggested receiving no incentives as a part of the medical camps or other extra duties during disasters.

Institutional conditions:

- There is a gap in the management as there are no significant steps undertaken in enhancing the centre's capacity with DRM plans or SOPs, which are critical.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision of budget for safety appliances like fire extinguisher, etc. Further, the centre reported budget insufficiency.

Social relationships:

- The governmental funding form the major source for the renovation and repairing of the centre.
- The staff reported good collaboration with the health officials but suggested poor collaboration with NGOs or any private organizations.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- There are some issues of flood related diseases in the area around the centre, however, the centre is not impacted.
- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- These issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Nayagaon SC

Brief profile of the centre: Nayagaon Sub Centre is a sub center falls under the Khagarpur MPHC sector. The centre has OPD and delivery facility within it and takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Nayagaon SC	2.52	3.00	2.08	1.87	1.85	3.80

Strengths:

Minimal impact of disaster on healthcare building

Low severity and frequency of disasters

Good hygienic conditions

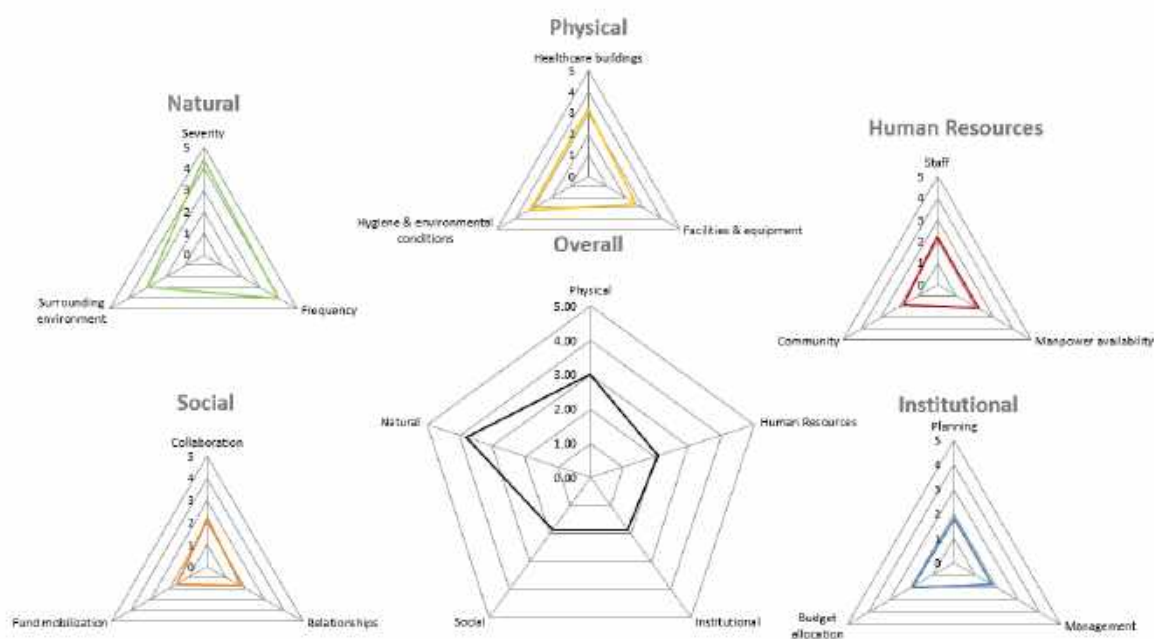
Weaknesses:

No sharing of DRM information with community

Poor fund mobilization for DRM related activities

Relationships with community not strong

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition, with a confined masonry structure.
- The facilities within the centre are not adequate with the unavailability of emergency equipments or proper demarcations for emergency evacuations.
- The hygiene and environment conditions are moderate with proper waste segregation and management.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training for improving capacity building. There are no disaster management plans available.
- Manpower availability is almost poor in the centre as most of the staff are contractual and are not prepared to manage disaster, use fire extinguishers, perform advanced CPR, etc.
- The staff have reported poor knowledge and awareness in DRM, citing opportunities for capacity building.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on health, hygiene, etc. However, it has not been engaged in disseminating information on DRM.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of DRM and planning activities in hospital management except after disaster health care.
- The budgeting in the health centre gives no focus on DRM and no provision for budget for safety appliances like fire extinguisher, etc.
- There is poor mechanism for early warning to other stakeholders to promote effective response in crisis.

Social relationships:

- The centre relies on the government funding to run their yearly operations and maintenance, with the system promoting funding every year.
- There is a huge disconnect between the health centre and private organizations, NGOs working on disaster resilience and capacity building.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.
- There are some risks related to dog bite and snake bite in the area which are referred to the district hospital.

Ekrabari SC

Brief profile of the centre: Ekrabari Sub Centre falls under the Khagarpur MPHC sector, serving a population of 6,842. It has OPD and delivery facility, alongside promoting telemedicine services. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Ekrabari SC	3.02	3.20	2.68	2.20	3.02	4.00

Strengths:

Low severity and frequency of disasters

Surrounding location are safe

Building conditions are good

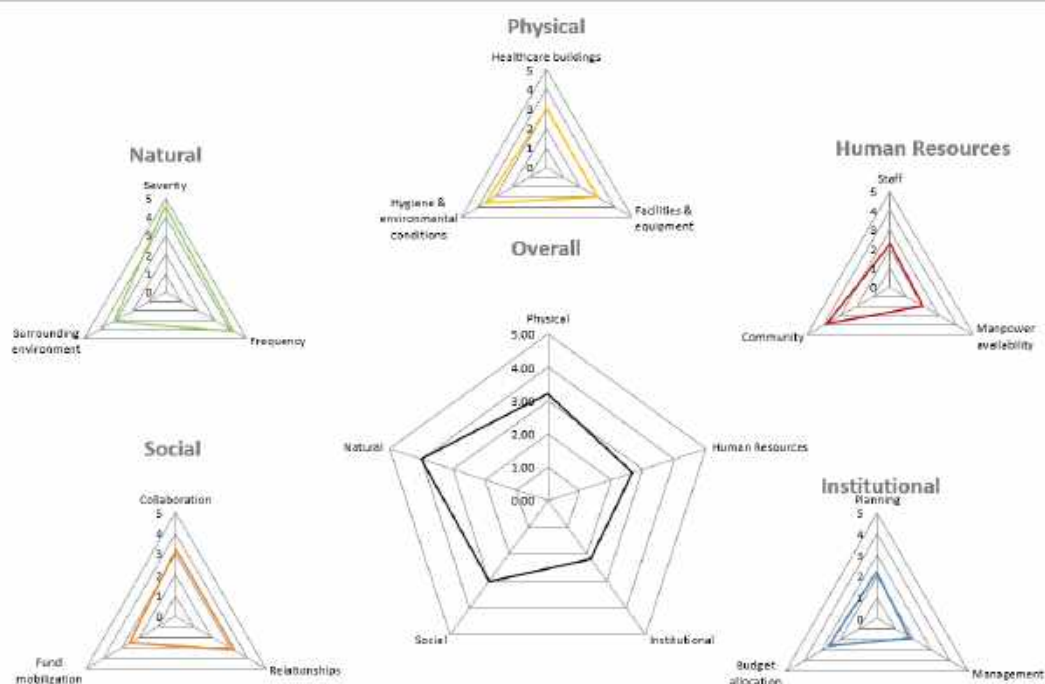
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Lack of DRM planning

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the centre building is well maintained having a confined masonry structure.
- The centre has good waste management system, with deep burial and sharp pits for waste disposal.
- The centre has certain issues regarding connectivity, as the connecting road is poor.
- Further, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- The staff have not received any training related to DRM, except earthquake training 5 years ago.
- Besides, the awareness of hazards and DRM is very low amongst the staff, opening opportunities for capacity building.
- The centre has reported shortage of staffs, especially MPW staff, and the officials suggested key issues managing the center. The staffs suggested referring many cases to the district hospital and Bidyapur CHC in the block.
- The centre has basic testing facilities established; however there is a dearth of emergency toolkits and fire extinguisher.

Institutional conditions:

- There is no significant step in enhancing the center with DRM plans or any forms of mock drills.
- In terms of budget allocation, there is lack of knowledge on budget for DRM and no provision for budget for safety appliances like fire extinguisher, etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- Even though the centre has frequent meetings with the health officials, there seems poor participation from the community in terms of financial collaboration.
- The Panchayat has supported in constructing a waiting shed for the patients.
- However, the centre receives no form of support/ collaborations from any active NGOs, private organizations, community groups to promote DRM related capacity building campaigns.

Natural conditions:

- The centre has good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- The surrounding environment is risk free, with no hazardous industries nearby.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.



District Hospital

Brief profile of the centre: The District Hospital is the largest health centre in the district, with total staff strength of around 130. The hospital has OPD and ICU facility, and serves close to a lakh patients every year.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
District Hospital	3.67	4.27	3.27	3.13	3.43	4.27

Strengths:

Low severity and frequency of disasters

Surrounding location are safe

Building conditions are good.

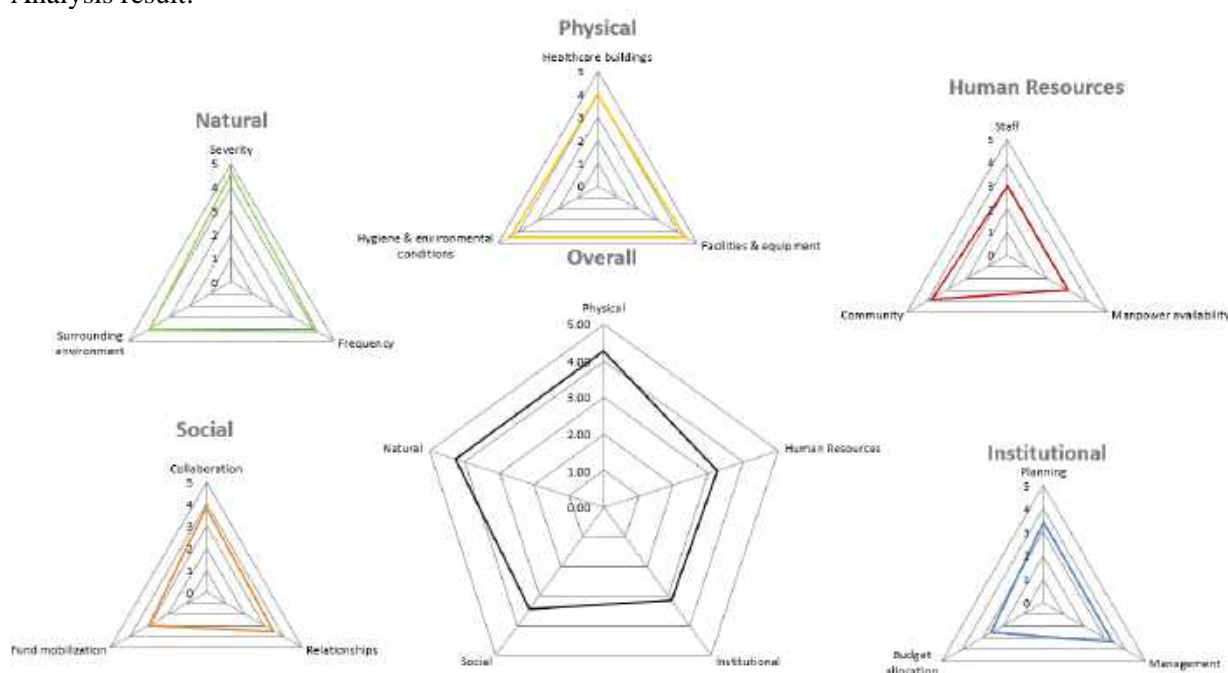
Weaknesses:

Scope for improvement of fund mobilization

Unavailability of DRM planning

Scope for training related to floods and other hazards the district is prone to

Analysis result:



Physical conditions:

- The centre building is well maintained having an RCC structure. The center officials suggested undertaking maintenance regularly and reported having a good waste management system, with specific pits for different wastes.
- The centre has multiple fire extinguishers fixed in the building, with proper instructions. However, there is still an opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.
- Waste segregation and management is done properly with three bin systems and pits. The WASH services are proper and the premises of the hospital are clean.

Human resource conditions:

- It is reported that the staff have not received any training related to DRM.
- The awareness of hazards and DRM is very low amongst the staff.
- The centre has reported no shortage of staffs with mostly permanent staffs, but have vacant/ new positions reported in the year book.

Institutional conditions:

- There is no significant step in enhancing the centre with DRM plans or any forms of mock drills.
- In terms of budget allocation, there is no specific allocation in the budget for DRM.
- However, there is excellent space segregation in the buildings, with multiple openings, which can support DRM planning.

Social relationships:

- The centre and state government forms the major financial support for the centre, promoting funding every year.
- The centre reported receiving multiple funds from PMJAY, NHM, and so on
- Even though the centre has frequent meetings with the health officials, there seems poor participation from the community in terms of financial collaboration.

Natural conditions:

- The centre has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate attention.

Srijangram Health Block

The Srijangram health block in Bongaigaon district consists of 53 health centres as shown in Figure 13 below. The detailed analysis report of each of the centres is given in the upcoming section.

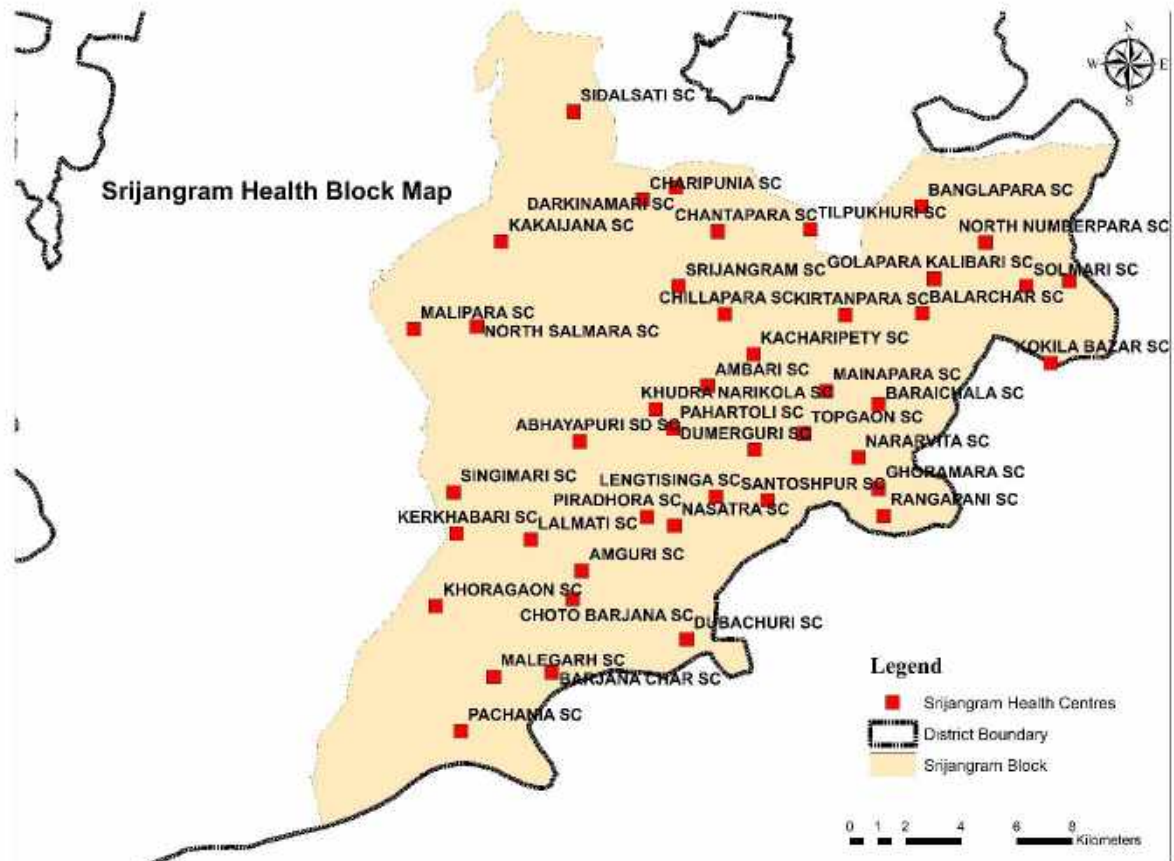


Figure 13: Srijangram health block map showing locations of the health centres

Mererchar RPHC

Brief profile of the centre: Mererchar Riverine Primary Health Centre is a health centre that caters to the population affected by floods near Mererchar. The health centre provides OPD, IPD and testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Mererchar RPHC	2.78	3.00	2.28	2.47	2.63	3.53

Strengths:

Low impact of disasters on the building

No flooding inside centre

Moderately good level of collaborations

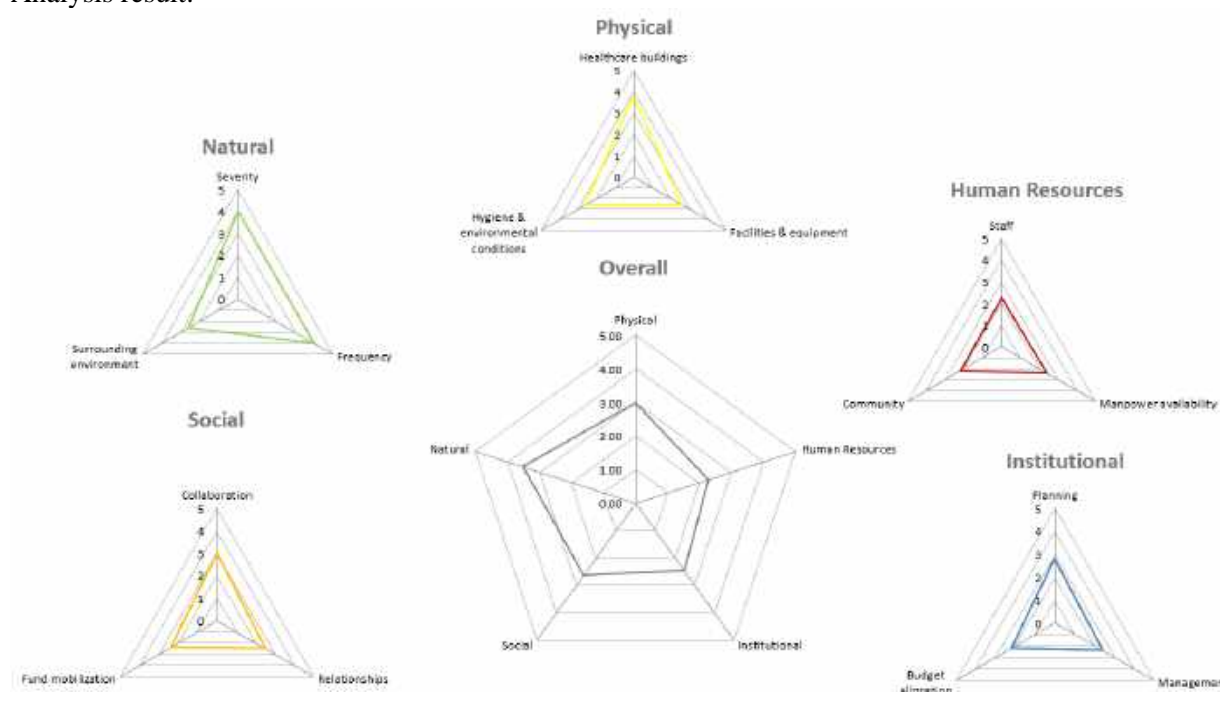
Weaknesses:

Capacity of staff is low

Poor fund mobilization

Budget allocation for DM activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is built on stilts and is in good condition as it doesn't get affected by floods in the vicinity.
- The facilities within the centre are not fully functional with only some tests being conducted. There are facilities of drinking water, electricity but there are medicine and lab equipment shortage and test kit shortage during floods. Access road gets flooded due to floods.
- The hygiene and environment conditions are almost moderate with irregular check on segregation of waste.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity disaster management activities.
- Manpower management is almost poor in the centre as a lot of staff are required to visit relief camps in the jurisdiction and the level of preparedness is low
- The staff and the incharge do not share DM plans or disseminate information about disaster management with the community but share with community members information on vaccination, COVID 19 etc.

Institutional conditions:

- The centre demonstrates moderately poor conditions with not much awareness of disaster management and planning activities in hospital management except after disaster health care.
- The staff do not have a DM plan available to them. There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is a moderately low level of budget allocated for various works especially no allocation is done for disaster management despite being in a flood prone area.

Social relationships:

- Collaborations have been moderate with the local government, NHM with the boundary wall and some additional toilet facilities being provided by the panchayat.
- The relationships with the community fare poorly due to mostly the lack of community-based DRM activities and no interaction or support from local charitable organizations.
- Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The healthcare centre is located in a flood prone area with the challenges of waterlogging in the premises. The chances of malaria, dengue etc could increase in the monsoon near the centre.
- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.



Dubachuri SC

Brief profile of the centre: Dubachuri Sub Centre is a health centre that caters to a flood prone population by providing health services like OPD and basic testing facilities. It is a new centre as compared to other centres under the Mererchar RPHC. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness, etc.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Dubachuri SC	2.62	2.80	2.53	2.13	2.43	3.20

Strengths:

Moderately low severity and frequency of disasters except floods

Condition of buildings is good

Moderately good level of hygiene is maintained

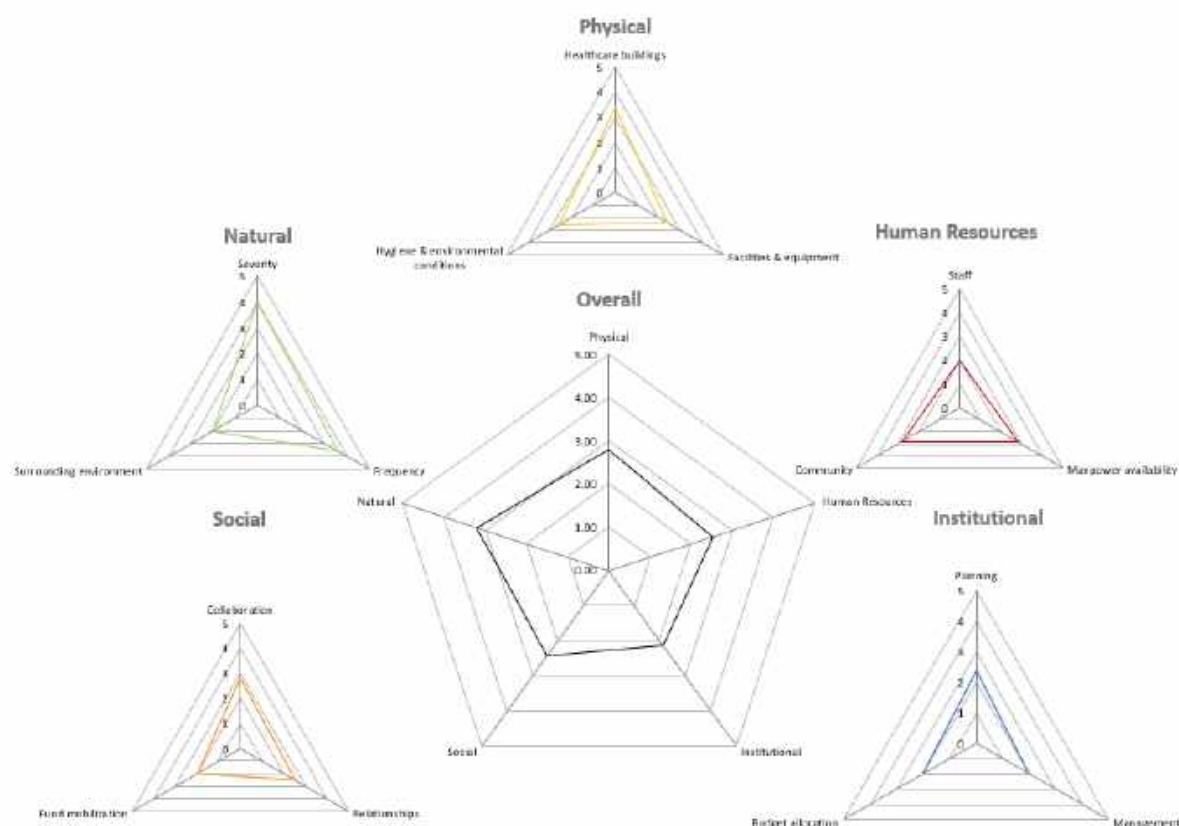
Weaknesses:

Poor fund mobilization

Staff capacity is not very strong

Surrounding environment has probability of hazards

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and is fairly new and in good condition. However, there is frequent damage to access road due to flooding.
- The facilities within the centre are not adequate with only some tests being conducted and shortage of medicines. There is no safety equipment like fire extinguishers, etc.
- The hygiene and environment conditions are almost moderate with clean premises but no proper awareness on 3 bin system and irregular check on segregation of waste. Adequate WASH facilities are not available.

Human resource conditions:

- The centre has a low score in human resources considering that there is impact of disaster on delivery of services of staff. No regular capacity building for DRM activities are held.
- Manpower management is moderate in the centre as staff are required to visit relief camps in the jurisdiction and they provide services from an identified school during flooding as the centre is not open due to water logging.
- The staff and the incharge is moderately active in organizing meetings with community members to spread awareness on public health, hygiene and nutrition awareness, COVID 19, etc. However, it has not been engaged in disseminating information about DRM.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no DRM plans or its integration in healthcare management. Despite active participation in camps there has been no regular trainings.
- There is a gap in the management as early warning information dissemination and implementation is low. There are no significant steps undertaken in enhancing the center's capacity with DRM plans or SOPs, which are critical.
- There is low level of budget allocated for community support, DRM, etc. Majority of budget is used for maintenance and upkeep of facilities.

Social relationships:

- Collaborations have been moderate with no support from NGOs, private organizations, or local Gram Panchayat. Only support was received from NHM for functioning of the centre.
- The relationships with the community fare poorly as not much communication is conveyed to community about disaster, early warning and preparedness, etc. There is a scope for engaging with communities for community-based DRM activities and public health awareness.
- Mobilization of various funds is poor as there are small sources and there is need for DRM activities to be considered.

Natural conditions:

- The centre has moderate resilience to natural hazards, owing to flooding and water logging issues in recent past.
- The area is not safe due to the remote location with less accessibility for fire, police, and ambulance services. There are frequent cases of pneumonia and fever in the local community due to flooding issues.

Chakla Kokila SD

Brief profile of the centre: Chakla Kokila State Dispensary caters to about 600 OPD approximately, every year. It also provides testing facilities with a functional laboratory.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Chakla Kokila SD	3.52	4.13	3.35	3.27	2.98	3.87

Strengths:

Low severity and frequency of disasters

Good condition of building

Hygiene and environmental conditions are good

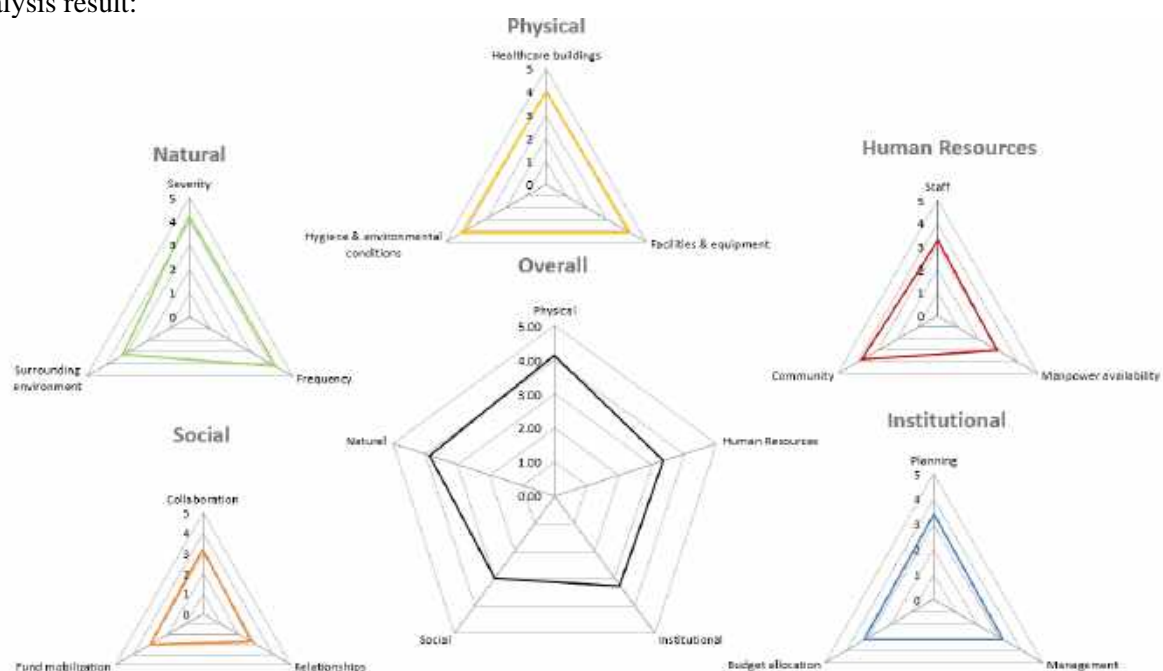
Weaknesses:

Moderate level of fund mobilization

Manpower availability is moderate

Relationship with community is lagging

Analysis result:



Physical conditions:

- The Chakla Kokila SD has a high score in the healthcare building condition due to the well-maintained construction which has chances of minimal damage due to disasters. This is further complemented by the lack of disaster impact upon the institution.
- The facilities are good as there is availability of fire extinguishers, ramps, solar lighting system, generator etc. There is 5kW of solar power system available which is useful to the centre.
- The hygiene and environmental conditions of the centre are good with segregation of waste and availability of pits. The premises around the centre are well maintained and clean.

Human resource conditions:

- The centre has a moderate score in human resources considering the lack of formal training of disaster management. However, the staff have Whatsapp group where fire safety and related videos are shared
- Manpower management is moderate in the centre as there is a shortage of staff in the centre especially GNM. A lot of staff are required to visit relief camps in the jurisdiction and they are not provided with any incentives.
- The staff and the incharge is active in communicating with community members as they have an active Whatsapp group where information is spread related to public health, hygiene, prevention of teenage pregnancy etc.

Institutional conditions:

- The centre demonstrates moderately good conditions with some awareness of disaster management and planning activities in hospital management but there are no plans available.
- There is a gap in the management as there are no trainings, awareness camps or integration of healthcare plan with DM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works with very less amount assigned for disaster management. There is potential to assign some amount for external collaborations to improve services.

Social relationships:

- Collaborations have been frequent with local government, NHM, NGOs however not with private organizations. The local panchayat has extended help to repair the roof damaged due to rain in past
- The relationships with the community fare moderate due to mostly community members actively participating in camps and no dropout cases. However there have been efforts put by staff to spread awareness when there are resistance cases.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness. In addition, mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The surrounding areas have flooding issues which are severe as it had affected local communities causing JE case and one mother death in past.

Kokila Bazar SD

Brief profile of the centre: Kokila Bazar Sub Centre is a health centre that caters to a population of about 9270 approximately. The centre takes up activities related to checkup, vaccination, flood relief camps, and community-based awareness.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kokila Bazar SC	2.80	3.20	2.20	2.53	2.27	3.80

Strengths:

Low severity and frequency of disasters except flood

Good condition of healthcare building

Moderately good facilities and equipments

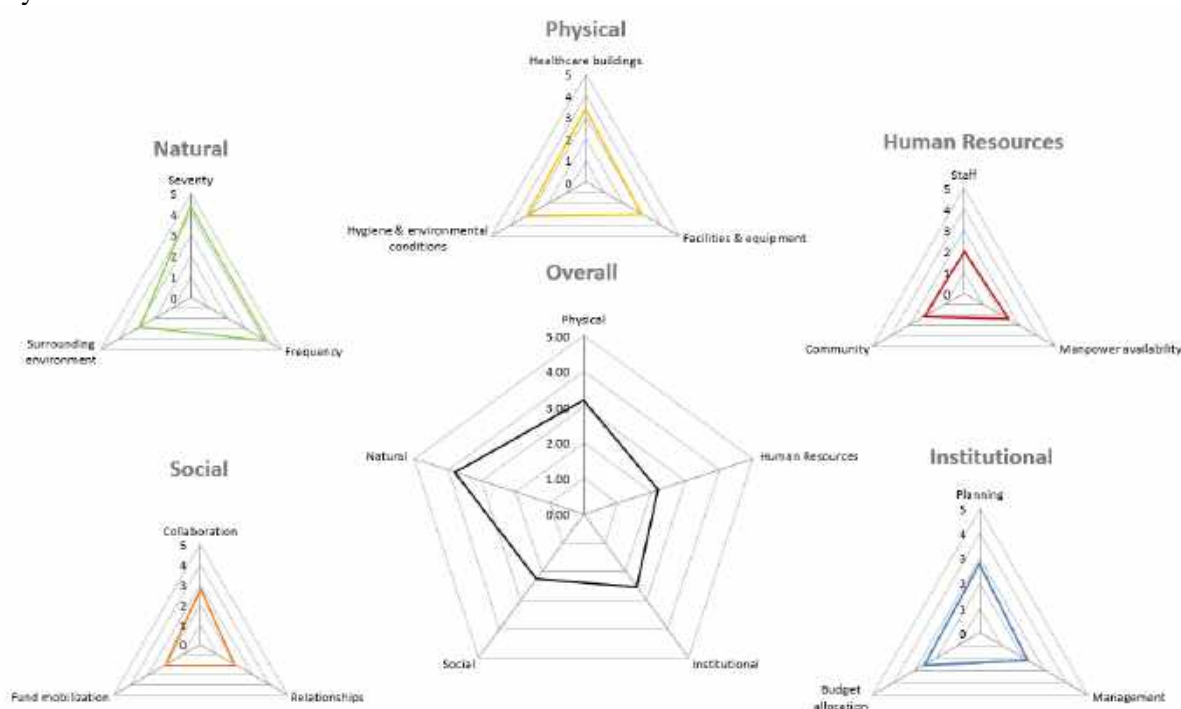
Weaknesses:

Poor fund mobilization

Relationship with community and other stakeholders is not very strong

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition with the construction undergoing repair currently for HWC upgradation. However, the building floor gets impacted by flood water.
- Facilities and equipment are in moderately good condition with availability of testing kits and coordination with nearby centres but there are no power backup, fire extinguishers, etc. The incharge feels the need of proper access road and earth filling in centre premises will improve services.
- Hygiene and environmental conditions fare moderately well with availability of pits, bins for segregation and regular cleaning of premises.

Human resource conditions:

- The staff have a low level of formal training for managing disaster related activities. No training on flood or fire was received in the recent past.
- The manpower availability is moderately low as staff go to camps but are unable to disseminate DM related information due to lack of awareness and most times no incentives are there.
- The staff and the incharge is not very active in organizing meetings with community members to spread awareness on DM related activities but they spread awareness on COVID 19 etc.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no awareness of disaster management and planning activities in hospital management and there is no sharing of DM plans
- The centre has to cater to flood impacted populations but is not well trained for the same. There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works with most of the allocation done for repair and equipments but not for DM activities.

Social relationships:

- Collaborations have been moderate with almost frequent interactions with local government, NHM, however not with private organizations or NGOs that have potential to fund for development of the centre.
- The relationships with the community fare poor due to no engagement with communities for community-based DRM activities and public health awareness
- There is a scope for mobilization of various funds. It should be considered while addressing DRM activities

Natural conditions:

- The institution has almost good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past except for slight flooring damage. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The surrounding areas have reported cases of malaria and JE emphasising the need for having surveillance and preventing water logging post monsoon months.

North Numberpara SC

Brief profile of the centre: North Numberpara Sub Centre is a health centre that caters to a population of around 8400. It was established in the early 2000s and provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
North Numberpara SC	2.84	3.07	2.85	2.67	2.35	3.27

Strengths:

Moderately low severity and frequency of disasters

Condition of buildings is good

Moderately good level of hygiene is maintained

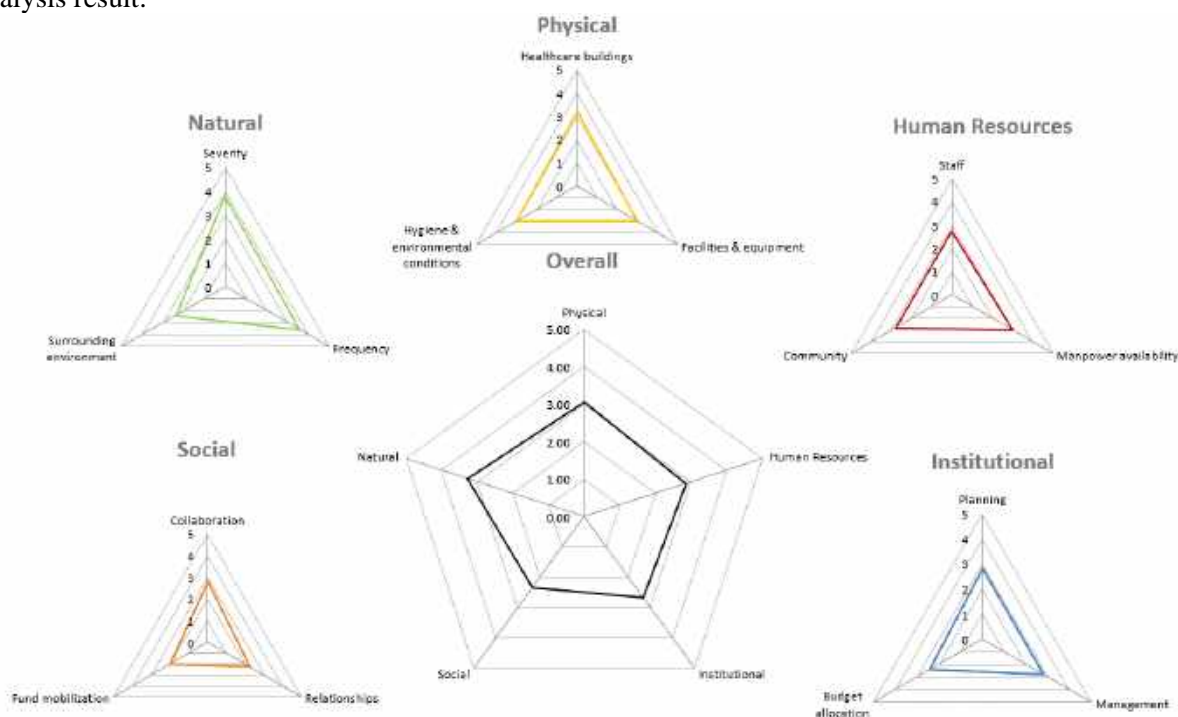
Weaknesses:

Poor fund mobilization

Relationship with community is not very strong

Surrounding environment has probability of hazards

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and was recently renovated and is in moderately good condition. However, there is waterlogging inside the centre during monsoon.
- The facilities within the centre are not adequate with only some tests being conducted and shortage of medicines. There are facilities of drinking water, electricity but there are accessibility issues during floods.
- The hygiene and environment conditions are almost moderate with clean premises but no proper awareness on three bin systems and irregular check on segregation of waste.

Human resource conditions:

- The centre has a moderate score in human resources considering that there is no regular capacity building for disaster management activities. Only a few staff members have attended training more than three years ago.
- Manpower management is moderate in the centre as staff are required to visit relief camps in the jurisdiction and they provide services from an identified school during flooding as the centre is not open due to waterlogging.
- The staff and the incharge is moderately active in organizing meetings with community members to spread awareness on public health, hygiene and nutrition awareness, COVID 19 etc. However, it has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no DM plans or its integration in healthcare management. Despite active participation in camps there has been no regular training.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is a low level of budget allocated for community support, disaster management etc. Majority of the budget is used for maintenance and upkeep of facilities.

Social relationships:

- Collaborations have been moderate with no support from NGOs, private organizations or local gram panchayat. Only support was received from NHM for the functioning of the centre.
- The relationships with the community fare poorly as not much communication is conveyed to the community about disaster, early warning and preparedness etc. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- Mobilization of various funds is poor as there are small sources and there is a need for DM activities to be considered.

Natural conditions:

- The institution has moderate resilience to natural hazards, owing to some flooding and waterlogging issues in the recent past.
- There are frequent cases of pneumonia and typhoid in the local community due to flooding issues.



Banglapara SC

Brief profile of the centre: Banglapara Sub Centre caters to the population around Chakla Kokila SD. The centre has OPD facilities and delivery facilities with an approximately 30 OPD per year. The centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Banglapara SC	2.61	2.67	2.48	2.13	2.42	3.33

Strengths:

Moderately low severity and frequency of disasters

Weaknesses:

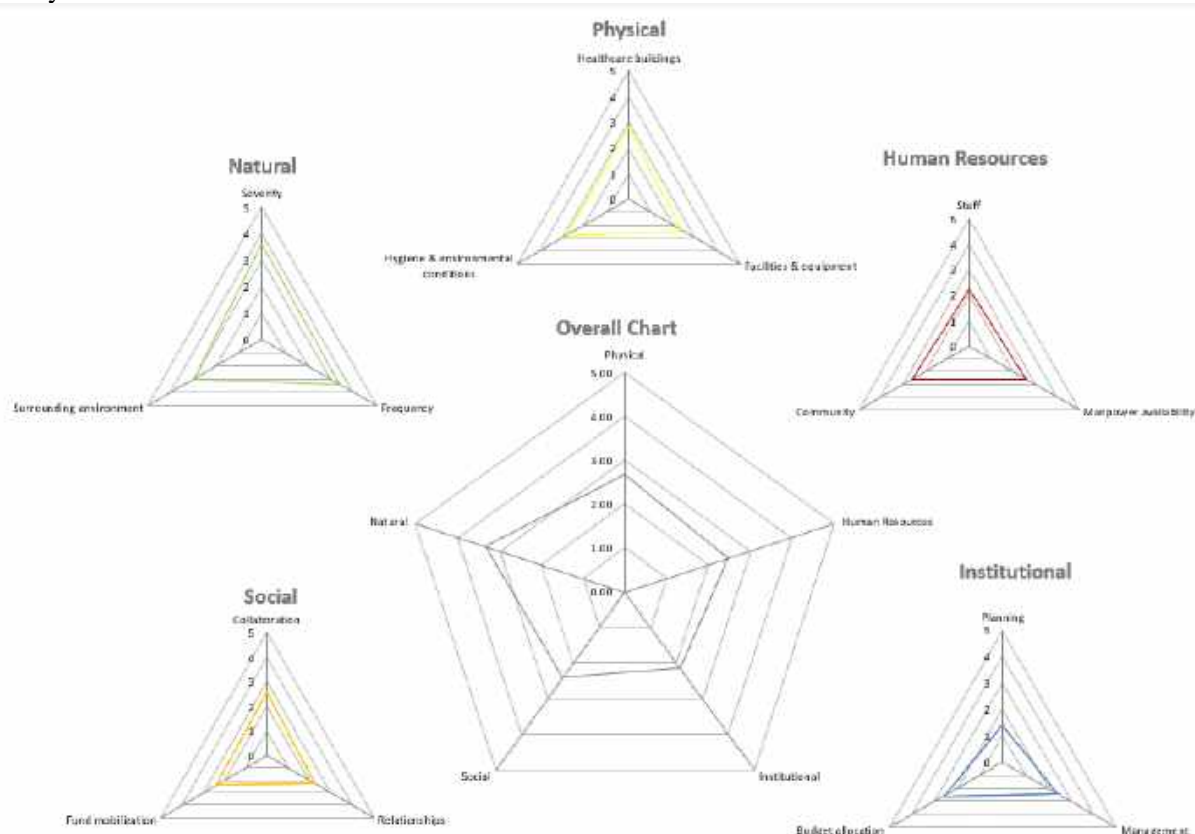
Poor planning of activities

Lack of fund mobilization for DM related activities

Management of DM related activities is not adequate

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is a confined masonry structure which doesn't have a proper boundary wall.
- The facilities within the centre are not fully functional. The clean drinking water facilities, fire extinguishers, solar lights are not there, and the lab is not there.
- The hygiene and environment conditions are moderate with no proper segregation system and pits for waste. In addition, WASH services are inadequate.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity disaster management activities.
- Manpower management is almost poor in the centre as a lot of staff are contractual and are not aware of trainings related to DRM.
- The staff and the incharge interact with community members to spread awareness on COVID 19 etc. However, it has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates very bad conditions regarding integration of plans with no awareness of disaster management. There is a lack of alternative location to operate centre activities in case damage to centre happens.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works. Although there are NGOs which visit the centre not much of specific funds are assigned for collaborations.

Social relationships:

- Collaborations have been frequent with local government, NHM, NGOs however not with private organizations.
- The relationships with the community fare moderate due to mostly community members actively participating in camps and no dropout cases. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- There are issues related to flooding in the neighboring areas and with increasing frequency and severity of hazards, globally, there is a requirement of immediate training.



Abhayapuri CHC

Brief profile of the centre: Abhayapuri Community Health Centre is a 30 bedded health centre that caters to a population of Abhyapuri and nearby villages. It was established in 1987 and provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, health camps, community-based awareness and activities. It is proposed to expand as a 50 bedded facility with ICU.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Abhayapuri CHC	3.71	4.07	3.22	3.60	3.42	4.27

Strengths:

Low severity and frequency of disasters

Collaborations are strong with stakeholders

Very good level of hygiene is maintained

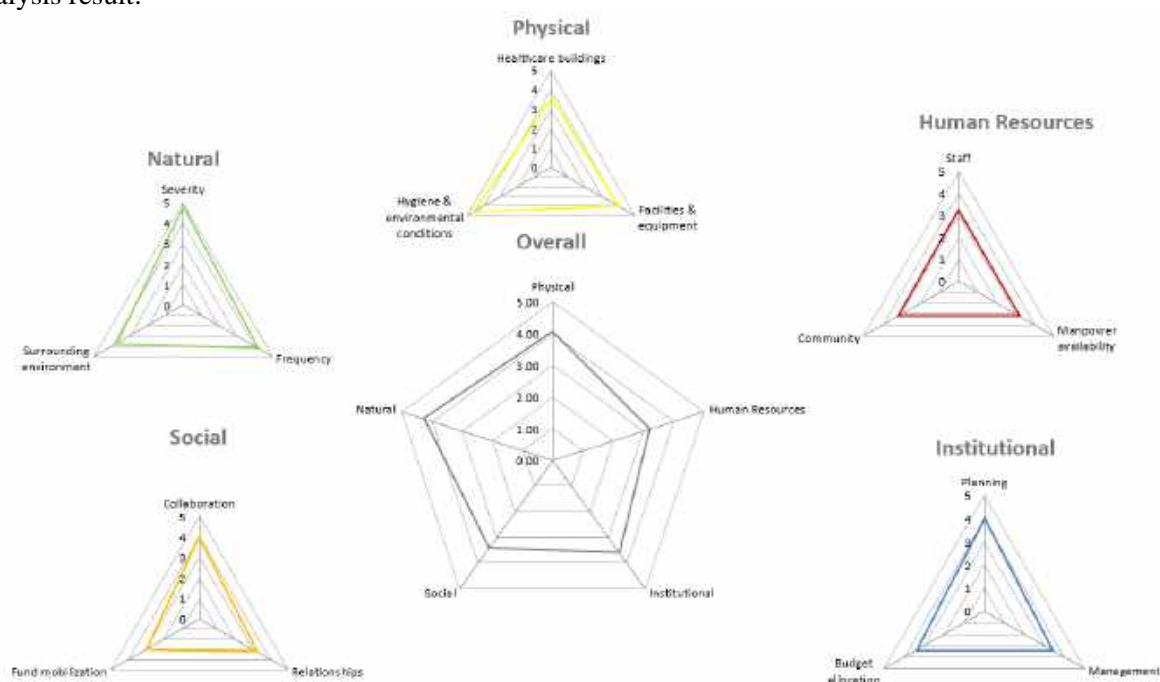
Weaknesses:

Moderate level of fund mobilization

Manpower availability is not adequate

Lack of community level DRM activities

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and is in good condition with regular maintenance.
- The facilities within the centre are adequate for care of patients with tests being conducted and no shortage of medicines. There are facilities of drinking water, electricity and proper rooms for various services are present.
- The hygiene and environment conditions are good with clean premises and awareness of three bin systems. There are proper facilities for segregation, decomposition and recyclable waste is sold.

Human resource conditions:

- The centre has a moderately good score in human resources considering that there is no regular capacity building for disaster management activities, DM plan sharing etc. Only a few staff members have attended training more than three years ago.
- Manpower management is moderate in the centre as staff are not very aware of DRM related activities, mass casualty management etc.
- The staff and the incharge is moderately active with engaging the community members as they do not visit communities very often. But they have camps to spread awareness on public health, hygiene and nutrition awareness, COVID 19 etc. However, no disseminating information about disaster management have been done by them

Institutional conditions:

- The centre demonstrates good conditions with moderately good level of awareness of fire and earthquake but no DM plans or its integration in healthcare management has been observed.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is a moderately good level of budget allocated for community support, disaster management etc. although of the budget is used for maintenance and upkeep of facilities.

Social relationships:

- Collaborations have been good with support from NHM, NGOs, or local gram panchayat. Not much support provided by private organizations
- The relationships with the community are moderately good as they guide the community during health camps, swasthya melas etc. However, not much communication is conveyed to the community about disaster, early warning and preparedness etc.
- Mobilization of various funds is moderately good as there are many sources of income including the government funds, NGO donations, selling waste, etc. There is a need for DM activities to be considered.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Sidalsati MPHC & attached SC

Brief profile of the centre: Sidalsati Mini Primary Health Centre is a health centre that was established in the 1971 and provides OPD, delivery and testing facilities. It caters to approximately 6000 OPD every year. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Sidalsati MPHC att SC	3.44	3.53	3.28	3.07	3.38	3.93

Strengths:

Low severity of disasters

Frequent collaborations with stakeholders

Moderately good level of relationship with community

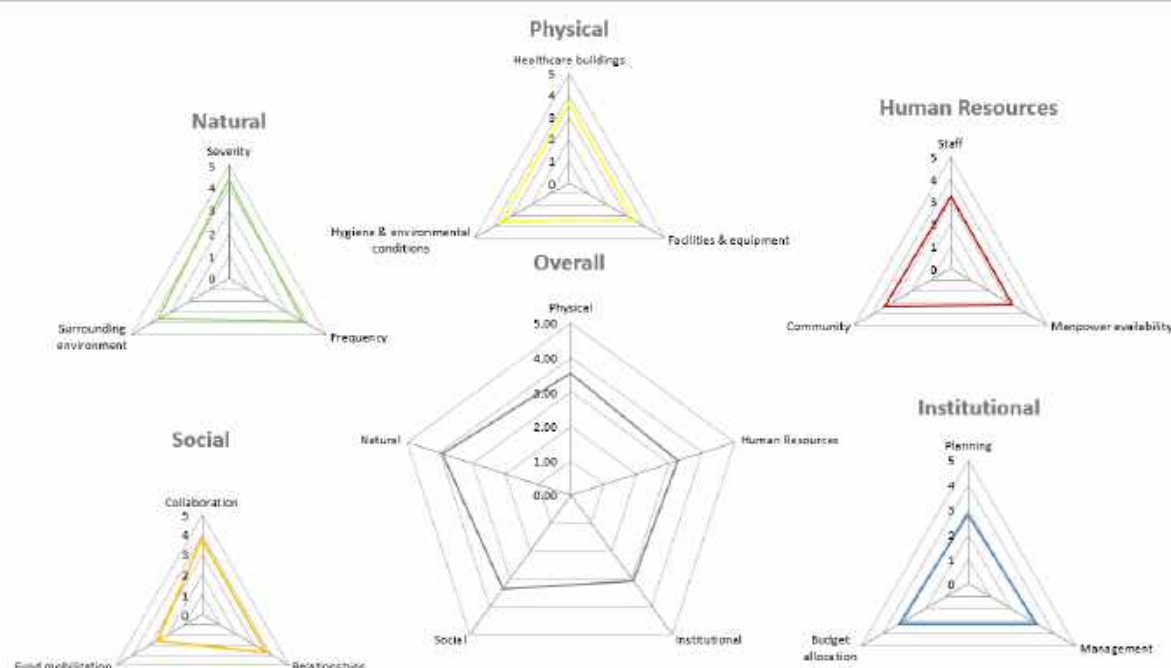
Weaknesses:

Poor fund mobilization

Planning is not very strong

Budget allocations not properly done

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and has an inclusive design. It is in good condition.
- The facilities within the centre are almost good with testing, medicine facilities being available at most times. There are facilities of drinking water, electricity but there are accessibility issues due to damaged roads after heavy rainfall.
- The hygiene and environment conditions are moderately good with WASH facilities, clean premises but no proper awareness on three bin systems and irregular check on segregation of waste.

Human resource conditions:

- The centre has a moderate score in human resources considering that there is no regular capacity building for disaster management activities. Only a few staff members have attended training more than three years ago related to snake bite.
- Manpower availability is moderate in the centre as staff are required to visit relief camps in the jurisdiction and they provide services
- The staff and the incharge is moderately active in organizing meetings with community members to spread awareness on public health, hygiene and nutrition awareness, COVID 19 etc. However, it has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates moderate conditions of disaster related planning with IECs being shared with the community, some pre and post flood awareness is held.
- No DM plans or its integration in healthcare management has been done despite active participation in camps; there has been no regular training or steps undertaken in enhancing the center's capacity with DM plans or SOPs.
- There is a low level of budget allocated for community support, disaster management etc. Majority of the budget is used for maintenance and upkeep of facilities.

Social relationships:

- Collaborations have been good with support from NGOs like Subham NGO which support through plantation, providing water etc at camps and centre. Although much support wasn't received from private organizations or local gram panchayat large support is received from NHM for the functioning of the centre.
- The relationships with the community moderately as not much communication is conveyed to the community about disaster, early warning and preparedness etc. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- Mobilization of various funds is average as there are no diverse sources and there is a need for DM activities to be considered.

Natural conditions:

- The institution has almost good resilience to natural hazards. However some issues of snake and dog bites were registered.
- The area under the jurisdiction of the centre has flooding issues and that has resulted in drowning of children in past years. Awareness needs to be spread related to the same.
- There have been displacement due to flooding in the jurisdiction of the centre however it has not affected the centre's functioning.

Darkinamari SC

Brief profile of the centre: Darkinamari Sub Centre is an establishment that caters to the population of nearby area with OPD, testing, delivery facilities. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Darkinamari SC	2.72	2.87	2.10	1.93	2.85	3.87

Strengths:

Low severity and frequency of disasters

Collaborations are frequent and strong

Good surrounding environment

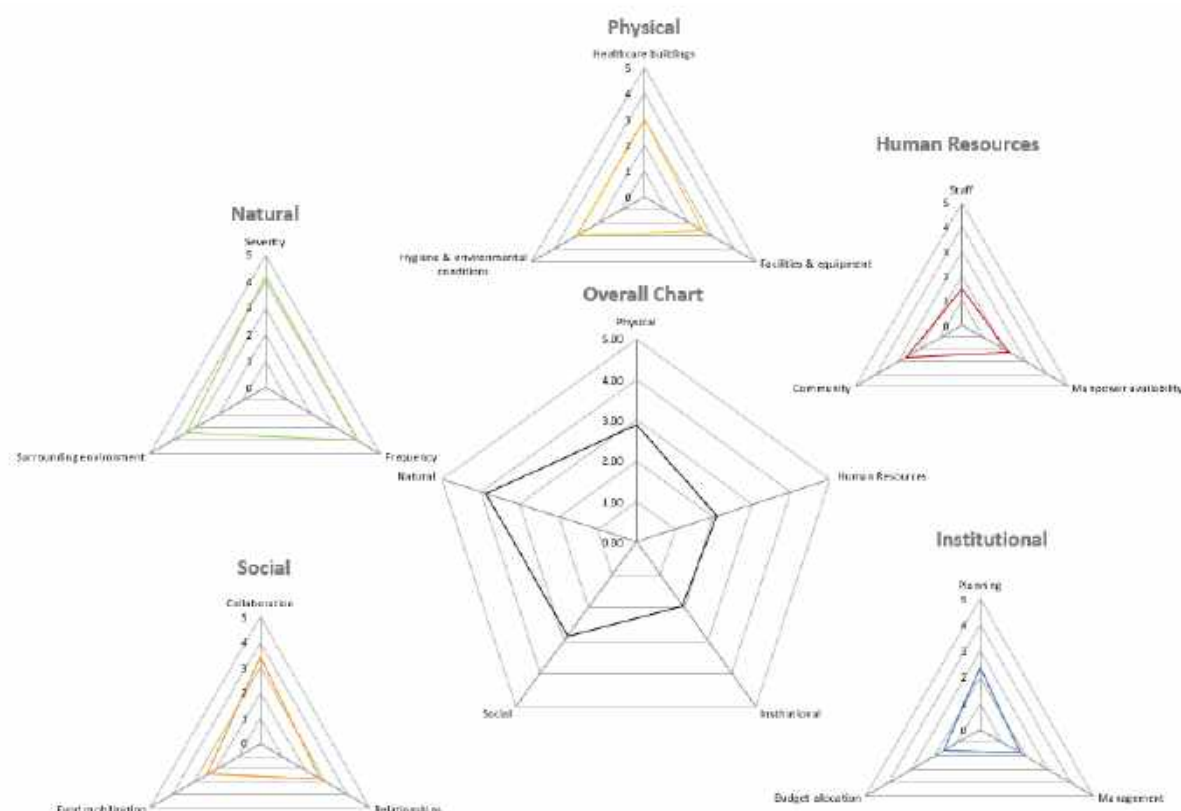
Weaknesses:

Poor budget allocation for DRM related activities

Management of DRM activities is not adequate

Staff capacity is low

Analysis result:



Physical conditions:

- The healthcare building is in almost good condition. It receives untied funds but there is not much regular maintenance.
- The facilities within the centre are almost moderate with lack of ramps, extinguisher, solar light, safe drinking water, boundary walls etc.
- The hygiene and environment conditions are moderate with no proper segregation system and although the centre premises is well maintained and clean.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training and low awareness of staff on disaster management activities.
- Manpower management is almost poor in the centre as many staff go for field visit but have low level of preparedness.
- The staff and the incharge has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates poor conditions with no space segregation for contagious diseases and awareness of disaster management and planning activities.
- There is no integration of DM plans with healthcare plans. There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is no budget allocated for various DRM related works. There are no budget for collaboration with NGOs, private organizations, clubs etc.

Social relationships:

- Collaborations have been moderately good with local government, NHM, but not much with NGOs and private organizations.
- The relationships with the community fare poor to moderate due to no disaster related training or awareness given by the healthcare officials or staff.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness

Natural conditions:

- The centre is located remotely and doesn't have easy access for police, fire, ambulance and public transportation.
- The institution has moderate resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past except floods in the surrounding areas.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Kakoijana SC

Brief profile of the centre: Kakoijana Sub Centre is an establishment that caters to the population with OPD, testing, delivery facilities. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kakoijana SC	2.74	2.80	2.63	1.93	2.05	4.27

Strengths:

Low severity and frequency of disasters

Moderately safe surroundings

Moderately good hygiene conditions

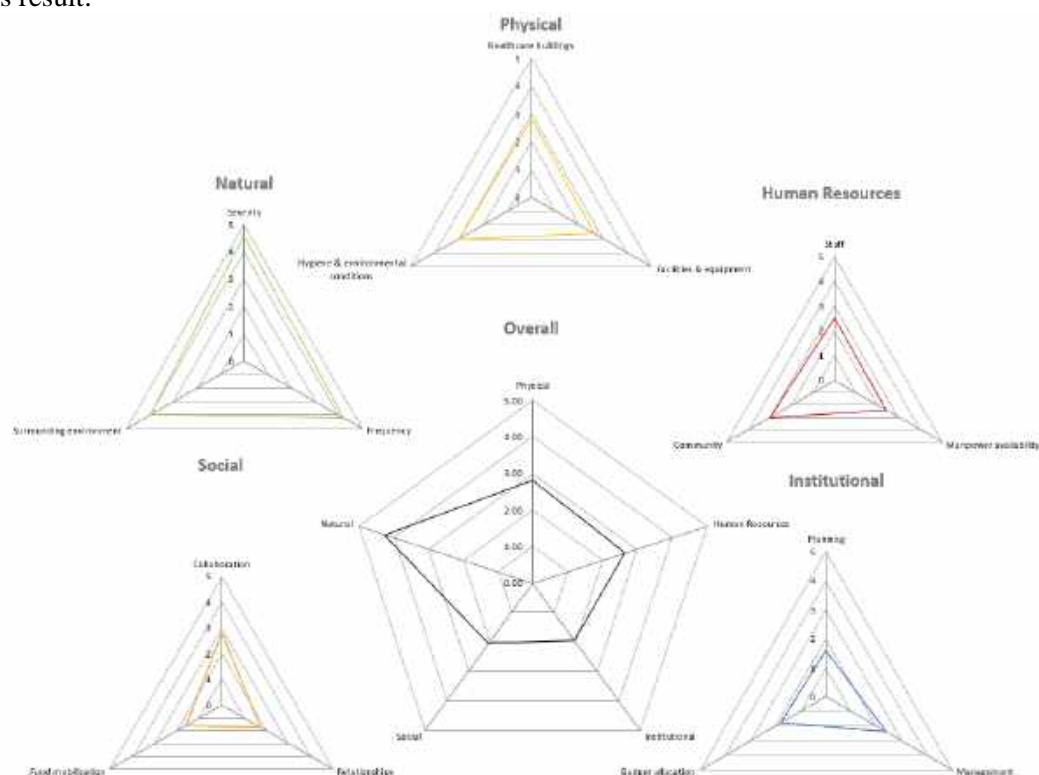
Weaknesses:

Planning of DRM related activities is inefficient

Poor fund mobilization for DRM related activities

Relationships with stakeholders not robust

Analysis result:



Physical conditions:

- The centre is in good condition made of confined masonry which has not been largely impacted by disasters.
- The facilities are moderate with nominal testing facilities and poor emergency facilities.
- The hygiene and environment conditions are moderate with no proper segregation system and pits for waste. However, there are plantation drives and the surrounding premises is clean.

Human resource conditions:

- Manpower management is almost moderate in the centre. Trainings for DRM are very infrequent.
- The staff recorded no significant capacities of DRM preparedness or early warning or implementation of activities.
- The staff and the incharge spread awareness on public health, hygiene, COVID 19 etc. However, it has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates moderate conditions with limited awareness of disaster management and planning activities in hospital management except after disaster health care. There is no integration of DM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- Budget allocation for various activities is not adequately done with no allocation for DRM.

Social relationships:

- There are rarely any collaborations with stakeholders except for NHM.
- There is no DRM related camps organized. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- There is no funding options given by NGOs charitable organizations or other stakeholders.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Charipunia SC

Brief profile of the centre: Charipunia Sub Centre caters to the flood affected nearby areas. The centre is only used for deliveries nowadays. It is usually affected by waterlogging and flooding and takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Charipunia SC	2.28	2.40	1.85	1.67	1.87	3.60

Strengths:

Low severity and frequency of disasters

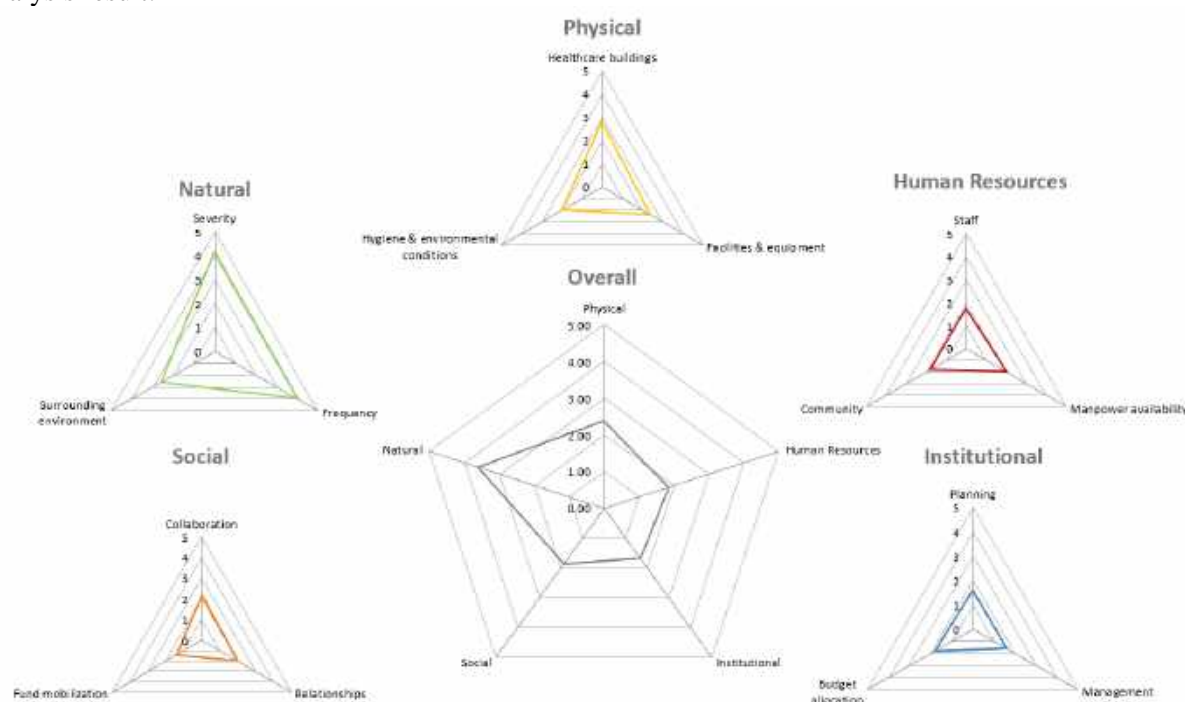
Weaknesses:

Staff management is inadequate

Lack of proper of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The center building is moderately well maintained having a confined masonry structure but doesn't undergo frequent maintenance.
- The centre lacks proper facilities, it has damaged roof and flooring and there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.
- The hygiene conditions are poor with no segregation and cattle shed in the premises with not properly maintained centre.

Human resource conditions:

- The awareness of hazards and DRR is very low amongst the staff. The centre staffs have not received any training related to disaster management.
- The centre has reported that all staff including ANM operate from the community and the centre is usually closed. The incharge suggested key issues managing the center during field trips, affecting the overall service delivery.
- The staff communicate with community members and spread information related to public health, hygiene, prevention of teenage pregnancy etc. But no DRM activities are undertaken.

Institutional conditions:

- In terms of early warning systems, it has been reported the centre is not well equipped to disseminate early warning information to the communities. There are no DM plans or guidelines available to them.
- There is a gap in the management as there are no training, awareness camps or integration of healthcare plans with DM plans or SOPs. There is no significant step in enhancing the center's DRM capacities.
- In terms of budget allocation, there is a lack of budget under the head of disaster management and no provision for budget for safety appliances like fire extinguishers etc.

Social relationships:

- Collaborations have been low with only NHM, however not with NGOs, private organizations etc.
- The relationships with the community fare poorly due to not many actions related to disaster related preparedness contribution, lack of willingness in community etc.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness. In addition, mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- In terms of natural resilience, the institution has moderately good resilience to natural hazards, owing to the lack of history of highly severe and intense hazards reported.
- As the centre is located near to the water body the centre has higher exposure to hazards which can cause damages to the structure.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Srijangram BPHC & attached SC

Brief profile of the centre: Srijangram Block Primary Health Centre and attached Sub Centre is a health centre that supports population of Srijangram block. The centre takes up activities related to checkup, testing, vaccination, flood relief camps, community-based awareness and activities in addition to administrative work of the entire block.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Srijangram BPHC att SC	3.64	4.07	3.45	3.47	3.07	4.13

Strengths:

Low severity and frequency of disasters

Good condition of healthcare building

Good condition of facilities and equipments

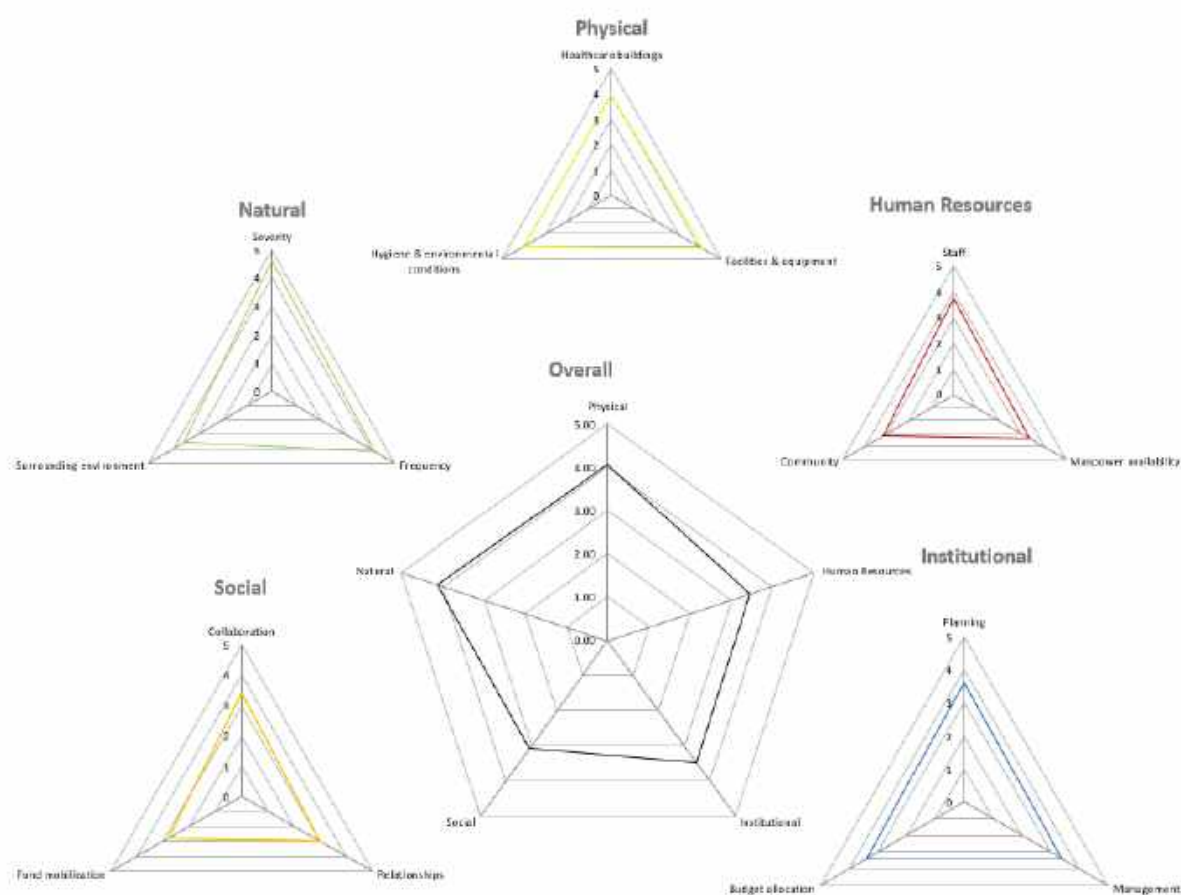
Weaknesses:

Poor fund mobilization

Relationship with community and other stakeholders is not very strong

Community awareness is low

Analysis result:



Physical conditions:

- The healthcare building is in good condition with the construction undergoing regular maintenance and repair. It is also not affected by disaster events.
- Facilities and equipment are in good condition with availability of testing kits and coordination with nearby centres, power backup, fire extinguishers, etc. The incharge feels that better quarters can motivate staff to work.
- Hygiene and environmental conditions fare well with availability of pits, bins for segregation and regular cleaning of premises.

Human resource conditions:

- The staff have a good level of information on disaster management with some staff having attended formal training for managing disaster related activities.
- The manpower availability is adequate at most times but as staff go to camps some alternative options would be preferable.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on public health, COVID 19 etc. but not on DM related activities so community awareness is low.

Institutional conditions:

- The centre demonstrates good conditions with awareness of disaster management and planning activities in hospital management and availability of contingency plans and regular updation.
- The centre has to cater to flood impacted population and desires knowledge for significant steps to be undertaken in enhancing the center's capacity with DM plans or SOPs.
- There is moderate level of budget allocated for various works with most of the allocation done for repair and equipments but not much for DM activities or community support.

Social relationships:

- Collaborations have been moderate with almost frequent interactions with local government, NHM, however not with private organizations or, NGOs that have potential to fund for development of centre.
- The relationships with the community fare moderately due to no engagement with communities for community-based DRM activities but only on public health awareness, follow up and seasonal diseases.
- There is a scope for mobilization of various funds. It should be considered while addressing DRM activities

Natural conditions:

- The institution has almost good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally and require immediate assistance.
- The surrounding areas have reported cases of dog bite, snake bite and malaria emphasising the need for having surveillance and making vaccines available in good quantities.

Santapara SC

Brief profile of the centre: Santapara Sub Centre is an establishment in the Srijangram block that caters to the population with OPD, testing, delivery facilities. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Santapara SC	2.72	2.87	2.10	1.93	2.85	3.87

Strengths:

Low severity and frequency of disasters

Healthcare building is in good condition

Good hygiene conditions

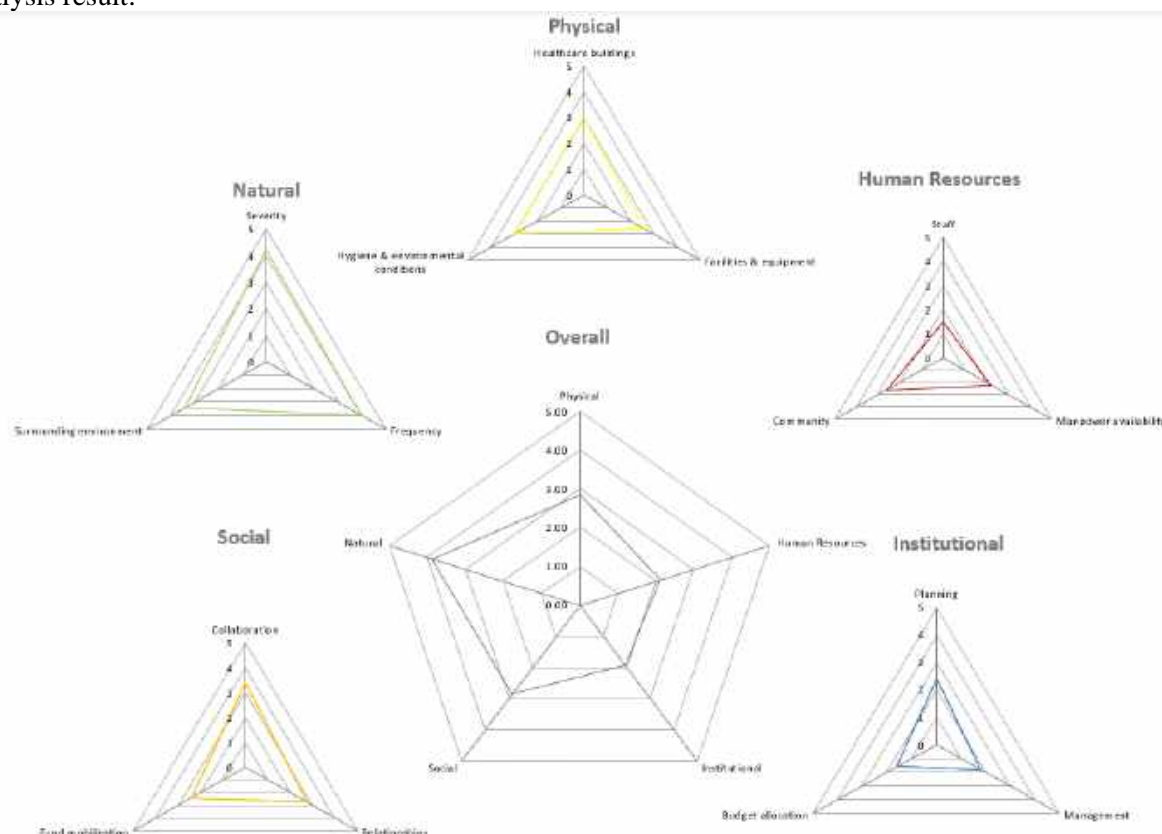
Weaknesses:

Poor staff capacity for DRM related activities

Budget allocation is not adequate

Management of DRM related activities are not robust

Analysis result:



Physical conditions:

- The healthcare building is made of confined masonry and is in good condition. It undergoes regular maintenance and have not been impacted by disasters in past.
- The facilities within the centre are not adequate with no environmental protection measures, power saving features, extinguishers etc.
- The hygiene and environment conditions are moderate with regular environment protection activities like plantation drives, WASH services however has inadequate segregation system and pits for waste.

Human resource conditions:

- The centre has a low score in human resources as there is no awareness of disasters and training
- Manpower management is moderate in the centre owing to many staff visiting flood camps and impact on services is low however there are no incentives for the same.
- The staff and the incharge is not adequately aware of early warning and communication of DM plans but is active in organizing meetings with community members to spread awareness on public health, COVID 19 etc.

Institutional conditions:

- There is lack of planning and integration of DRM guidelines in the healthcare planning and no segregation of space being maintained for contagious diseases.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- The budget is mainly allocated for repairing and maintenance of equipment.

Social relationships:

- Collaborations have been moderately good with local government, NHM with regular sharing of updates
- There is moderately good relationship with local community, NGOs and participates in community based DRM activities conducted by NGOs.
- Fund mobilization is done moderately but there is potential for support from charitable organizations and community.

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- However, proximity to water bodies may lead to flooding issues and challenge the system, as the frequency and severity of hazards.
- There is a lack of proximity to different facilities like fire service, police station etc.

North Salmara SD & attached SC

Brief profile of the centre: North Salmara State Dispensary and attached Sub Centre is a health centre with OPD and delivery facility. The attached sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
North Salmara SD att SC	3.14	3.40	2.55	2.33	3.13	4.27

Strengths:

Low severity and frequency of disasters

Good conditions of equipment

Surrounding environment is safe

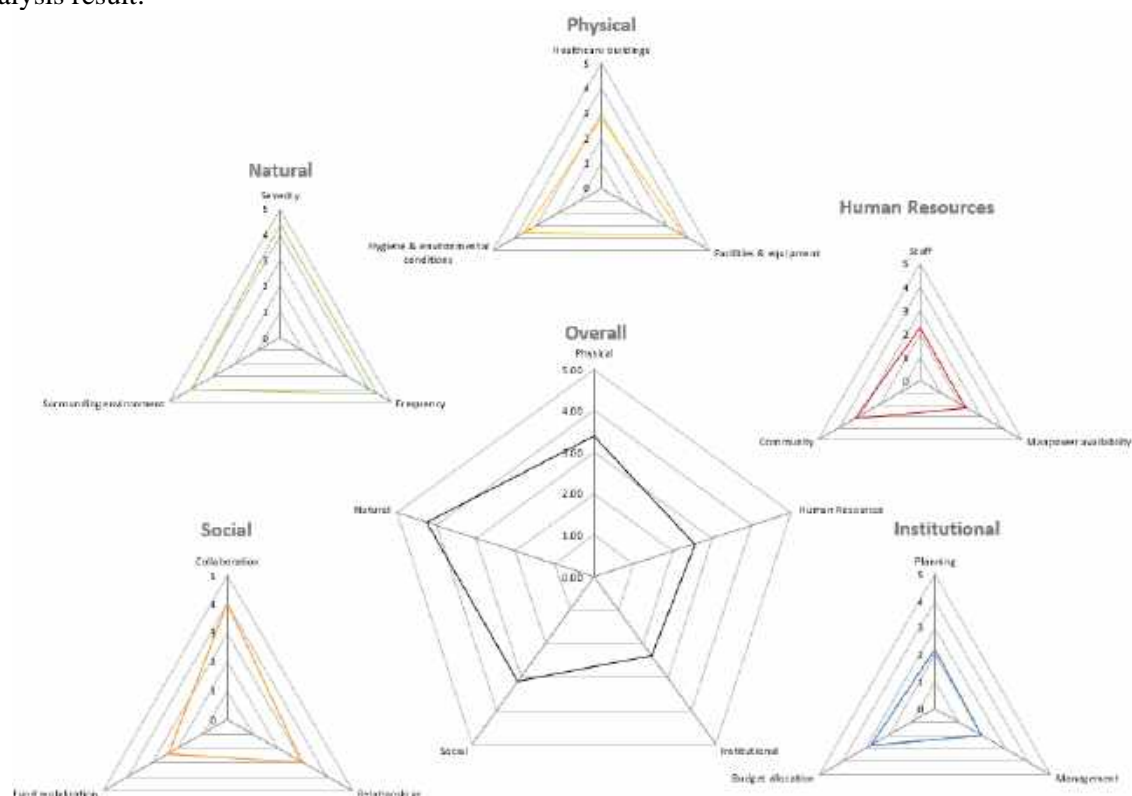
Weaknesses:

Planning is not strong

Poor manpower availability

Management of DM related activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is a Ekra house structure which has never been affected by disasters. It doesn't have a very inclusive design and has no proper emergency exits and demarcations.
- The facilities within the centre are almost fully functional with power backup and drinking water facilities. But here are no energy saving or rainwater harvesting features.
- The hygiene and environment conditions are moderately good with proper segregation system and pits for waste. However, there are visible open drains that require improvement.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of sharing of DM plans, formal training for improving capacity disaster management activities.
- Manpower availability for DRM related activities is poor in the centre as there is lack of disaster preparedness in staff and don't receive incentives for visiting camps.
- The staff and the incharge is active in organizing meetings with community members regularly to spread awareness on public health. IECs are distributed.

Institutional conditions:

- The centre demonstrates moderately poor conditions in planning with not much identification of roles during disasters, no proper space segregation for contagious diseases, awareness of disaster management
- There is a lack of early warning information dissemination of hazard information in community. A gap in the management is there as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is moderately low level of budget allocated for various works especially no allocation is done for disaster management.

Social relationships:

- Collaborations have been active with NHM and coordination has been done with other centres actively. Significant collaboration with local government, NGOs, private organizations have been done.
- The relationships with the community fare well as there is engagement with communities and contribution from local NGOs or charitable organizations.
- There should be active initiatives to collaborate with stakeholders in order to get finances for DRM activities. There is a scope for mobilization of various funds through community activities etc.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- Although there are cases of malaria and JE in the area the centre is active in making the medicines available. It has vaccines for dog bite and refers the snake bite cases.

Singimari SC

Brief profile of the centre: Singimari Sub Centre is an establishment that caters to the local population with OPD, testing, delivery facilities. There are approximately 100 OPD every year. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Singimari SC	2.61	2.53	2.17	2.00	2.50	3.87

Strengths:

Low severity and frequency of disasters

Moderately good surrounding environment

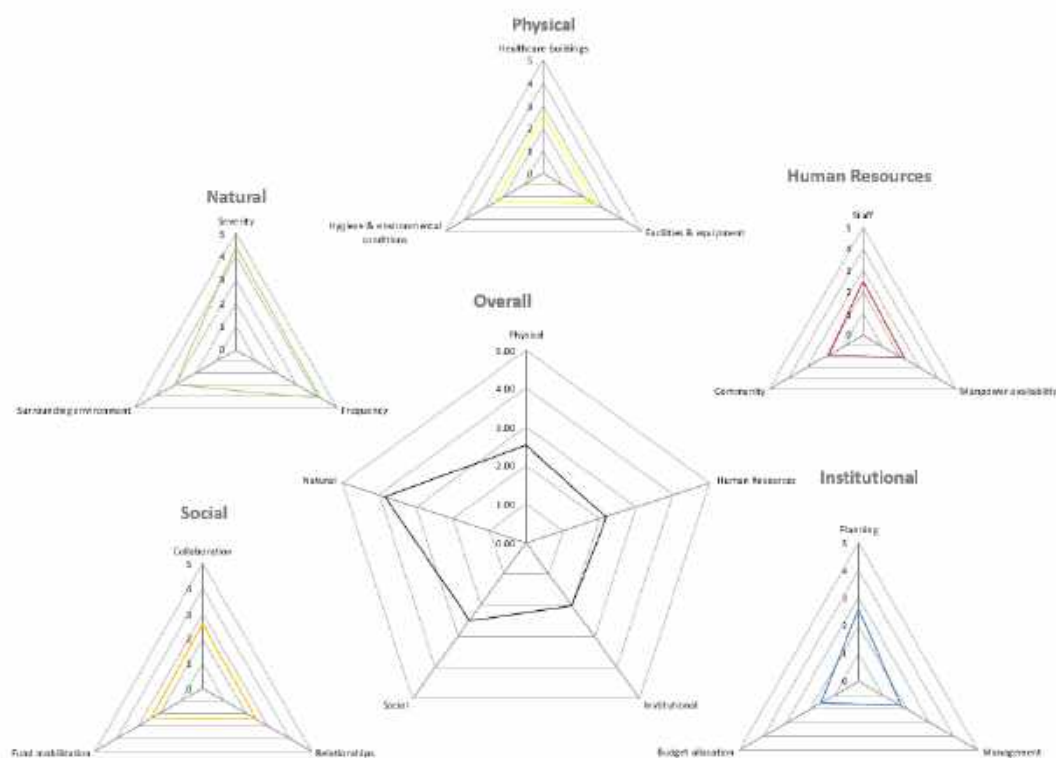
Weaknesses:

Poor level of budget allocation for DRM related activities

Management is not efficient

Community interactions are not robust

Analysis result:



Physical conditions:

- The healthcare building is in poor to moderate condition with issues of seepage, and frequent damage to structures by disasters. It is a relatively old structure and requires regular maintenance.
- The facilities within the centre are poor as there is infrequent repairing of equipment, no electricity and access road is damaged by waterlogging.
- The hygiene and environment conditions are low with no proper segregation system and pits for waste.

Human resource conditions:

- The centre has a low score in human resources with staff recording no capacities of DRM as there has been no formal training activities.
- Manpower management is almost poor in the centre as there are more contractual staff and they have no experience of working at flood relief camps.
- The staff and the incharge spread awareness only on public health, hygiene, COVID 19 etc. However, it has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of disaster management and planning activities in hospital and there is no integration of DM plans with healthcare plans.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is low level of budget allocated for various works like maintenance, equipments etc.

Social relationships:

- Collaborations have been almost moderate with local government, NHM, providing support and collaborating on activities.
- The relationships with the community fare poor due to no disaster related training or awareness given by the healthcare officials or staff. There is low level of support from NGOs charities etc.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness

Natural conditions:

- The institution has good resilience to natural hazards, except for flooding issues in recent past.
- The centre is far away from facilities like police, fire service etc.
- The centre is located near river and in case of future floods, it may impact the centre.

Malipara SC

Brief profile of the centre: Malipara Sub Centre caters to a population in the hilly areas. It is usually not affected by disasters. The centre takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Malipara SC	2.93	3.40	2.53	2.20	2.30	4.20

Strengths:

Low severity and frequency of disasters

Safe surrounding environment

Building conditions are good.

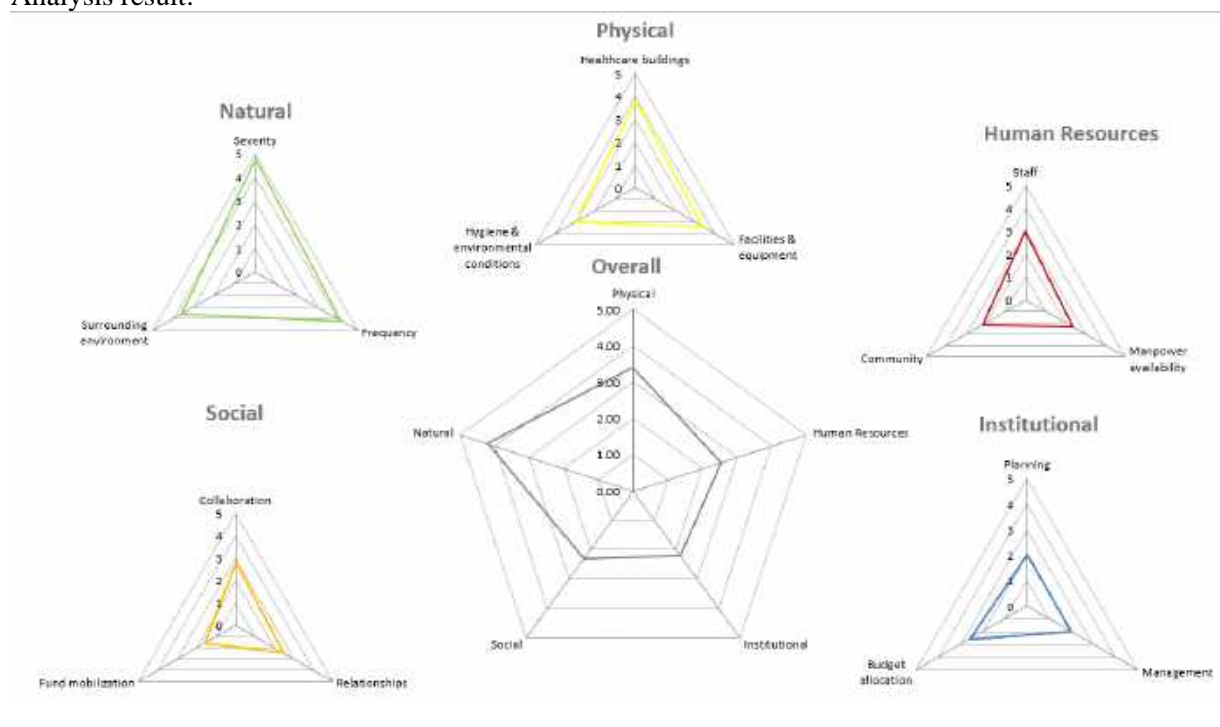
Weaknesses:

Inadequate management during disasters

Lack of proper of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The center building is well maintained having a confined masonry structure and regular maintenance done using untied funds.
- The center officials suggested that the facilities and equipments are functional. There is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards and the access road is in bad condition.
- Solid waste management is moderate with no pit. However the incharge takes all the segregated waste and take it to SD at an interval of 1 week.

Human resource conditions:

- The centre has its CHO trained in fire and flood hazard management. However, other staffs have not received any training related to disaster management.
- The centre has reported a shortage of cleaning staff, and the officials suggested that the staff go to flood camps during extreme flooding in their jurisdiction.
- Community interactions are poor with very less communication regarding early warning or disaster preparedness. They only distribute water purification tablets after floods and there is no availability of DM plans that can be shared with the community.

Institutional conditions:

- In terms of early warning systems, it has been reported the centre is not well equipped to disseminate early warning information to the communities. There is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills.
- Some of the staff goes door-to-door for checkup and awareness generation after the timing of sub centre in the form of surveillance.
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances like fire extinguisher etc.

Social relationships:

- The government forms the major collaborator giving financial support for the centre. there is a health society which also collaborates for camps and check up drives.
- The centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.
- Funding is not diverse with the majority of the centre functions on government funding only. Fund mobilization is low.

Natural conditions:

- The institution has good resilience to natural hazards, owing to the lack of history of highly severe and intense hazards reported. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance

Khoragaon SC

Brief profile of the centre: Khoragaon Health and Wellness Centre caters to a population in the areas of North Salmara. It is usually not affected by disasters and offers OPD, IPD and basic testing. The centre takes up activities related to vaccination, health camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Khoragaon SC	2.91	3.47	2.42	2.33	2.13	4.20

Strengths:

Low severity and frequency of disasters

Hygiene conditions moderately good

Building conditions are good and not affected by the disaster.

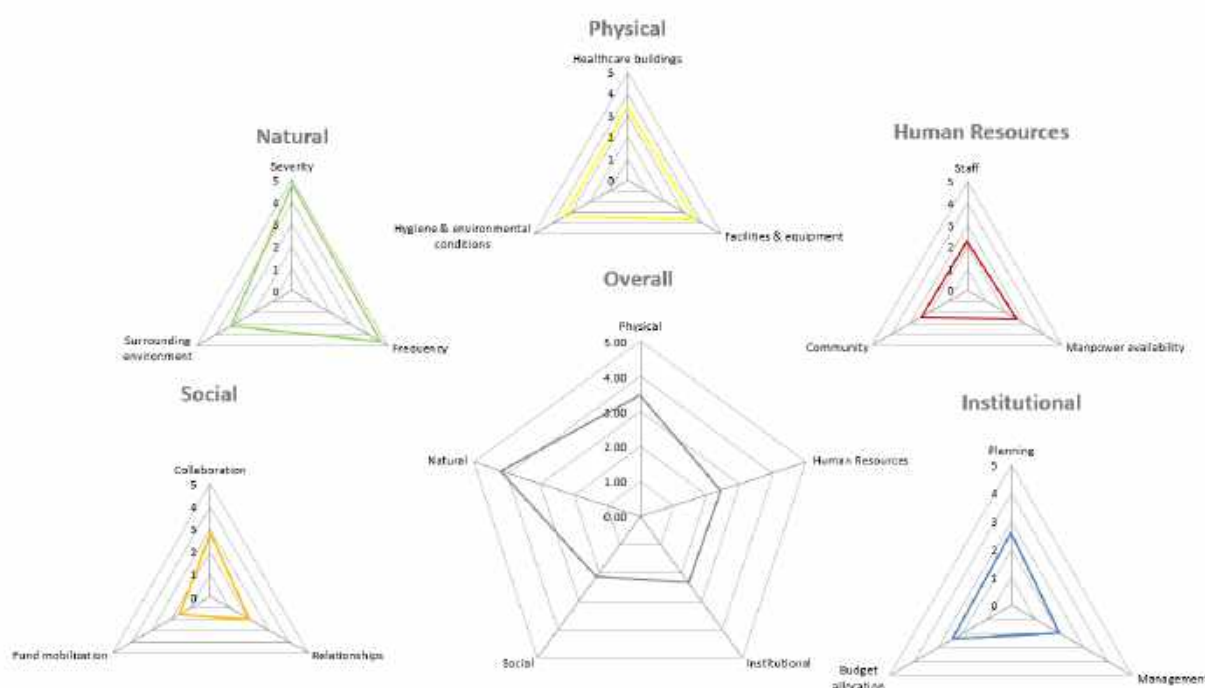
Weaknesses:

Lack of proper of fund mobilization

Inadequate management during disasters

Relationship with stakeholders is not robust

Analysis result:



Physical conditions:

- The center building is well maintained having an inclusive design and regular maintenance done using untied funds.
- The center has good condition of facilities and equipments are functional. There is still opportunity for improvement as it does not have proper testing facilities for pregnancy, demarcations in terms of assembly points for hazards.
- Hygiene is moderately good with clean surroundings and WASH facilities however there is a need for iron filter to make water suitable for drinking and training on solid waste management.

Human resource conditions:

- The centre has no trained staff for disaster management. Staff have not received any training related to disaster management but work based on experience gained from the field.
- The centre has reported a shortage of cleaning staff, and the officials suggested that the awareness and preparedness level is not sufficient.
- Community interactions are poor with low participation from community and less communication regarding early warning or disaster preparedness and there is no availability of DM plans that can be shared with the community.

Institutional conditions:

- Planning is not adequate as it has been reported the centre is not well equipped to disseminate early warning information to the communities. There is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills.
- Management is poor with no knowledge of various steps of DRM.
- In terms of budget allocation, there is no budget under the head of disaster management and no provision for budget for safety appliances like fire extinguisher etc. It has a small sum allocated for maintenance and repair but almost no budget for collaborations.

Social relationships:

- Collaborations are moderate with regular support from district administration, NHM but no NGOs and gram panchayat
- There is a scope for engaging with communities for community based DRM activities and public health awareness
- Funding is not diverse with the majority of the centre functions on government funding only. Fund mobilization is low.

Natural conditions:

- The institution has good resilience to natural hazards, owing to the lack of history of highly severe and intense hazards reported. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance

Kerkhabari SC

Brief profile of the centre: Kerkhabari Sub Centre is a health centre that was established in 2006 and caters to an approximate population of 3439. The health centre provides OPD and minimal testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kerkhabari SC	2.74	3.27	2.22	1.93	2.28	4.00

Strengths:

Low impact of disasters on the building

Surrounding environment is moderately good

Low frequency and severity of disasters

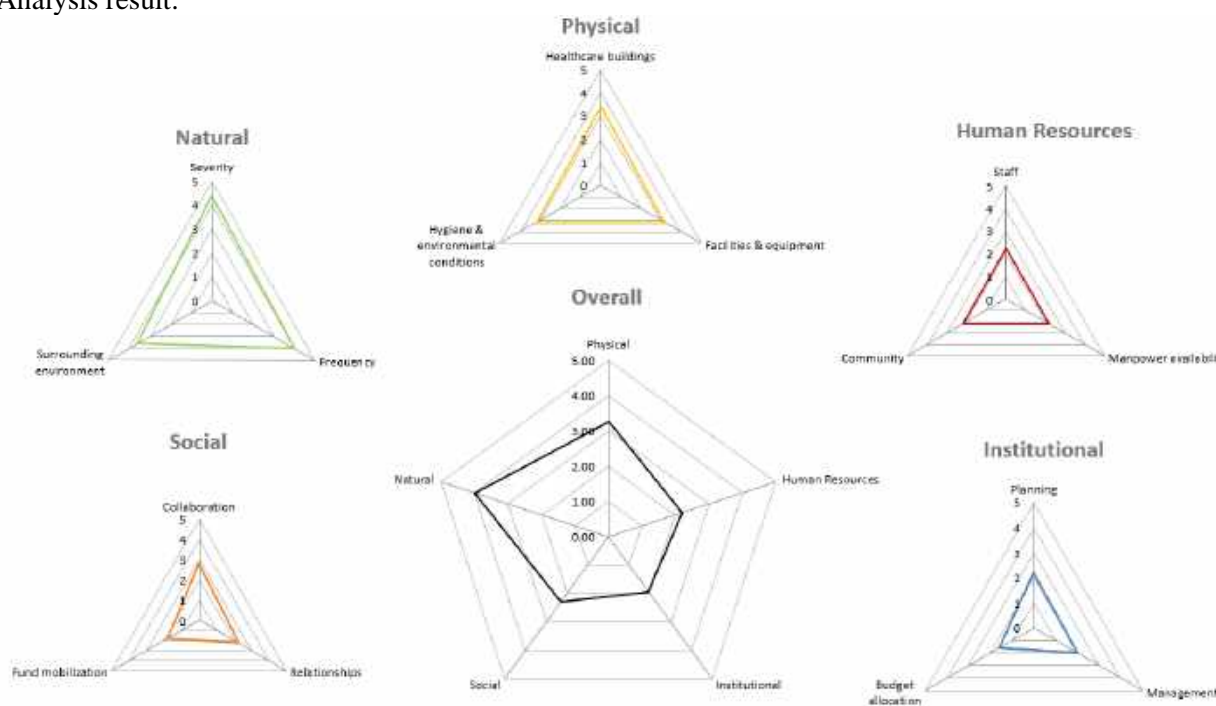
Weaknesses:

Poor fund mobilization

Budget allocation for DM activities is not adequate

Management is inadequate especially for DM activities

Analysis result:



Physical conditions:

- The healthcare building is not very old and has not been affected by disasters however there are no regular maintenance work.
- The facilities within the centre are not fully functional with only minimal tests being conducted. There are no facilities of proper electricity but there is drinking water tube well, medicine and proper road.
- The hygiene and environment conditions are almost moderate with availability of pits but irregular check on segregation and burning practice of waste.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training for improving capacity disaster management activities. The staff do not know how to use the extinguisher etc.
- Manpower management is poor in the centre as all staff are required to visit relief camps in the jurisdiction during floods while keeping the centre closed. They don't receive copies of the DM plan to share with the community.
- The staff and the incharge is not aware of preparedness and disseminating information about disaster management. They only conduct awareness on health and hygiene.

Institutional conditions:

- The centre demonstrates poor conditions with no awareness of disaster management and planning activities and has no space segregation for contagious diseases. Staff has only knowledge from past experience of disasters.
- There is no disaster management plan or guidelines for integration of disaster management activities. There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- The budget allocations are nominal which are mostly used for equipment, repairing but not allocated for DM.

Social relationships:

- Collaborations have been frequent with NHM only and not with private organizations, NGOs or local panchayat.
- The relationships with the community fare poorly due to no interaction with communities for community-based DRM activities. There is a scope for engaging with local NGOs, private organizations for improving facilities in the centre that can contribute to DM, environmental protection etc.
- Although the funding support by different stakeholders is low, there is scope for better mobilization. Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- Some of the villages under the jurisdiction of the centre have issues of flooding.

Kirtanpara MPHC

Brief profile of the centre: Kirtanpara Mini Primary Health Centre is a health centre that provides OPD and minimal testing facilities. It serves approximately 2600 OPD patients every year. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kirtanpara MPHC att SC	3.21	3.80	2.70	2.73	2.83	4.00

Strengths:

Low impact of disasters on the building

Facilities and equipments are good

Low frequency and severity of disasters

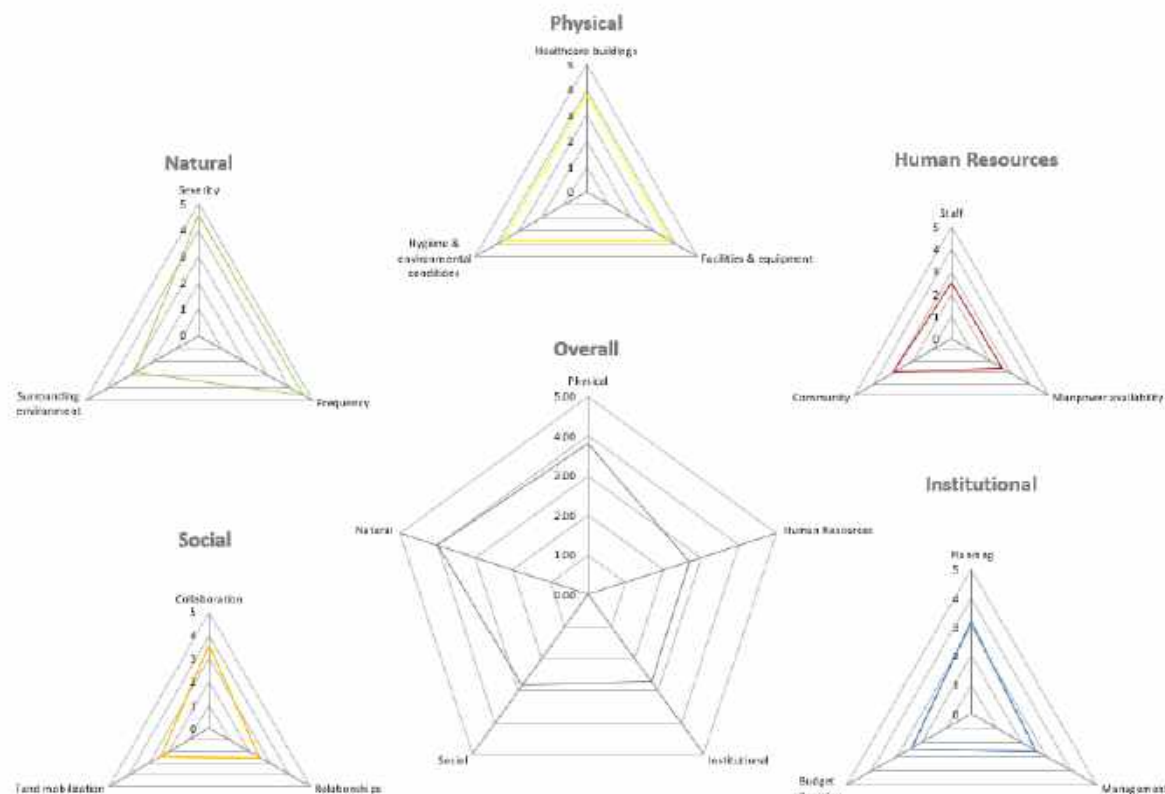
Weaknesses:

Poor fund mobilization

Budget allocation for DM activities is not adequate

Management is inadequate especially for DM activities

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and has not been affected by disasters however there are no regular maintenance work.
- The facilities within the centre are functional with tests being conducted in addition to delivery facilities etc. There are available alternate water facilities and moderately good WASH services.
- The hygiene and environment conditions are good with clean premises and with availability of pits and segregation of waste.

Human resource conditions:

- The centre has a low score in human resources considering the lack of regular formal training for improving capacity disaster management activities. The staff do not know how to use extinguisher etc.
- Manpower management is moderate in the centre and there is no availability of staff for emergency when they are on duty in flood camps. They don't receive copies of DM plan to share with community.
- The staff and the incharge is not aware of preparedness and disseminating information about disaster management. They only conduct awareness on health and hygiene.

Institutional conditions:

- The centre demonstrates moderate conditions with low awareness of disaster management and planning activities but has no space segregation for contagious diseases. Staff has only knowledge from past experience of disasters.
- There is no disaster management plan or guidelines for integration of disaster management activities. There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- The budget allocations are nominal which are mostly used for equipment, repairing but not allocated for DM.

Social relationships:

- Collaborations have been frequenting with NHM and panchayat only and not with private organizations, NGOs.
- The relationships with the community fare poorly due to no interaction with communities for community-based DRM activities. There is a scope for engaging with local NGOs, private organizations for improving facilities in the centre that can contribute to DM, environmental protection etc.
- Although the funding support by different stakeholders is low, there is scope for better mobilization. Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- Some of the villages under the jurisdiction of the centre have issues of flooding.
- The centre is located far from fire, police and transportation terminal making it not a very safe and suitable space during disaster events.

Balarchar SC

Brief profile of the centre: Balarchar Sub Centre is a health centre that caters to an approximate population of 11,000 that are majorly affected by floods. The health centre provides OPD, delivery, and minimal testing facilities. The centre also takes up activities related to vaccination, flood relief camps, and community-based awareness.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Balarchar SC	2.86	3.27	2.62	2.20	2.70	3.53

Strengths:

Low impact of disasters on the building

Low severity and frequency of disasters

Moderately good level of collaborations

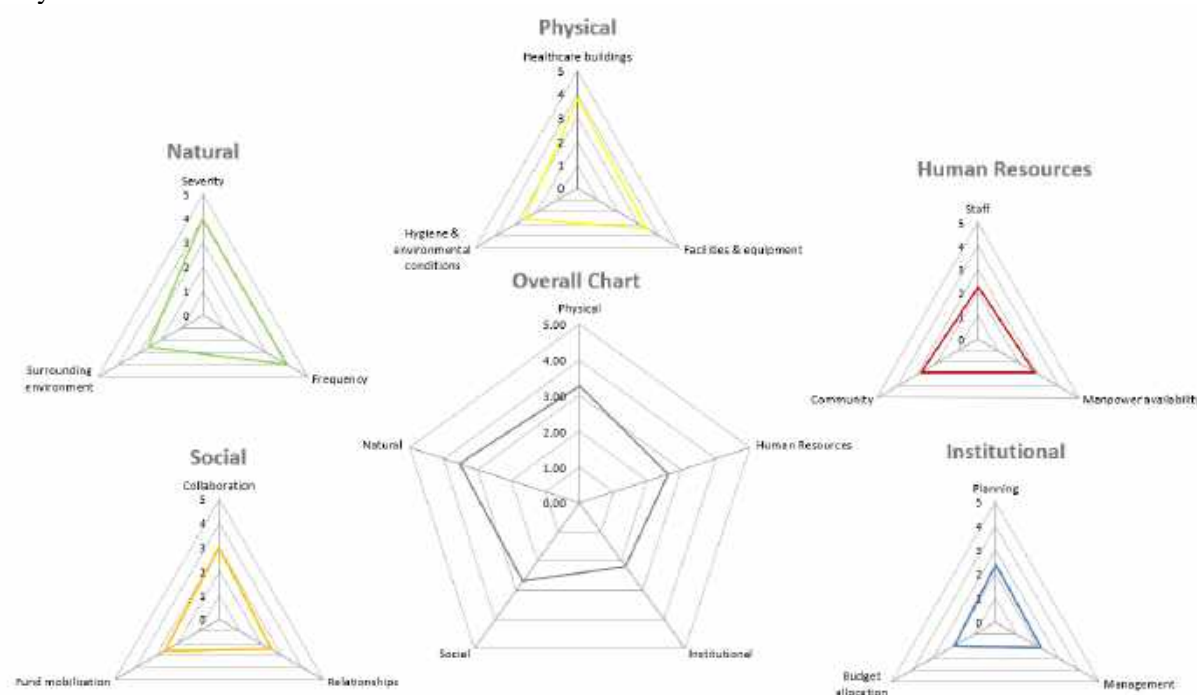
Weaknesses:

Budget allocation for DM activities is not adequate

Staff awareness is low

Management of DM activities is poor

Analysis result:



Physical conditions:

- The healthcare building is in good condition and it doesn't get affected by floods in the vicinity.
- The facilities within the centre are moderately good with no severe shortage of medicines and test kits. There is one solar light in the centre. Facilities of drinking water, electricity is there but challenges with phone connectivity and absence of extinguisher is there.
- The hygiene and environment conditions are almost moderate with lack of pits, burning of waste and no segregation of waste. Although the surroundings of the premises are kept clean.

Human resource conditions:

- The centre has a moderately low score in human resources considering the lack of formal training for improving capacity disaster management activities.
- The staff is moderately engaged in community level awareness generation with them spreading awareness of public health at relief camps. But they have never received incentives for services at camps.
- Manpower management is almost poor in the centre as a lot of staff are required to visit relief camps in the jurisdiction and they are not provided vehicles which make it difficult to commute to camps.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no awareness of disaster management and planning activities. No sharing and integration of DM plans is there.
- There is a poor condition of management with no segregation of space for contagious diseases, shortage of MCP cards and gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is poor level of budget allocated for various works especially with no allocation and interactions with stakeholders for DM related work despite being in flood prone areas.

Social relationships:

- Collaborations have been moderate with local government and gram panchayat, NHM, providing monetary and material support. However not much collaborations have happened with private organizations, NGOs etc
- The relationships with the community fare moderately low due to no communication related to disasters preparedness, early warning etc. despite the community being at risk of flood impact. There is scope for engaging with communities for community-based DRM activities and public health awareness
- Although the funding support by different stakeholders is low, there is scope for better mobilization of funds. Funds should be considered while addressing DRM activities

Natural conditions:

- The centre is not affected by disasters but the surroundings have issues of flooding.
- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Golapara Kalibari SC

Brief profile of the centre: Golapara Kalibari Sub Centre was established in 1997 and cater to a total population of 8745. It is usually affected by waterlogging and flooding in the nearby areas. The centre is highly connected with the local communities and takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Golapara Kalibari SC	2.99	3.27	2.75	2.53	2.98	3.40

Strengths:

Low severity and frequency of disasters

Good liaison with the local communities

Building conditions are moderately good

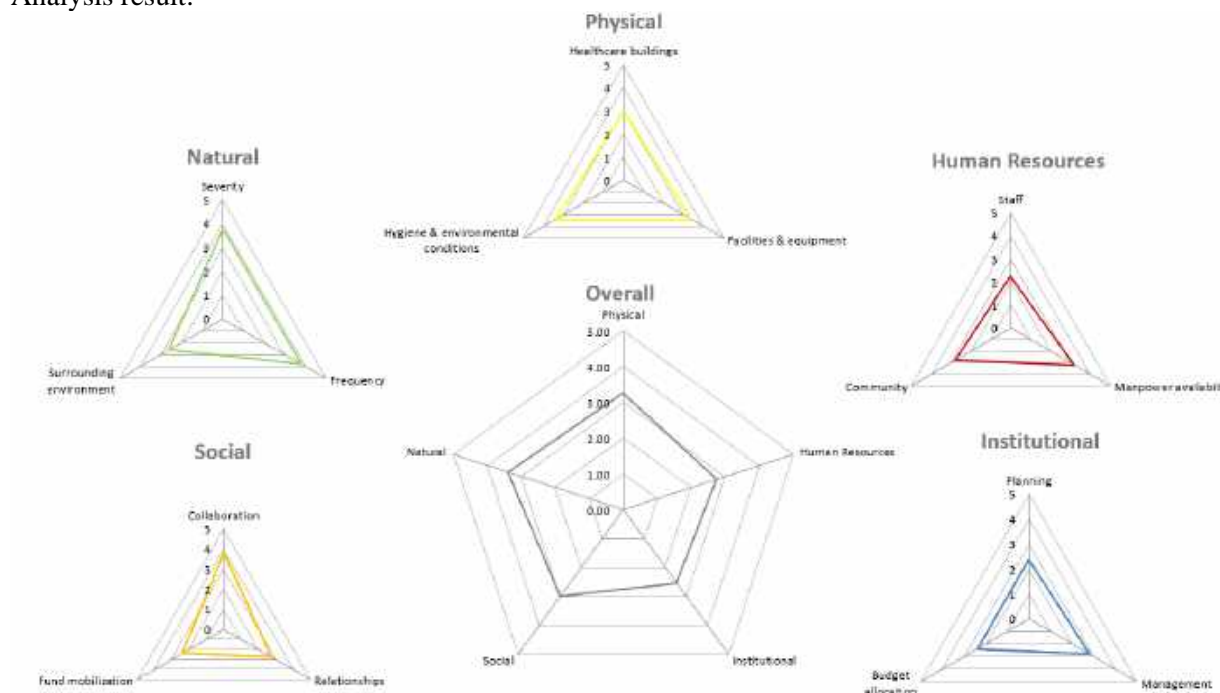
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The center building is moderately well maintained having a confined masonry structure.
- The center officials suggested undertaking maintenance in the last year, however has reported key challenges owing to the lack of boundary walls for safety.
- Further, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- The centre has its CHO trained in fire hazard management. However, other staffs have not received any training related to disaster management.
- Besides, the awareness of hazards and DRR is very low amongst the staff.
- The centre has reported a shortage of ANM staff, and the officials suggested key issues managing the center during field trips, affecting the overall service delivery.

Institutional conditions:

- In terms of early warning systems, it has been reported the centre is not well equipped to disseminate early warning information to the communities, and suggested unavailability of interactive spaces such as Whatsapp groups.
- There is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills of sort.
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances like fire extinguisher etc.

Social relationships:

- The government forms the major financial support for the centre, promoting fund per year.
- Further the centre reported receiving some support from Panchayath/ Local body in activities such as ground filling.
- However, the centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- In terms of natural resilience, the institution has good resilience to natural hazards, owing to the lack of history of highly severe and intense hazards reported.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance
- Besides, the centre has reported exposure to earthquake, and storm in the past, which has done very low damages to the structure



Tilpukhuri SC

Brief profile of the centre: Tilpukhuri Sub Centre cater to a total population of 5288 approximately. It is usually affected by waterlogging and flooding in the nearby areas. The centre is highly connected with the local communities and takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Tilpukhuri SC	2.93	3.20	2.53	2.53	2.87	3.53

Strengths:

Moderately low severity and frequency of disasters

Good liaison with the stakeholders

Hygiene conditions are moderately good.

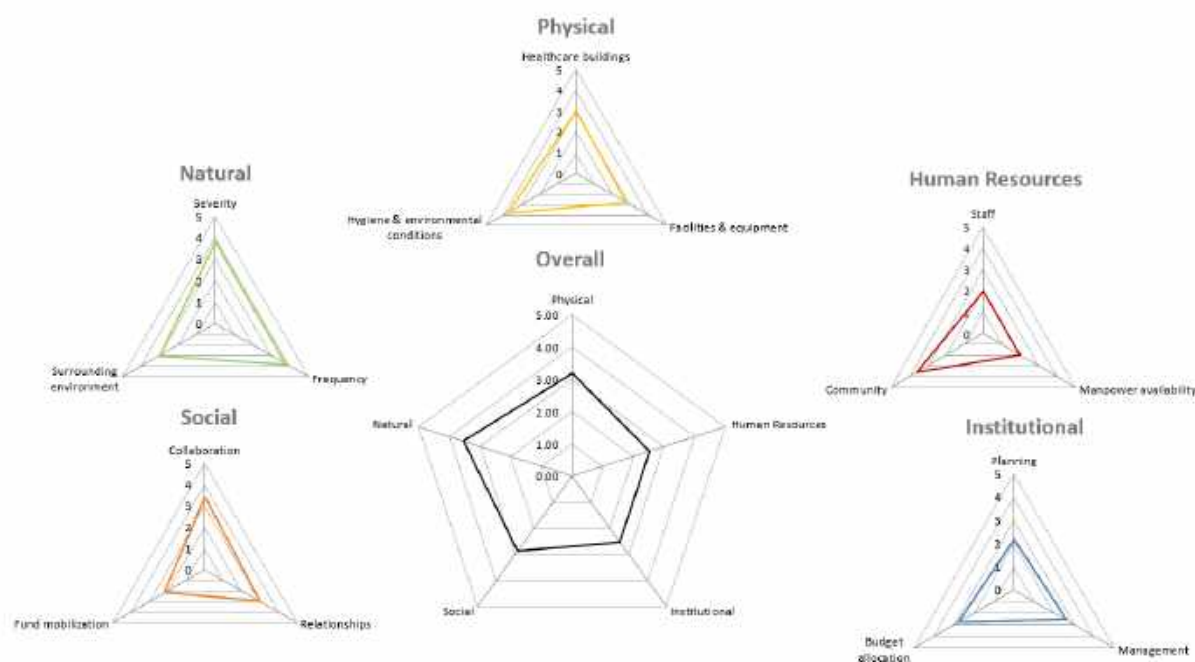
Weaknesses:

Staff management is inadequate

Manpower availability is not adequate

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The center building is moderately well maintained having a confined masonry structure which gets flooded when there is waterlogging as it is on lower land.
- The center officials suggested availability of water, electricity and basic testing but key challenges owing to the flooding due to which the centre has to be kept closed.
- There is moderately good condition of hygiene with pits and segregation and has opportunity for improvement related to hazardous waste disposal and proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- The centre has no staff trained in flood hazard management. However, they have learned from experience of working in flood related camps
- The centre has reported absenteeism during floods with staff, and the officials impart awareness on health but not on floods
- There are many high risk pregnancy cases in the area and the staff share awareness related to the same in addition to flood related awareness.

Institutional conditions:

- In terms of early warning systems, it has been reported the centre is not well equipped to disseminate early warning information to the communities, and suggested unavailability of interactive spaces such as Whatsapp groups.
- There is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or drills.
- In terms of budget allocation, there is a lack of diverse budget heads and there is a nominal budget under the head of disaster management and no provision in the budget for safety appliances like fire extinguishers, safe emergency water etc.

Social relationships:

- The government forms the major financial support for the centre, promoting funds per year. There are no NGOs or private organization support or funds being given to the centre directly.
- Further the centre reported receiving some support promised from Panchayath/ Local body in activities such as earth filling.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness. In addition, mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- In terms of natural resilience, the institution has moderately good resilience to natural hazards, with no hazard except floods causing impact in the area.
- The centre has reported people in the community are exposed to frequent skin diseases like Scabies after the flood water recedes.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance

Amguri MPHC & attached SC

Brief profile of the centre: Amguri Mini Primary Health Centre is a health centre that caters to a population of approximately 9500. Located in a flood prone area it was established in 1988 and provides OPD and testing facilities. The centre has an attached Sub Centre that also takes up activities related to vaccination, flood relief camps, and community-based awareness.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Amguri MPHC att SC	3.04	3.47	2.60	2.67	3.07	3.40

Strengths:

Low impact of disasters on the building

Moderately good hygiene

Facilities and equipments in good condition

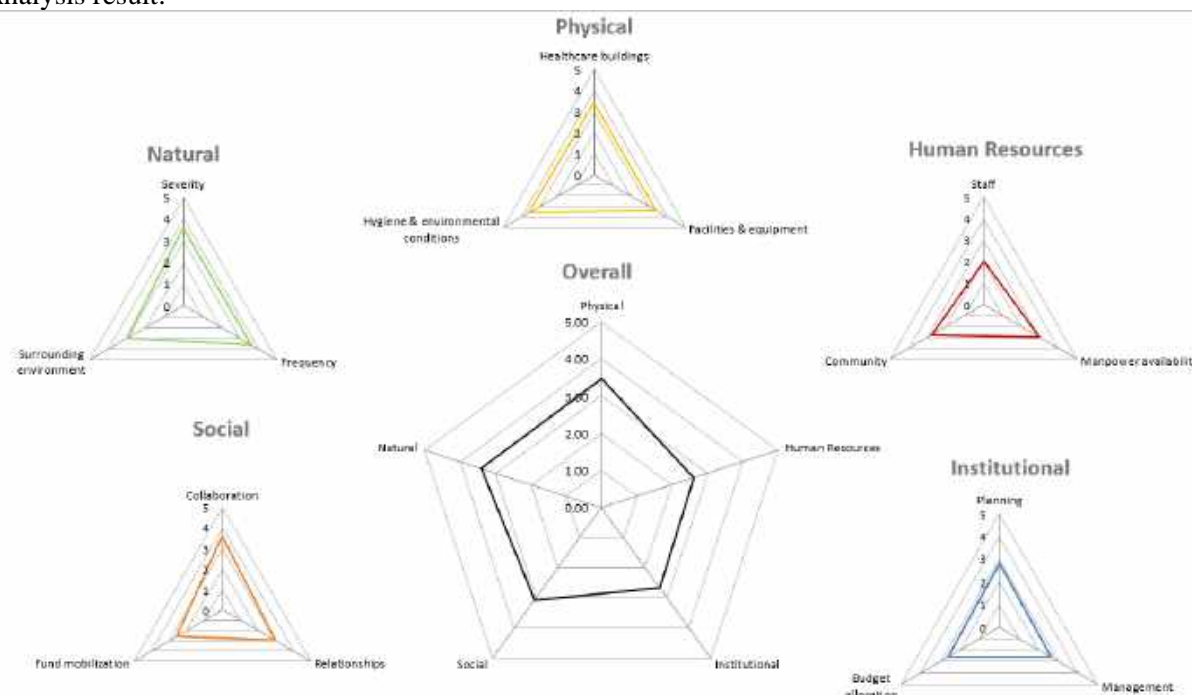
Weaknesses:

Poor fund mobilization

Budget allocation for DM activities is not adequate

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in moderately good condition and doesn't get damaged by floods in the vicinity.
- The facilities within the centre are almost good with sufficient facilities of drinking water which is purchased from an untied fund, electricity, fire extinguishers. Access road gets flooded due to floods but staff and patients in the area have boats and use them to travel to the centre.
- The hygiene and environment conditions are moderately good with segregation and there has been training on segregation of waste about 2 years ago.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training for improving capacity disaster management activities. The staff gets no training on hazard management.
- Some of the staff have been impacted by floods but they provide service at relief camps and use their own boats to travel to camps.
- Community interactions are almost moderate with the community not interested in any training. There are cases of vaccine dropouts for COVID-19. Awareness given is mostly on post flood precautions. There is no availability of DM plans that can be shared with the community.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no guidelines or plans of disaster management.
- There is a gap in the management as there is space segregation, but training on fire, CPR, mass casualty management is not there.
- There is a moderately low level of budget allocated for various works related to building resilience.

Social relationships:

- Collaborations have been frequent with local government, NHM, NGOs however not with private organizations. Panchayat has supported earth filling, toilets construction etc. NGOs have helped in flood relief camps
- The relationships with the community fare moderate due to mostly staff being active in spreading awareness however there are some COVID-19 vaccine dropout cases. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- There is negligible amount of funds from other stakeholders except government so, the level of fund mobilization is also low.

Natural conditions:

- The institution has moderately good resilience to natural hazards with not many disasters impacting the centre except for frequent floods.
- The surrounding areas have registered cases of dog bite in the past.
- There have been cases of child death in the flood relief camps in the past mostly due to drowning.



Choto Barjana SC

Brief profile of the centre: Choto Barjana Sub Centre caters to a total population of 5600. It is usually affected by flooding, and occasional fire in the nearby areas. The centre takes up activities related to vaccination, flood relief camps, community-based awareness and activities. These services are availed by flood affected villages such as Madhupal Village under the SC, where the officials utilize boat services to deliver services during floods.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Choto Barjana SC	3.10	3.73	2.78	2.80	2.65	3.53

Strengths:

Low severity and frequency of disasters

Excellent service delivery with the local communities during crisis

Building conditions are good.

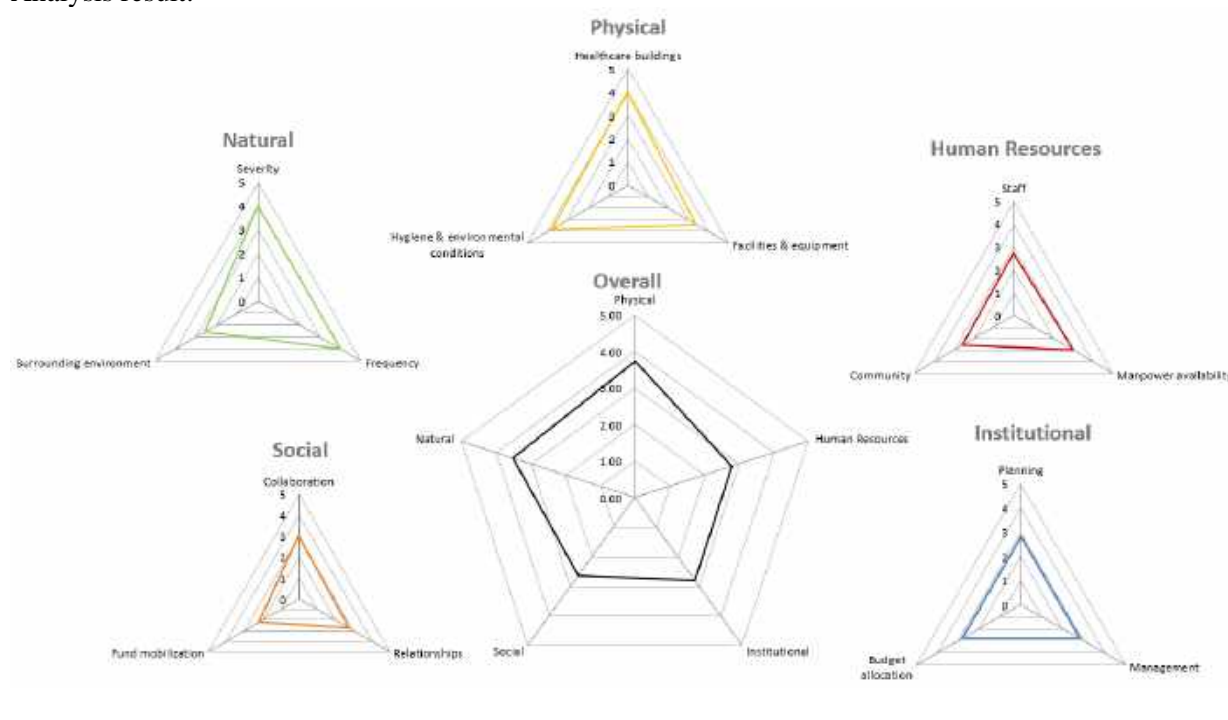
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the center building is well maintained having a confined masonry structure.
- The center officials suggested undertaking maintenance in the last year, however has reported key challenges owing to the lack of boundary walls for safety.
- The centre has a good waste management system, with specific pits for different wastes.
- There is a proper waste segregation and management system, with deep burial and sharp pits for waste disposal. Further, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.

Human resource conditions:

- It is reported that the staff have not received any training related to disaster management. Besides, the awareness of hazards and DRR is very low amongst the staff.
- The centre has reported a shortage of ANM and MPW staff, and the officials suggested key issues managing the center during field trips, affecting the overall service delivery.

Institutional conditions:

- There is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills.
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances like fire extinguisher etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial projects.
- The government forms the major financial support for the centre, promoting funding every year.
- However, the centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The centre has reported instances of low severity flooding, with floods occurring twice in past.
- Besides, the surrounding environment has instances of fire due to short circuits



Barjana Char SC

Brief profile of the centre: Barjana Char Sub Centre caters to a total population of around 5000. It is usually affected by flooding in the nearby areas. The centre takes up activities related to vaccination, flood relief camps, community-based awareness and activities. The village community is well equipped with services such as relief boats, owing to the continuous interactions with riverine floods.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Barjana Char SC	2.95	3.00	2.27	2.73	2.87	3.87

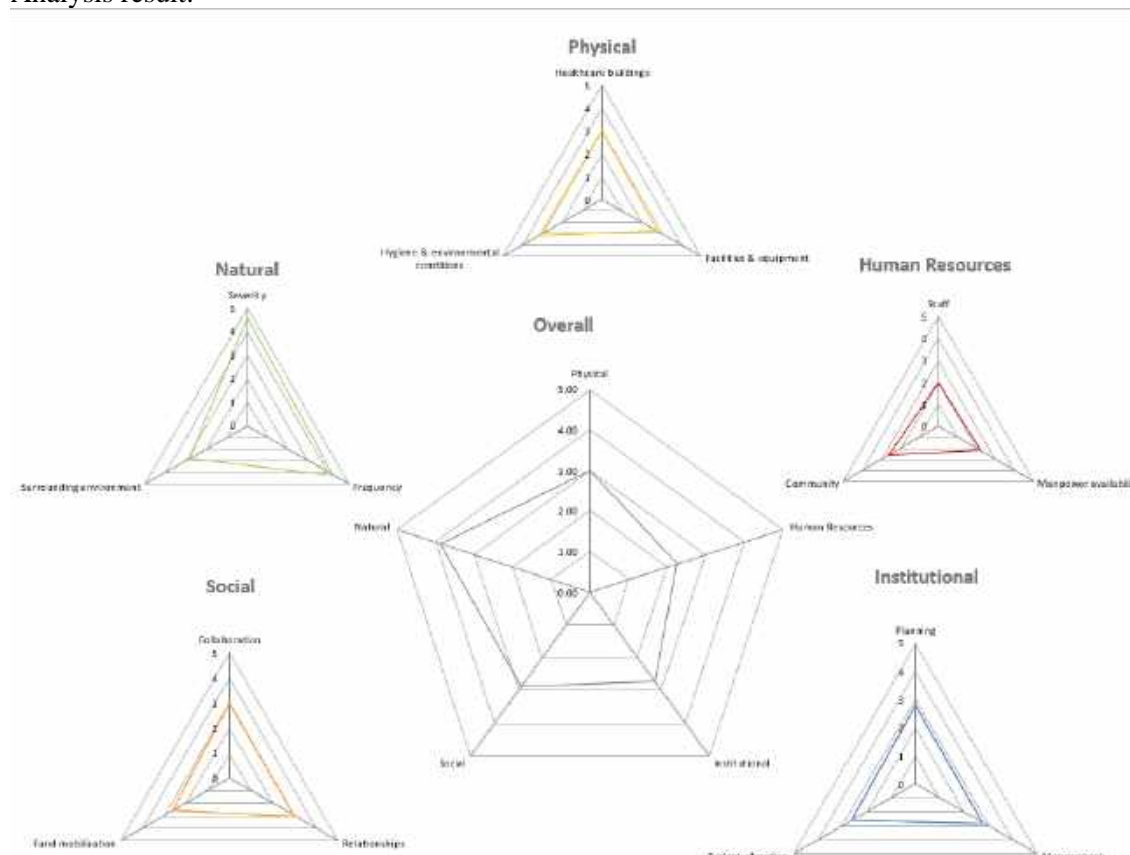
Strengths:

Excellent service delivery with the local communities during crisis
Building conditions are good and there is availability of alternate centre
Good connection with the local communities

Weaknesses:

Poor road connectivity
Scope for improvement of fund mobilization
Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The center building is well maintained having a confined masonry structure located very close to the water body.
- There is opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards. Besides, the connecting road is of poor condition, with no proper maintenance
- The centre practices three bucket systems and has established a good waste management system, with specific pits for different wastes. However, in past floods pits have been destroyed.

Human resource conditions:

- It is reported that the staffs have not received any training related to disaster management, except the MPW staff who received training in flood hazard 5 years ago.
- The awareness of hazards and DRR is moderate amongst the staff which is mostly based on past experiences and not on training.
- The centre reported frequent interactions with the communities on vaccination deliveries, and awareness classes on health hazards such as malaria breakout and so on. They also spread awareness in schools.

Institutional conditions:

- The centre has no proper DM plan available, and there is no significant step in enhancing the center with any forms of drills in this regard.
- The community moves to safe shelters during floods and the centre staff provides facilities from camps and has provisions for an alternate centre.
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of financial support. Gram Panchayat has promised to provide a boundary wall for the centre however the work hasn't started yet..
- The centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- The centre is located near the river banks, and is usually challenged by flood hazards.
- The institution has good resilience to other natural hazards, owing to their lack of history.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Abhayapuri SD & attached SC

Brief profile of the centre: Abhayapuri State Dispensary and attached Sub Centre is a health centre in Srijangram, established in 1908. The centre takes up activities related to vaccination, flood relief camps, community-based awareness and activities. The doctor of the SD has pledged his revenue to support the community in enhancing their resilience.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Abhayapuri SD att SC	3.54	3.80	3.48	3.27	2.82	4.33

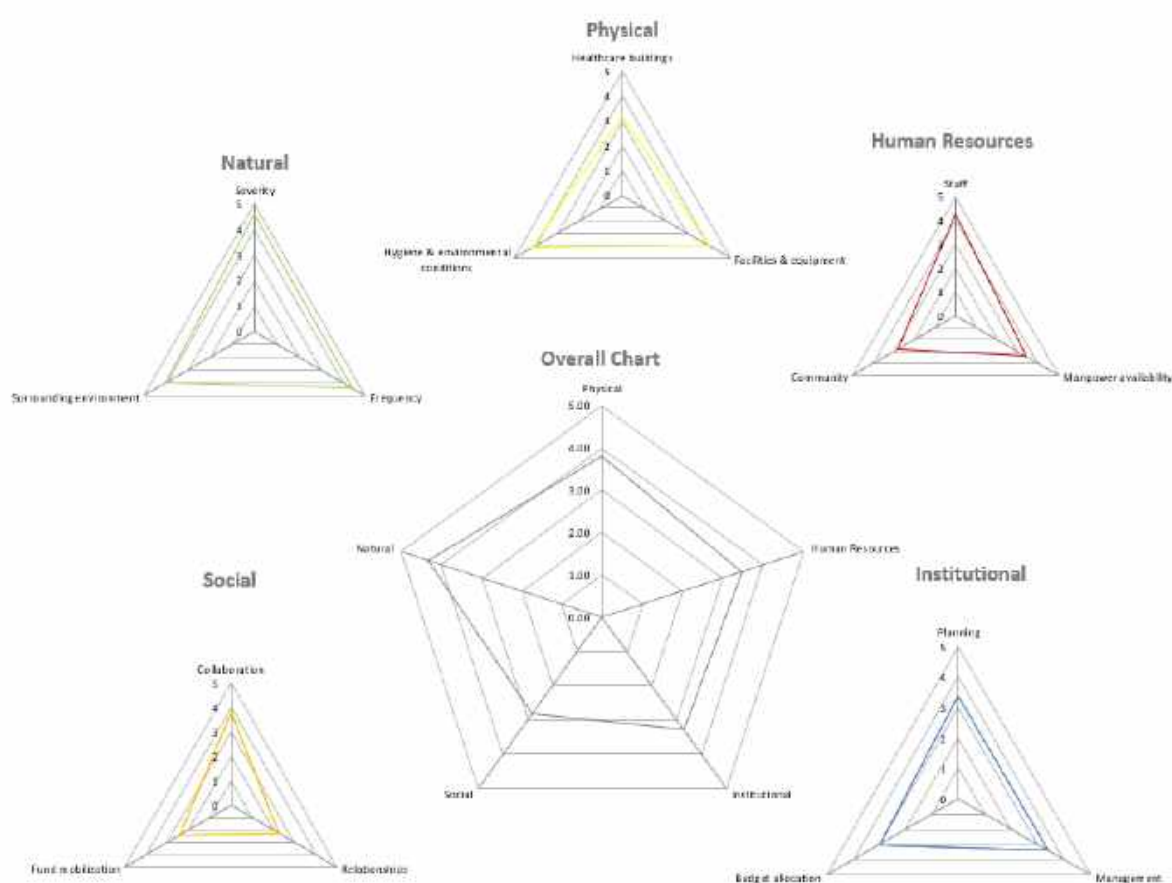
Strengths:

Low severity and frequency of disasters
Excellent service delivery with the local communities
Building conditions are good

Weaknesses:

Staff management is inadequate, with poor staff recruitment owing to lack of funding
Scope for improvement of fund mobilization
Lack of disaster risk management planning

Analysis result:



Physical conditions:

- In terms of physical infrastructure, the center has an Ekra House type structure. The centre premises have well maintained buildings.
- The centre has good facilities and equipment availability with all weather access roads. It has potential to improve on energy saving measures and environment protection measures like solar lights, rainwater harvesting etc. Further, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.
- There is a proper waste segregation and management system, with deep burial and sharp pits for waste disposal.

Human resource conditions:

- It is reported that the staff has knowledge of fire safety and have received fire training four months ago.
- However they have not received any training related to other hazards. Besides, the awareness of hazards and DRR is very low amongst the staff.
- The centre has reported that due to less funds availability they can not hire more staff. Some challenges are faced due to shortage of staff in the centre during flood camps in nearby villages.

Institutional conditions:

- There is a gap in disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills.
- In terms of budget allocation, there is a lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances like fire extinguishers etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The doctor and the staff have been Good Samaritans, with them pledging doctor's OPD revenue for community medication.
- The government forms the major financial support for the centre, promoting funding every year. However, the centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.
- The relationship with the community is moderate as no monetary support is being provided by the community and the reluctance of the community related to awareness camps.

Natural conditions:

- The institution has a good resilience to natural hazards, owing to no significant incidents of disaster-related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance. .
- Besides, the surrounding environment is safe from hazardous activities

Khudra Narikola SC

Brief profile of the centre: Khudra Narikola Sub Centre is a health centre that caters to the population of Srijangram Block. The health centre provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Khudra Narikola SC	2.69	2.87	2.07	1.93	2.50	4.07

Strengths:

Low impact of disasters on the building

Moderately good level of collaborations with local administration

Safe surrounding areas

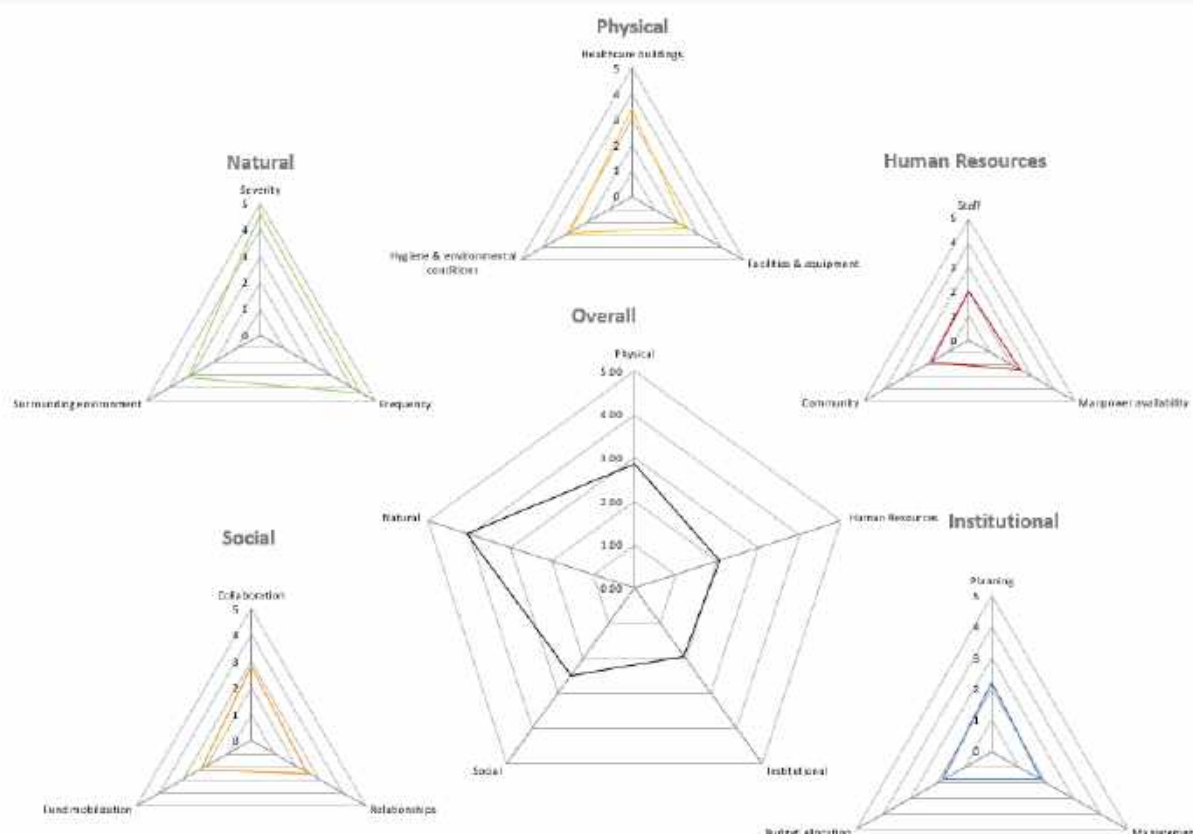
Weaknesses:

Capacity of staff is low

Poor fund mobilization

Budget allocation for DM activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition, and the centre is active in campaigns such as environmental drives
- The centre reported poor facilities for drinking water and the staffs have to depend outside.
- Further, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards. The connecting road is of poor condition, with no proper maintenance

Human resource conditions:

- In human resources, the centre fares poorly, registering low scores considering the lack of formal training for improving capacity disaster management activities.
- The awareness of hazards and DRR is very low amongst the staff.
- The centre reported a lack of capability to disseminate information about disaster management with the community.

Institutional conditions:

- The centre demonstrates moderately poor conditions with not much awareness of disaster management and planning activities in hospital management except after disaster health care.
- There is a moderately low level of budget allocated for various works especially no allocation is done for disaster management, safety equipment or collaboration.
- Further, there is no space segregation or proper staff role assignment for DRM.

Social relationships:

- The government forms the major financial support for the centre, promoting fund twice per year
- There is a scope for engaging with communities for community-based DRM activities and public health awareness
- The centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- The institution has a good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- It is located away from hazardous sites but is remotely located making the road connectivity complicated.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Lalmati SC

Brief profile of the centre: Lalmati Sub Centre is a health centre that caters to the population affected by floods near Aai river. The health centre provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Lalmati SC	2.97	3.07	2.67	2.53	2.70	3.87

Strengths:

Low impact of disasters on the building

Moderately good level of collaborations

Safe surrounding areas

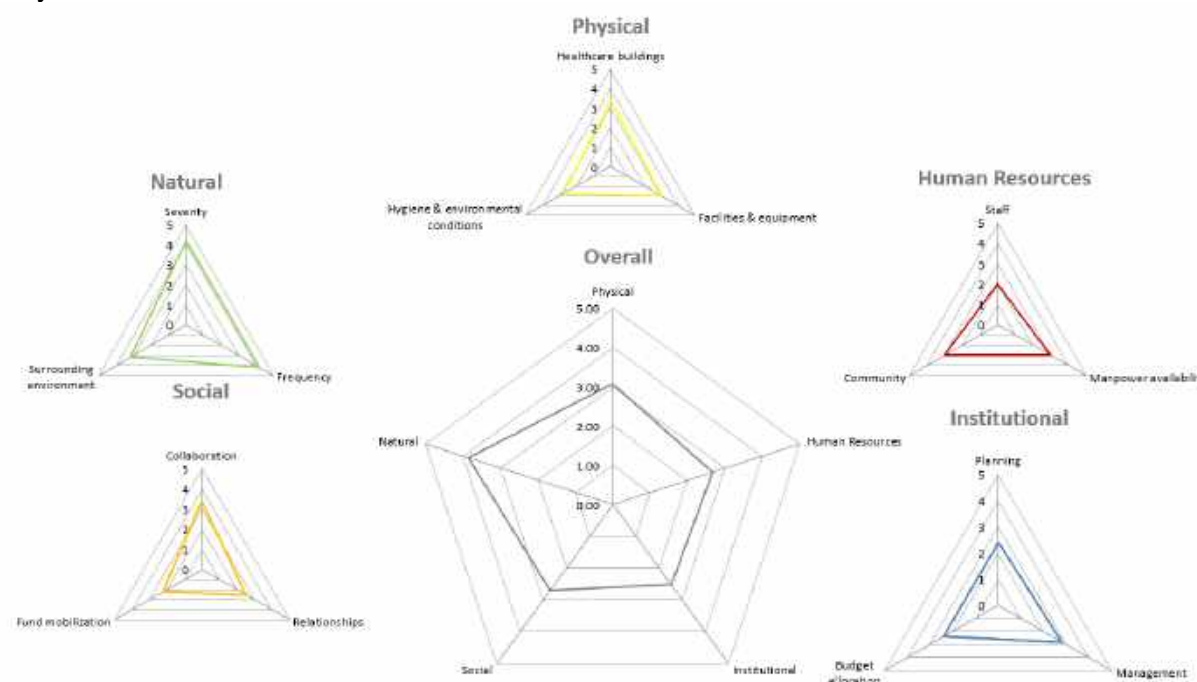
Weaknesses:

Capacity of staff is low

Poor fund mobilization

Budget allocation for DM activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition as it doesn't have a good design suitable for patient seating. Narrow room with lack of circulation space although well maintained.
- The facilities within the centre are not fully functional with only some tests being conducted. There are facilities for drinking water that are inefficient but electricity, medicine and no equipment shortage was recorded.
- The hygiene and environment conditions are almost moderate with irregular check on segregation of waste and inadequate bins for segregation. However, the WASH facilities are available and premises are regularly cleaned.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training for improving capacity disaster management activities.
- Manpower management is moderate in the centre as a lot of staff are required to go for door-to-door training, visit relief camps in the jurisdiction and the level of preparedness is low.
- The staff and the incharge do not share DM plans or disseminate information about disaster management with the community but share with community members information on vaccination, COVID 19 etc. It was reported that the trainings imparted to community could be improved.

Institutional conditions:

- The centre demonstrates moderately poor conditions with not much awareness of disaster management and planning activities in hospital management except after disaster health care.
- They receive alerts about disasters and convey it to community sometimes however there is no proper mechanism in place
- There is a moderately low level of budget allocated for various works especially no allocation is done for disaster management, safety equipment or collaboration.

Social relationships:

- Collaborations have been moderate with the local government, NHM with the boundary wall and some additional toilet facilities being provided by the panchayat.
- The relationships with the fare poorly due to mostly the lack of community-based DRM activities and no interaction or support from local charitable organizations.
- Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Pachania MPHC & attached SC

Brief profile of the centre: Pachania Mini Primary Health Centre and attached Sub Centre is a health centre established in 1988 and serves under the Srijangram Block. The health centre provides OPD and basic testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Pachania MPHC att SC	2.72	3.07	2.30	2.73	2.22	3.27

Strengths:

Good connection with the local communities

Low severity of disasters

Robust building conditions

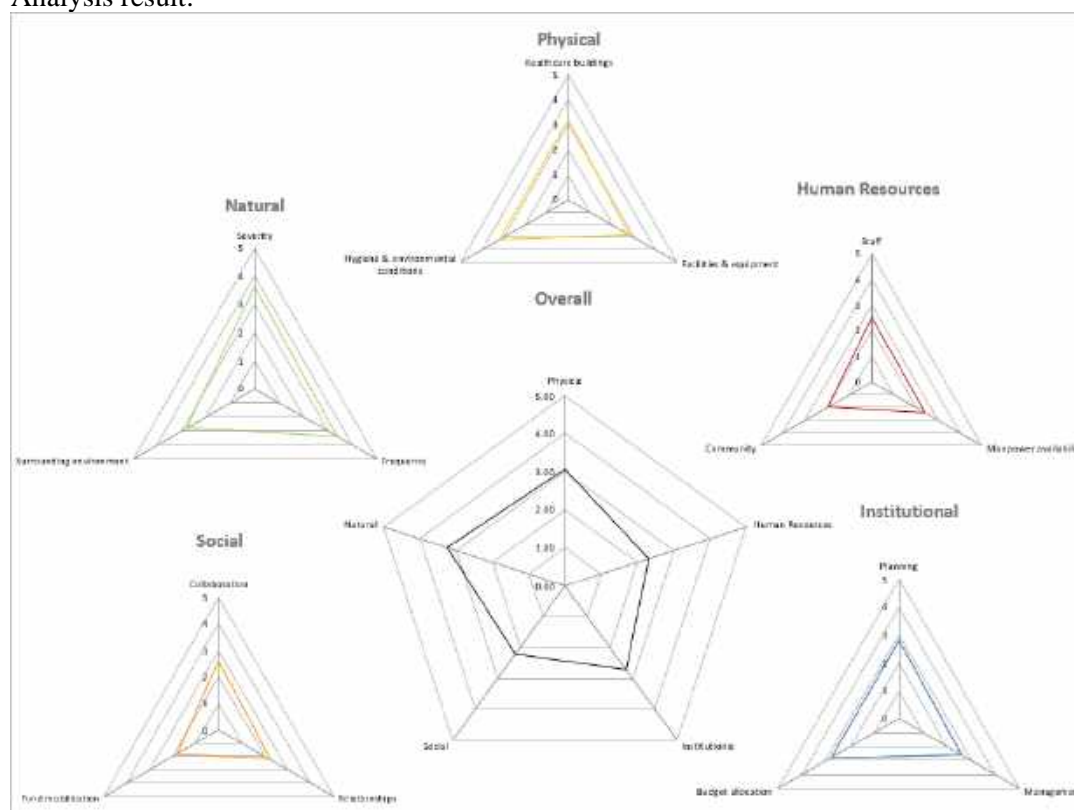
Weaknesses:

Management of DRM activities is inadequate

Poor fund mobilization

Frequent change of staffs

Analysis result:



Physical conditions:

- The healthcare building is in moderate good condition, but no maintenance has been undertaken in the recent past.
- Testing kits and medicines are almost sufficient but some of the facilities are not upto the mark like the wheelchair is not functional and the electricity stabilizer is not efficient.
- The centre practices three bucket system and has established a proper waste management system, with specific pits for different wastes.

Human resource conditions:

- The centre has reported continuous change of staff due to interior location, with the lack of accommodation facilities for the staff.
- The centre has a low score in human resources considering the lack of participation or formal training for improving capacity disaster management activities.
- The staffs do report lack of capability to disseminate information about disaster management with the community. However, some training on COVID-19 was imparted.

Institutional conditions:

- The centre fares poorly in institutional management in relation to DM, and has not undertaken any drills of some sort in this regard.
- There is a low level of budget allocation for resilience building with no budget for disaster management, safety equipment or collaboration.
- Management is not strong with inadequate knowledge of implementation, preparedness and dissemination of DRM actions.

Social relationships:

- The government forms the major financial support for the centre, promoting funding every year.
- Even though the centre has frequent meetings with the healthcare officials, there seems poor participation from the community in terms of projects. The community has inhibitions regarding treatment done by female doctors.
- However, the centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- The centre reported flooding, and landslide issues in the vicinity. Sometimes storms are also reported in the area.
- These issues could magnify over time and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Malegarh SC

Brief profile of the centre: Malegarh Sub Centre caters to about 1300 OPD approximately every year and provides delivery. It caters to the flood affected population under the Pachania MPHC. The sub centre takes up activities related to vaccination, flood relief camps, community-based awareness.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Malegarh SC	2.70	3.20	2.20	2.20	2.12	3.80

Strengths:

Low severity and frequency of disasters

Hygiene and environmental conditions are moderately good

Moderately good condition of building

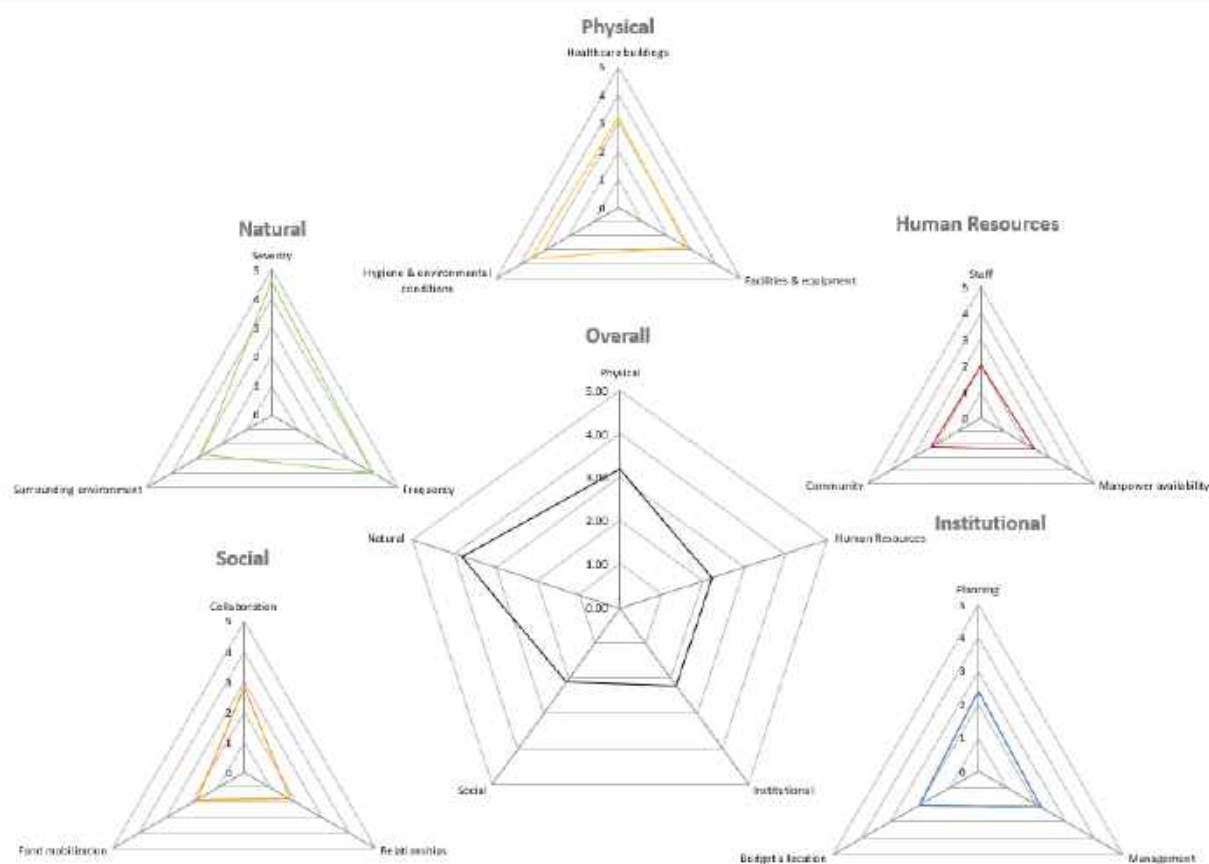
Weaknesses:

Poor level of fund mobilization

Staff capacity is low

Relationship with stakeholders is lagging

Analysis result:



Physical conditions:

- The centre has moderate healthcare building condition due to less impact of disasters and moderately new construction.
- The facilities are moderate with basic medicines and testing kits but no availability of fire extinguishers, solar lighting system, ramps for wheelchair etc.
- The hygiene and environmental conditions of the centre are moderately good with segregation of waste and availability of pits. The premises around the centre are well maintained and clean.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training of disaster management despite the centre being near to flood affected areas.
- Manpower management is low in the centre as there is a shortage of staff in the centre especially during camps. Additionally, no staff are available during evening time in case of emergency.
- Lot of staff are required to visit relief camps in the jurisdiction and they are not provided with any incentives. Communicating with community members is not very efficient in context to DRM but are related to public health, hygiene, etc.

Institutional conditions:

- The centre demonstrates poor conditions with low awareness of disaster management and planning activities in hospital management and there are no plans available. The staff works based on experience in flood situation.
- There is a gap in the management as there are no trainings, awareness camps or integration of healthcare plan with DM plans or SOPs, which are critical.
- There is low level of budget allocated for various works with no amount assigned for disaster management. There is potential to assign some amount for external collaborations to improve services.

Social relationships:

- Collaborations have been frequenting with NHM however not with private organizations, NGOs etc.
- The relationships with the community fare low due to less participation from working groups. However there have been efforts put by staff to spread awareness when there are resistance cases.
- There is a scope for engaging with communities for community-based DRM activities and public health awareness. In addition, mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The surrounding areas have flooding issues which are severe as it had affected local communities health.

Dumerguri MPHC & attached SC

Brief profile of the centre: Dumerguri Mini Primary Health Centre and attached Sub Centre was established in 1990 and cater to a total population of around 25,000. It is usually affected by waterlogging and flooding in the nearby areas. The centre is highly connected with the local communities and takes up activities related to vaccination, and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Dumerguri MPHC att SC	3.08	3.33	2.80	2.67	3.00	3.53

Strengths:

Low severity and frequency of disasters

Building conditions are moderately good

Good relations with the local administration

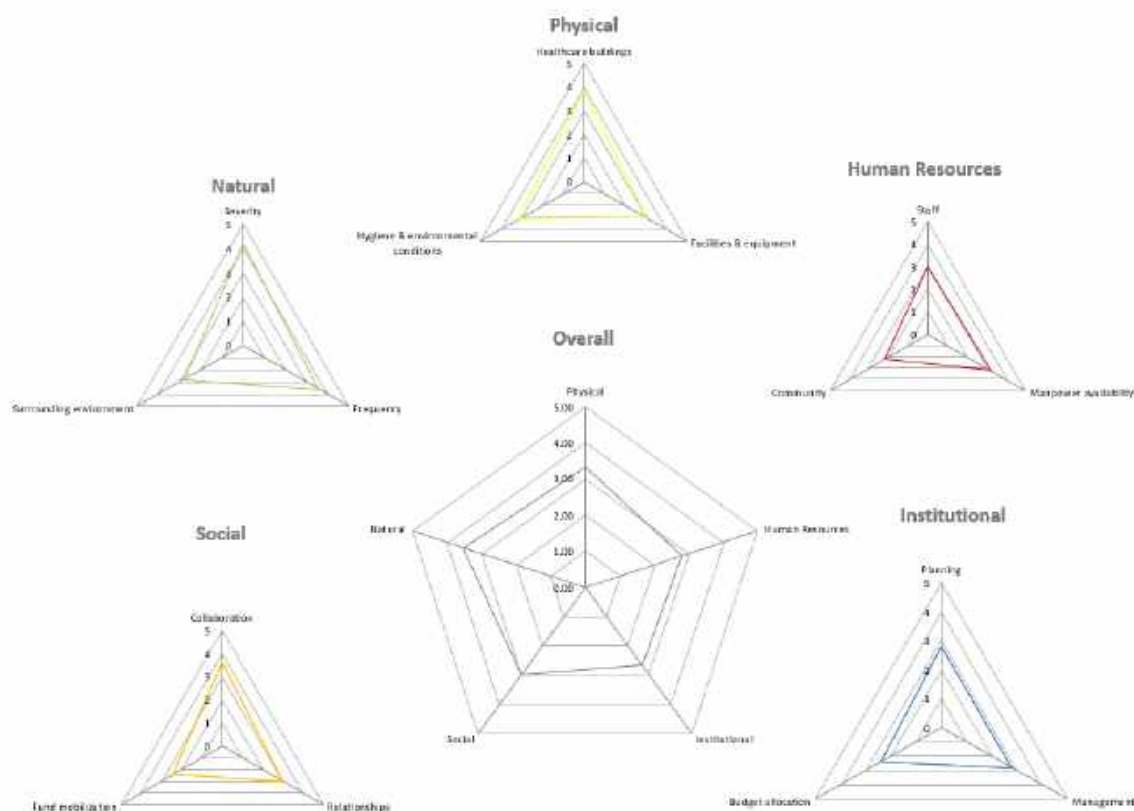
Weaknesses:

Staff management is inadequate, especially doctors

Scope for improvement of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The building fares well in the physical conditions, and is of the confined masonry structure.
- However, there is an unavailability of drinking water, poor toilet facilities because of the unavailability of cleaning staff.
- Further, there is still opportunity for improvement as it does not have a proper waste segregation and management system. Besides, the connecting road is of poor condition, with no proper maintenance

Human resource conditions:

- In terms of human resources, the staff have not received any training related to disaster management. Besides, the awareness of hazards and DRR is very low amongst the staff.
- The centre has reported a shortage of experienced doctors and cleaning staff and the officials suggested key issues managing the center especially in the upkeep of hospital hygiene.
- The centre has basic testing facilities established, such as ANM testing and so on within itself

Institutional conditions:

- The centre fares poorly in disaster management planning, and there is no significant step in enhancing the centers with DM plans or any forms of drills.
- The centre further reported key challenges for the management of the community during vaccinations, as there was certain resistance during COVID-19.
- Besides, the centre reported poor provisions and preparedness for mass casualty management.

Social relationships:

- The government forms the major financial support for the centre, promoting fund per year.
- Further the centre reported receiving some support from Panchayath/ Local body in activities such as water pumps for irrigation.
- However, the centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- In terms of natural resilience, the institution has good resilience to natural hazards, owing to good structural condition and minimal damage due to floods in the nearby river.
- However, issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The centre has reported certain cases of snakebite but however, no training has been imparted in this regard.

Some photographs of the centre:



Kacharipety SC

Brief profile of the centre: Kacharipety Sub Centre is a health centre in flood affected area near Aai river and has OPD and delivery facility. The sub centre takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Kacharipety SC	2.95	3.00	2.27	2.73	2.87	3.87

Strengths:

Low severity and frequency of disasters

Good hygienic conditions

Building condition is good

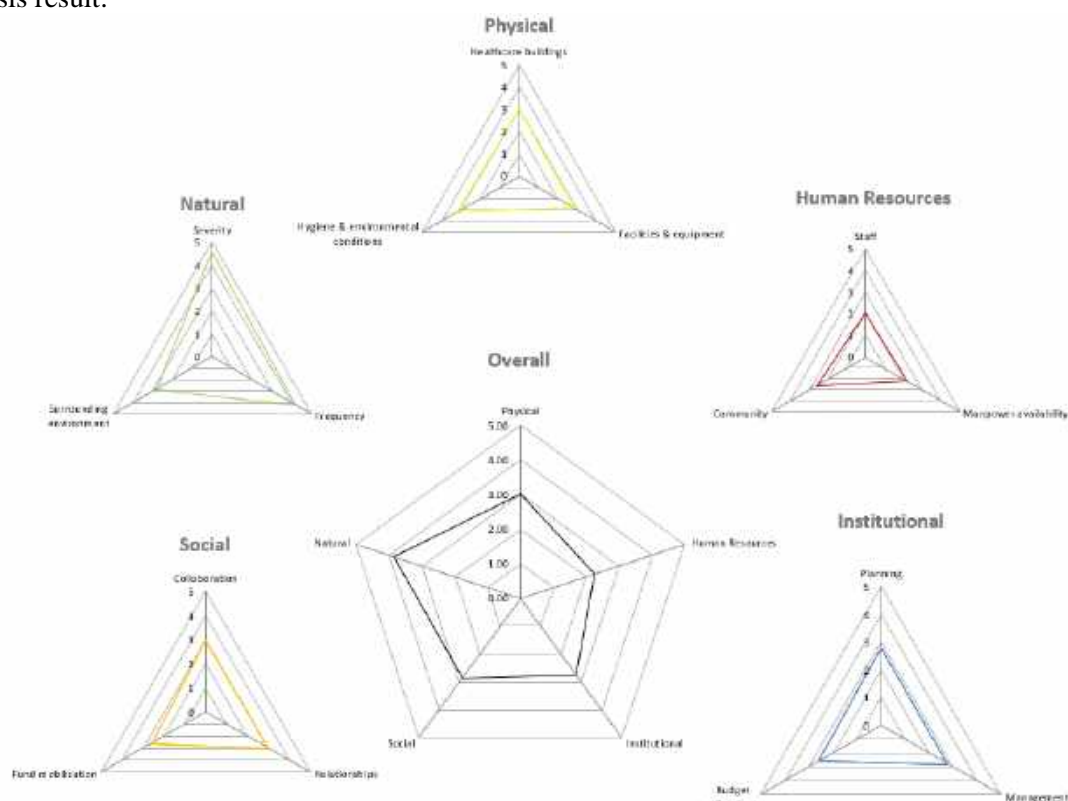
Weaknesses:

Staff capacity is inadequate

Manpower availability for DRM is low

Poor level of fund mobilization

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is a confined masonry structure which has frequently affected by disasters.
- It doesn't have a very inclusive design and has no proper emergency exits and demarcations and repairing is infrequent for access roads damaged by floods.
- The hygiene and environment conditions are moderate with plantation drives being arranged by centre and clean premises but partial segregation system and pits for waste are there.

Human resource conditions:

- The centre has a low score in human resources due to lack of preparedness and management of DRM related activities in staff.
- No DM plans, formal training for improving capacity disaster management activities is present. Only the staff provide services based on their understanding from past disasters.
- The staff lack disaster preparedness and don't receive incentives for visiting camps. Their meetings with community members are on health related aspects only.

Institutional conditions:

- The centre demonstrates moderate level of planning and management with almost good identification of roles during disasters, although no proper space segregation for contagious diseases, awareness of disaster management is present
- There is effective early warning information dissemination in community. A gap in the management is there as no integration of DM plans or SOPs, in healthcare management which are critical.
- There is moderately level of budget allocated for various works especially no allocation is done for disaster management.

Social relationships:

- Collaborations have been active with NHM and coordination has been done with other centres local government, NGOs, actively.
- The relationships with the community fare well as there is engagement local NGOs or charitable organizations.
- There is a scope for mobilization of various funds through community activities etc.

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally and require immediate assistance.
- The centre is near to water body and there is frequent flooding in nearby areas.

Pahartoli SC

Brief profile of the centre: Pahartoli Sub Centre is a health centre that serves population within Srijangram block. The health centre provides OPD, deliveries, and testing facilities. The centre also takes up activities related to vaccination, community-based awareness, and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Pahartoli SC	2.81	3.33	2.13	2.27	2.32	4.00

Strengths:

Low impact of disasters on the building

No flooding inside centre

Moderately good condition of facility and equipment

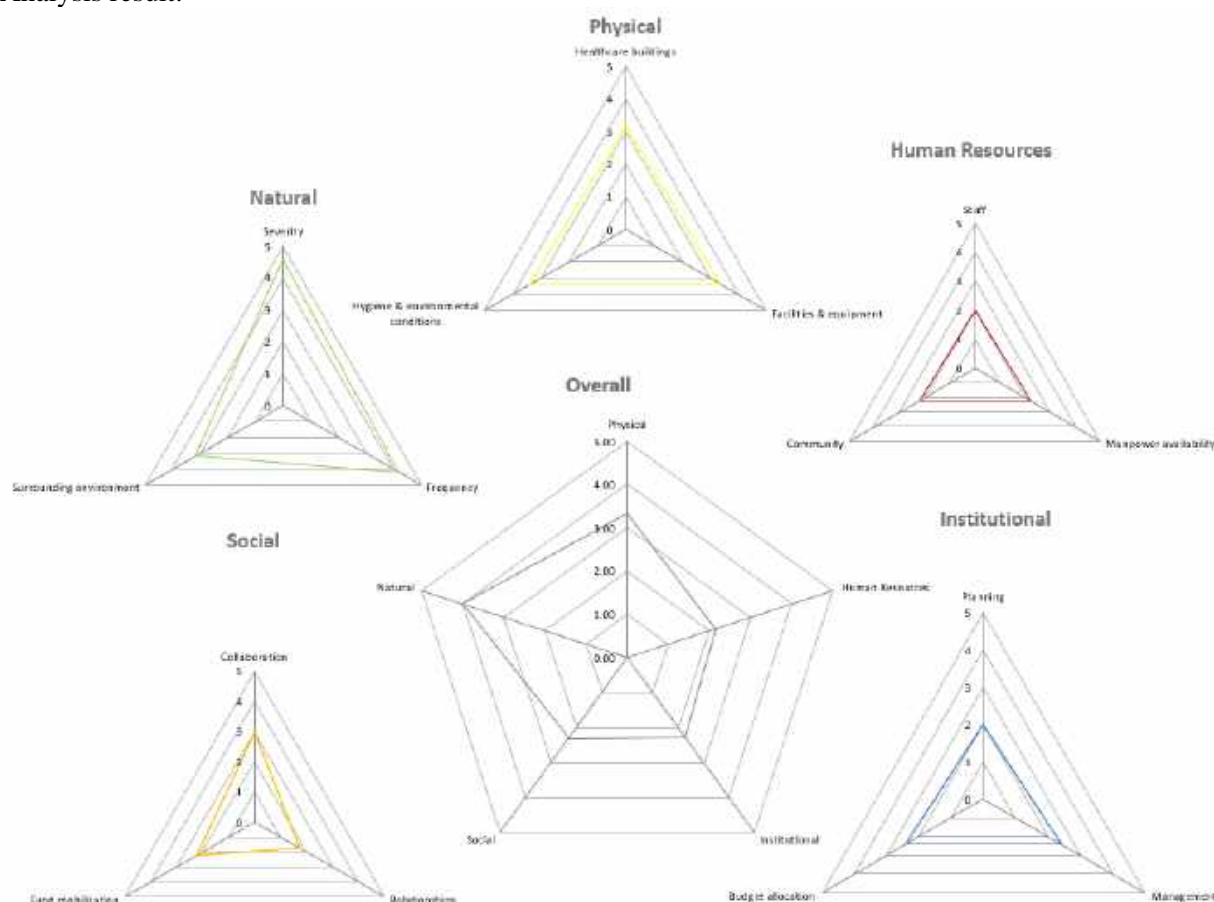
Weaknesses:

Relationship with stakeholders is weak

Capacity of staff is low

Lack of planning is there

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and is not highly impacted by any disasters. Occasional waterlogging issue is there in the premises.
- The facilities within the center are not fully functional with only some tests being conducted. There are facilities of drinking water, electricity but there are medicine and lab equipment shortage and test kit shortage during floods.
- The hygiene and environment conditions are almost moderate with irregular check on segregation of waste. There is MPW staff and cleaning staff who take care of WASH services. There are no demarcations for emergency exits.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training for improving capacity disaster management activities.
- Manpower management is almost poor in the centre as the level of preparedness is low and efficiency of communication of early warning is not there.
- The staff and the incharge do not share DM plans or disseminate information about disaster management with community but share with community members information on vaccination, COVID 19 etc.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no DM plans available with hospital management except after disaster health care SOPs are shared.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is moderately low level of budget allocated for various works especially no allocation is done for disaster management. However, there are solar lights in the premises ascertaining allocation for energy saving features.

Social relationships:

- Collaborations have been moderate with local government, NHM with the boundary wall and some additional facilities being provided by panchayat.
- The relationships with the community fare poorly due to mostly the lack of community-based DRM activities and no interaction or support from local charitable organizations.
- Mobilization of various funds is not properly done and needs to be done while addressing DRM activities

Natural conditions:

- The healthcare centre is in a hilly area with some minor challenges of waterlogging in the premises. The chances of malaria dengue etc could increase in the monsoon near the centre.
- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- Being an interior location, it has communication challenges with respect to fire, police and public transportation facilities which may be impacted by disasters.

Ambari SC

Brief profile of the centre: Ambari Sub Centre is a health centre that was established in 1990 and caters to 10-15 OPD per day. The health centre provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, health camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Ambari SC	2.79	3.07	2.07	2.40	2.28	4.13

Strengths:

Low impact of disasters on the building

Moderately good level of collaborations

Safe surrounding areas

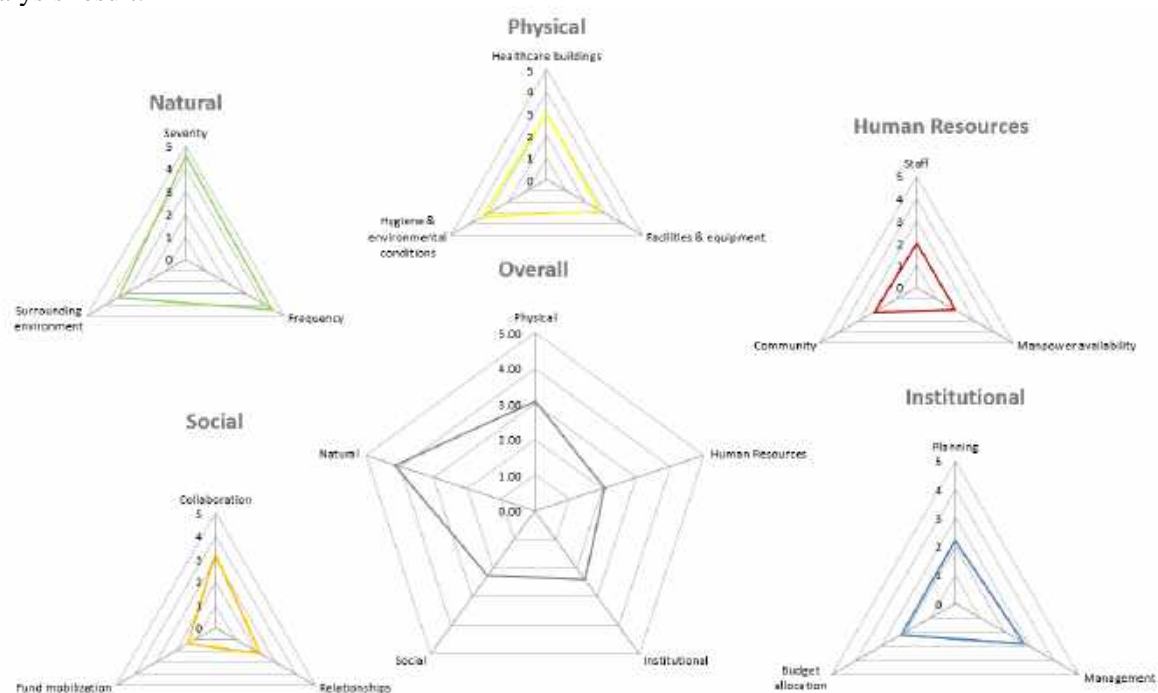
Weaknesses:

Planning of DRM activities not adequate

Capacity of staff is low

Poor fund mobilization

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition with confined masonry structure that is maintained and have not been damaged by disasters.
- The facilities within the centre are moderate with some tests, drinking water and electricity. but no exit route demarcation, extinguishers etc. are there
- The hygiene and environment conditions are moderate segregation of waste, WASH facilities are available and premises are regularly cleaned.

Human resource conditions:

- The centre has a low score in human resources with a shortage of cleaner/ MPW staff and considering the lack of formal training for improving capacity disaster management activities.
- Manpower availability is moderate in the centre as the incharge is available and ASHA staff are required to go for door-to-door training and no special incentives are provided for fieldwork
- The staff and the incharge do not share DM plans or disseminate information about disaster management with the community but share with community members information on vaccination, Swachh Bharat, COVID 19, nutrition etc.

Institutional conditions:

- The centre demonstrates moderately poor conditions with not much awareness of disaster management and planning activities in hospital management. only COVID-19, flood related SOPs are shared.
- They receive alerts about disasters and convey it to community through community meetings,
- There is a low level of budget allocated for various works especially no allocation is done for disaster management, safety equipment or collaboration.

Social relationships:

- Collaborations have been moderate with the other centres NHM but not with other stakeholders like NGOs
- The relationships fare poorly due to mostly the lack of community-based DRM activities and no interaction or support from local charitable organizations. However community members actively participating in camps and no dropout cases.
- Currently no money in the untied fund as informed by the incharge. Funding is not diverse with the majority of the centre functions on government funding only. Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. However, it has water bodies in the vicinity and can be affected by waterlogging in future.
- These issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- There are flooding issues in the jurisdiction of the centre o it is required that the staff are adequately trained.

Topgaon SC

Brief profile of the centre: Topgaon Sub Centre is a healthcare that is located on a hillock in interior location and has OPD and delivery facility. The sub centre takes up activities related to vaccination and community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Topgaon SC	3.11	3.27	2.87	2.87	3.00	3.53

Strengths:

Low severity and frequency of disasters

Good condition of facilities

Management is moderate

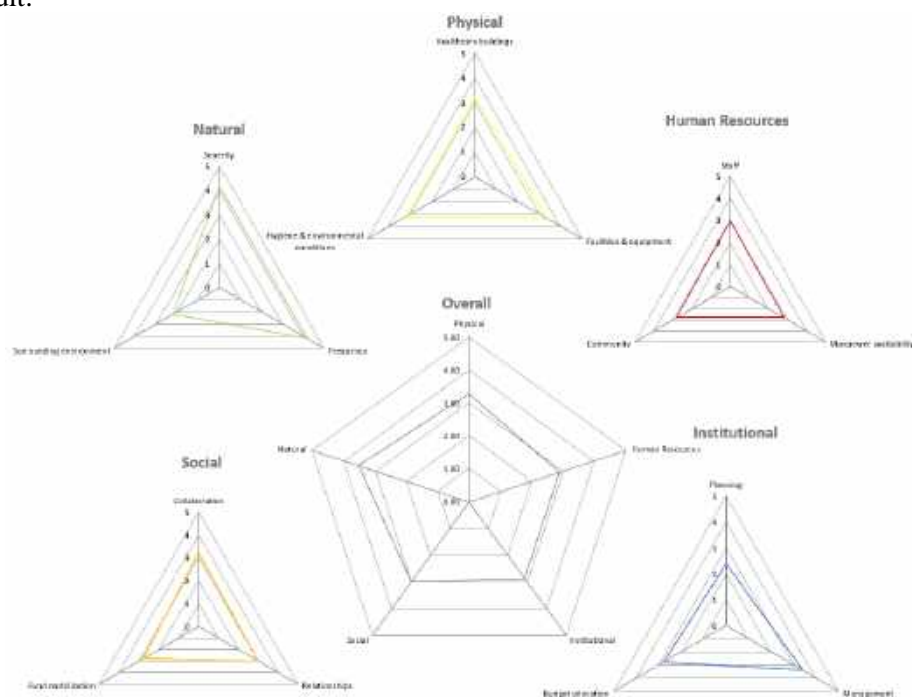
Weaknesses:

Planning not adequate

Poor level of fund mobilization

Budget allocation for DM related activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is in almost moderate condition. It is a confined masonry structure which has occasionally been affected by disasters.
- The facilities within the centre are almost functional with lack of energy saving or rainwater harvesting features.
- The hygiene and environment conditions are moderately good with almost proper segregation system and pits for waste.

Human resource conditions:

- The centre has a moderate score in human resources staffing considering the training of staff about 2 years ago but a lack of full capacity for disaster management activities.
- Manpower availability is almost poor in the centre as there is less number of permanent staff and lack incentives for visiting camps.
- The staff and the incharge is active in organizing meetings with community members regularly to spread awareness on malaria, JE, COVID-19 etc.

Institutional conditions:

- The centre demonstrates moderately poor conditions in planning and no proper space segregation for contagious diseases
- There is good understanding of DRM related activities and dissemination in community. There is chance for enhancing center's capacity with DM plans or SOPs, which are critical.
- There is moderately low level of budget allocated for various works especially poor allocation is done for disaster management.

Social relationships:

- Collaborations have been active with all stakeholders especially NHM and coordination has been done with other centres.
- The relationships with the community fare moderately with a scope for engagement with communities for community-based DRM activities and enhanced support from local NGOs or charitable organizations.
- There is good level of fund mobilization and there is a scope for mobilization of various funds through community activities etc.

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- The area is remote for facilities like police, fire and ambulance services during emergency. Proximity to water body may expose to further hazards.

Rangapani SD & attached SC

Brief profile of the centre: Rangapani State Dispensary and attached Sub Centre is a health centre that caters to Srijangram Block. The health centre provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, health camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Rangapani SD att SC	3.03	3.47	2.62	2.73	2.68	3.67

Strengths:

Low impact of disasters on the building

Safe surrounding areas

Promotion of renewable energy sources

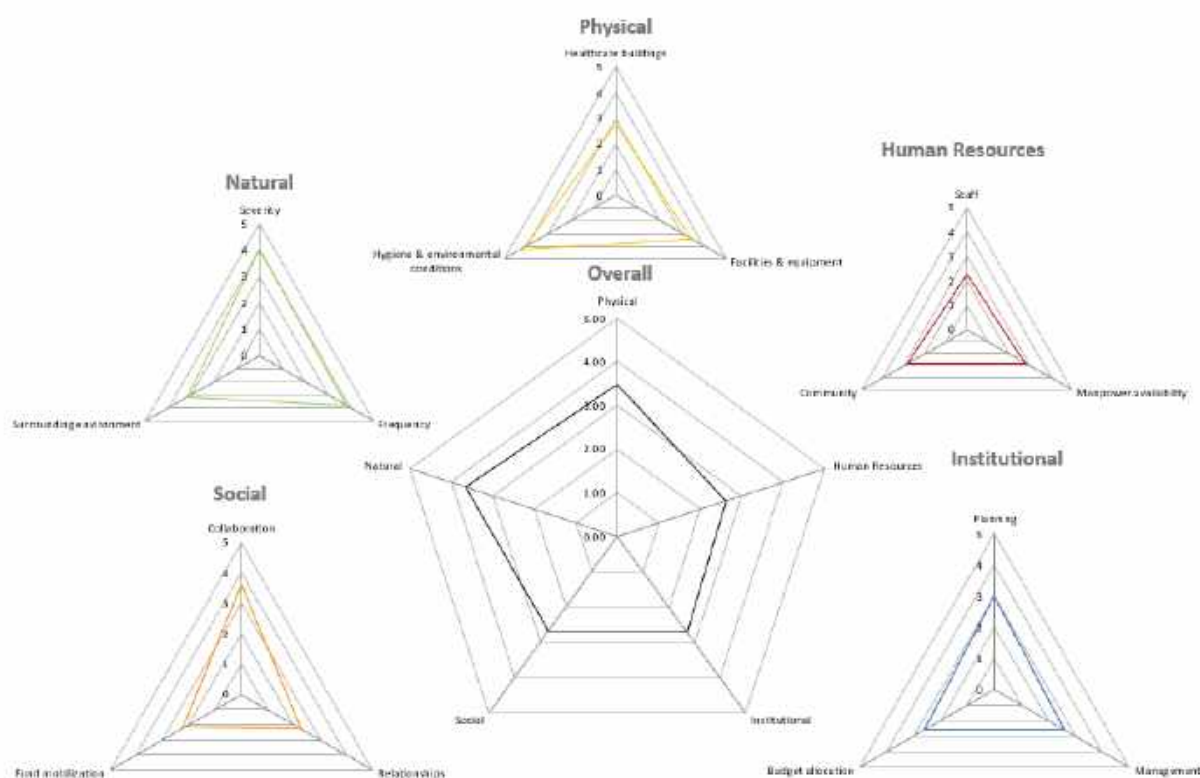
Weaknesses:

Planning of DRM activities not adequate

Capacity of staff is low

Poor fund mobilization

Analysis result:



Physical conditions:

- In physical conditions, the centre building is in moderate condition with confined masonry structures that are less impacted from disasters. The staff quarters are makeshift arrangements and in extremely bad condition.
- The facilities within the centre are moderate with some tests, and have renewable energy sources, but there is an unavailability of emergency equipment such as fire extinguishers.
- There is good practice of waste segregation and clean premises. Environment protection practices like plantation drives are organized in the centre however poor toilet facilities were reported.

Human resource conditions:

- The centre has a low score in human resources, and has reported staff shortage especially on ANM staff and considering the lack of formal training for improving capacity disaster management activities.
- Manpower availability is moderate in the centre as the incharge is available and ASHA staff are required to go for door-to door training and no special incentives are provided for fieldwork
- The staff and the incharge have conducted demonstrations in the community for post natal care and hygiene but do not have the capability to share DM plans or disseminate information about disaster management with the community.

Institutional conditions:

- The centre has no proper DM plan available, and there is no significant step in enhancing the center with any forms of drills in this regard
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- Collaborations have been moderate with the administrative agencies such as NHM, and government funds form the major support for the centre.
- The centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns
- Mobilization of various funds should be considered while addressing DRM activities, and to address the current gap in funding

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- There are flooding issues in the jurisdiction of the centre and it is required that the staff are adequately trained.

Ghoramara SC

Brief profile of the centre: Ghoramara Health and Wellness Centre is a health centre that caters to the population of approximately 4700 which are affected by floods. The health centre which is currently undergoing renovation provides OPD and basic testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Ghoramara SC	2.74	3.27	2.33	1.93	2.55	3.60

Strengths:

Low impact of disasters on the building

Low frequency of most disasters except flood

Low severity of disasters

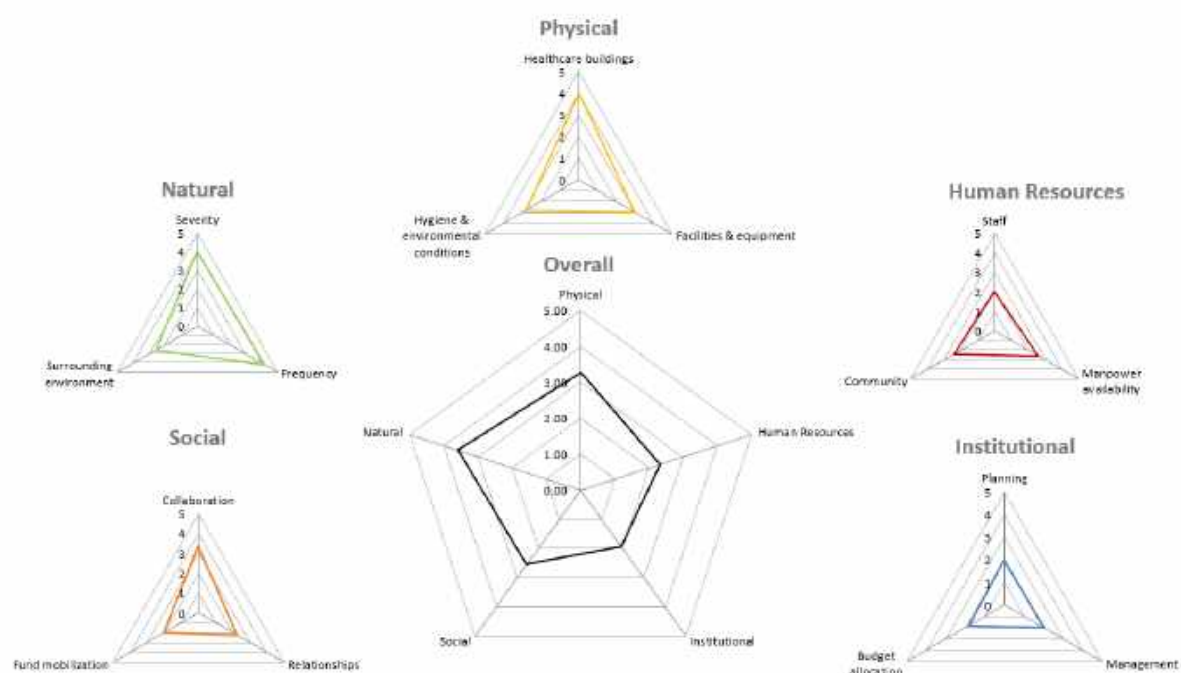
Weaknesses:

Budget allocation for DM activities is not adequate

Poor fund mobilization

Planning is not robust

Analysis result:



Physical conditions:

- The healthcare building is almost new and is in good condition. Currently it is going under repair for upgrades to the health and wellness centre.
- The facilities within the centre are moderate with only OPD and some tests being conducted. No energy saving, power backup options are available. There are flooding issues on the access road and centre premises due to floods.
- The hygiene and environment conditions are almost moderate with irregular check on segregation of waste owing to the fact that not much waste is generated.

Human resource conditions:

- The centre has a low score in human resources considering the lack of formal training for improving capacity disaster management activities. They do not have knowledge of fire safety, advanced CPR or DM plans.
- Manpower availability is almost moderate in the centre as a lot of staff are required to visit relief camps in the jurisdiction and they are not aware of early warning and preparedness.
- The staff and the incharge is active in organizing meetings with community members to spread awareness on health, sterilization etc. They have not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates poor conditions of planning with no segregation for contagious diseases, lack of fire exits and awareness of disaster management and planning activities in hospital management.
- There is a gap in the management as there is no sharing of DM plans or guidelines in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is low level of budget allocated for various works and the centre is in dire need of basic equipments and has asked the authorities for the same.

Social relationships:

- Collaborations have been done with local government, NHM providing support like financial, materials, earth filling etc. However no collaborations have been recorded with private organizations.
- The relationships with the community are poor owing to the fact that the community doesn't have trust in the healthcare workers and complain after a fever due to vaccinations. But there have been no dropout cases due to active work by staff. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- Funding is not diverse with the majority of the centre functions on government funding only. External funding options could be explored and mobilization of various funds should be considered while addressing DRM activities.

Natural conditions:

- The institution has moderate resilience to natural hazards, owing to only flood related impact in recent past.
- There are issues with the water quality in the area that is responsible for prevalence of fungal infections in community
- Although other disasters are not prominent, the issues like heat stress, changing climate could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Nararvita SC

Brief profile of the centre: Nararvita Sub Centre is a health centre that caters to a population of 5400. It is located near Manas River and provides services to people affected by floods. The health centre provides OPD and basic testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Nararvita SC	2.54	2.80	2.13	2.00	2.10	3.67

Strengths:

Low impact of disasters on the building

Low severity of disasters

Robust building conditions

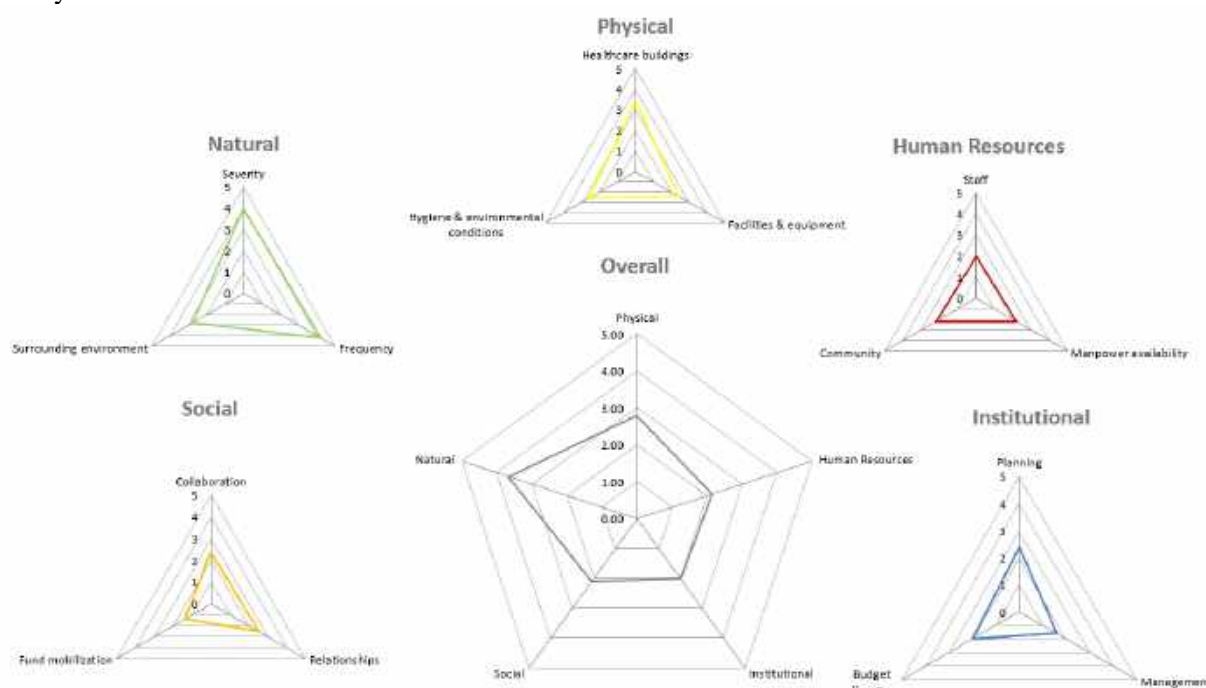
Weaknesses:

Management of DRM activities is inadequate

Poor fund mobilization

Budget allocation for DM activities is not adequate

Analysis result:



Physical conditions:

- The healthcare building is in moderate good condition and maintenance work is ongoing.
- The facilities within the centre are inadequate with no power backup, boundary wall, demarcation of assembly area, extinguishers etc. Access road is damaged.
- The hygiene and environment conditions are almost moderate with WASH facilities available but not fully functional.

Human resource conditions:

- The centre has a low score in human resources considering the lack of participation or formal training for improving capacity disaster management activities.
- Manpower management is poor in the centre as the level of preparedness is low and some staff carrying out duties at multiple positions so their availability is low.
- The staff and the incharge do not share DM plans or disseminate information about disaster management with the community. However due to migratory population there are some dropout cases in vaccination registered.

Institutional conditions:

- The centre demonstrates moderate conditions with not much planning for awareness of disaster management in hospital management but the roles are delineated.
- There is a low level of budget allocation for resilience building with no budget for disaster management, safety equipment or collaboration.
- Management is not strong with inadequate knowledge of implementation, preparedness and dissemination of DRM actions.

Social relationships:

- Collaborations have been moderately low with the major support from NHM and some support promised by the panchayat.
- The relationships fare poor mostly due to low support from NGOs, charitable organizations etc. In addition, the lack of community-based DRM activities and no interaction or support from local charitable organizations.
- Mobilization of various funds should be considered while addressing DRM activities

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. But there are flooding issues in the vicinity.
- No proper boundary wall exposes the centre to waterlogging when the nearby playground is flooded due to monsoon rains.

Mainapara SC

Brief profile of the centre: Mainapara Sub Centre is a health centre that provides OPD, IPD and basic testing facilities. The centre takes up activities related to checkup, vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Moinapara SC	3.11	3.27	2.87	2.87	3.00	3.53

Strengths:

Low severity and frequency of disasters except flood

Good condition of management

Moderately good facilities and equipments

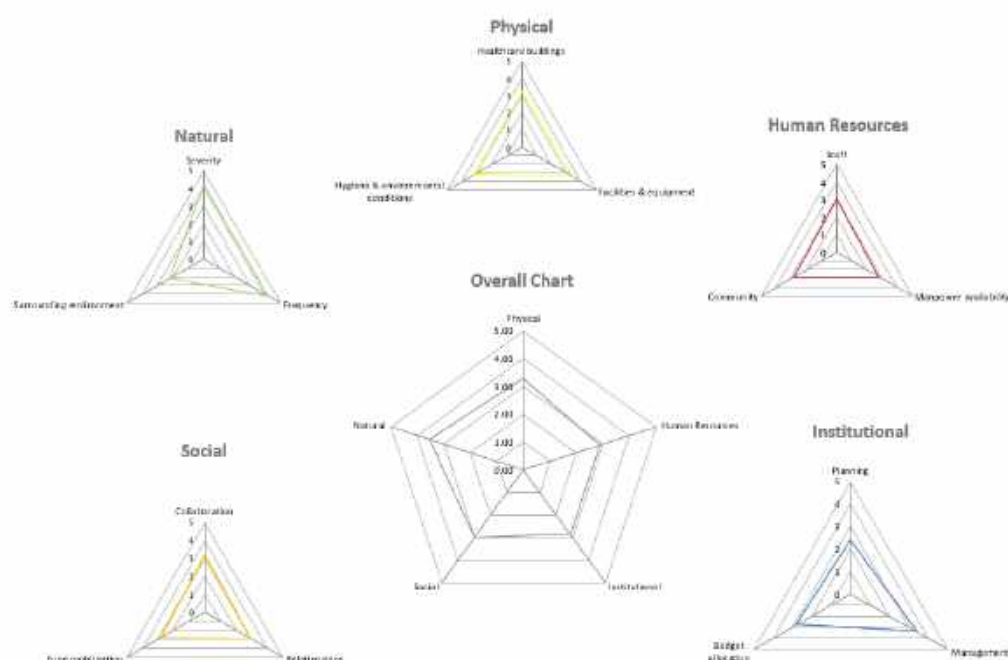
Weaknesses:

Poor planning

At risk surrounding environment

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is in moderate condition with the building getting impacted disasters sometimes.
- Facilities and equipment are in moderately good condition with availability of testing kits and coordination with nearby centres but there are no power backup, fire extinguishers, etc.
- Hygiene and environmental conditions fare moderately well-maintained premises, availability of pits, regular cleaning of premises but improper segregation is there.

Human resource conditions:

- The staff have a moderate level of formal training for managing disaster related activities. No training on flood or fire was received in recent past about 2 years.
- The manpower availability is moderately low as staff go to camps but are unable to disseminate DM related information due to lack of awareness and most times no incentives are there.
- The staff and the incharge is not very active in organizing meetings with community members to spread awareness on DM related activities but they spread awareness for on COVID 19 etc.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no awareness of disaster management and planning activities in hospital management and there is no sharing of DM plans
- The centre has to cater to flood impacted population but is not well trained for the same. There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is moderate level of budget allocated for various works with most of the allocation done for repair and equipments but not for DM activities.

Social relationships:

- Collaborations have been moderate with almost frequent interactions with local government, NHM, however not with private organizations or, NGOs that have potential to fund for development of centre.
- The relationships with the community fare poor due to no engagement with communities for community-based DRM activities and public health awareness
- There is a scope for mobilization of various funds. It should be considered while addressing DRM activities

Natural conditions:

- The institution has almost good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past except for slight flooding damage. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- The surrounding areas have water bodie and may pose risk of flood impacts.

Baraichala SC

Brief profile of the centre: Baraichala Sub Centre is a health centre that caters to a population of around flood affected areas. It provides OPD, delivery, and testing facilities. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Boraichala SC	3.11	3.27	2.87	2.87	3.00	3.53

Strengths:

Low severity and frequency of disasters except flood

Good condition of management

Moderately good facilities and equipments

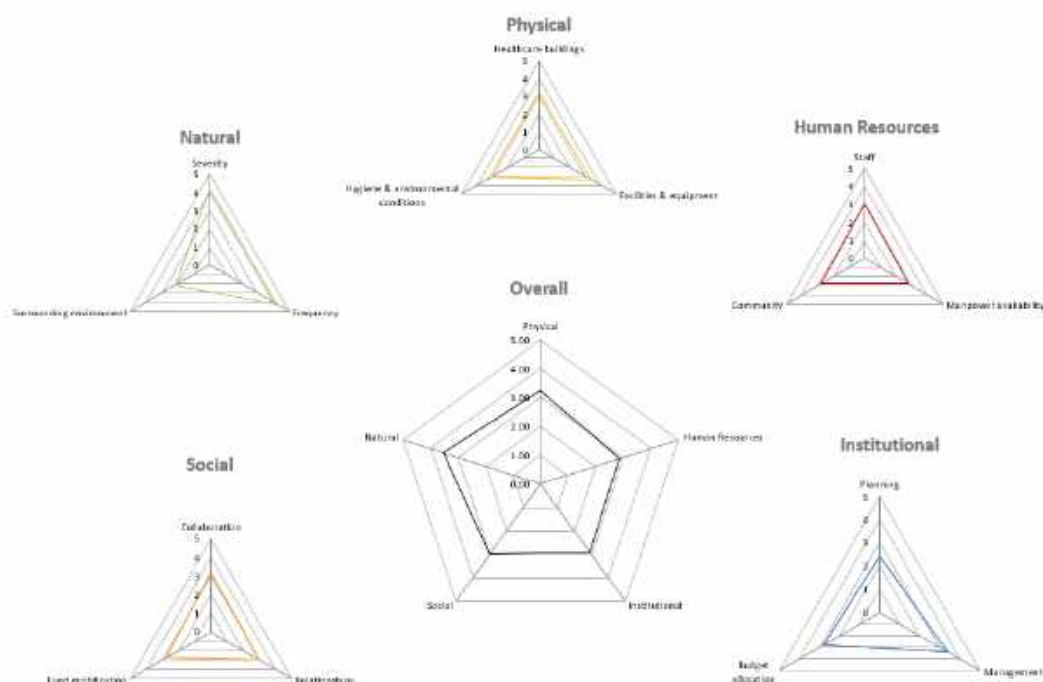
Weaknesses:

Poor planning

At risk surrounding environment

Number of staff is low

Analysis result:



Physical conditions:

- The healthcare building is built of confined masonry and was recently renovated.
- The facilities within the centre are not adequate with only some tests being conducted and shortage of medicines.
- The hygiene and environment conditions are almost moderate with clean premises but no proper awareness on three bin system and irregular check on segregation of waste.

Human resource conditions:

- The centre has a moderately score in human resources considering that there are no regular capacity building for disaster management activities. Only a few staff have attended training more than three years ago.
- Manpower management is moderate in the centre as staff are required to visit relief camps in the jurisdiction and they provide services from an identified school during flooding as the centre is not open due to waterlogging.
- The staff and the incharge is moderately active in organizing meetings with community members to spread awareness on public health, hygiene and nutrition awareness, COVID 19 etc. However, it has not been engaged in disseminating information about disaster management.

Institutional conditions:

- The centre demonstrates moderately poor conditions with no DM plans or its integration in healthcare management. Despite active participation in camps there has been no regular trainings.
- There is a gap in the management as there are no significant steps undertaken in enhancing the center's capacity with DM plans or SOPs, which are critical.
- There is low level of budget allocated for community support, disaster management etc. Majority of budget is used for maintenance and upkeep of facilities.

Social relationships:

- Collaborations have been moderate with no support from NGOs, private organizations or local gram panchayat. Only support was received from NHM for functioning of the centre.
- The relationships with the community fare poorly as not much communication is conveyed to community about disaster, early warning and preparedness etc. There is a scope for engaging with communities for community-based DRM activities and public health awareness
- Mobilization of various funds is poor as there are small sources and there is need for DM activities to be considered.

Natural conditions:

- The institution has moderate resilience to natural hazards, owing to some flooding and waterlogging issues in recent past.
- There are frequent cases of pneumonia and typhoid in the local community due to flooding issues.

Lengtisingha MPHC & attached SC

Brief profile of the centre: Lengtisingha Mini Primary Health Centre and attached Sub Centre caters to a population of approximately 26000. The centre has received Kayakalp award for cleanliness. The attached sub centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Lengtisingha MPHC att SC	3.51	4.07	3.15	3.07	3.33	3.93

Strengths:

Low severity and frequency of disasters

Good hygiene and environmental conditions

Building conditions are good

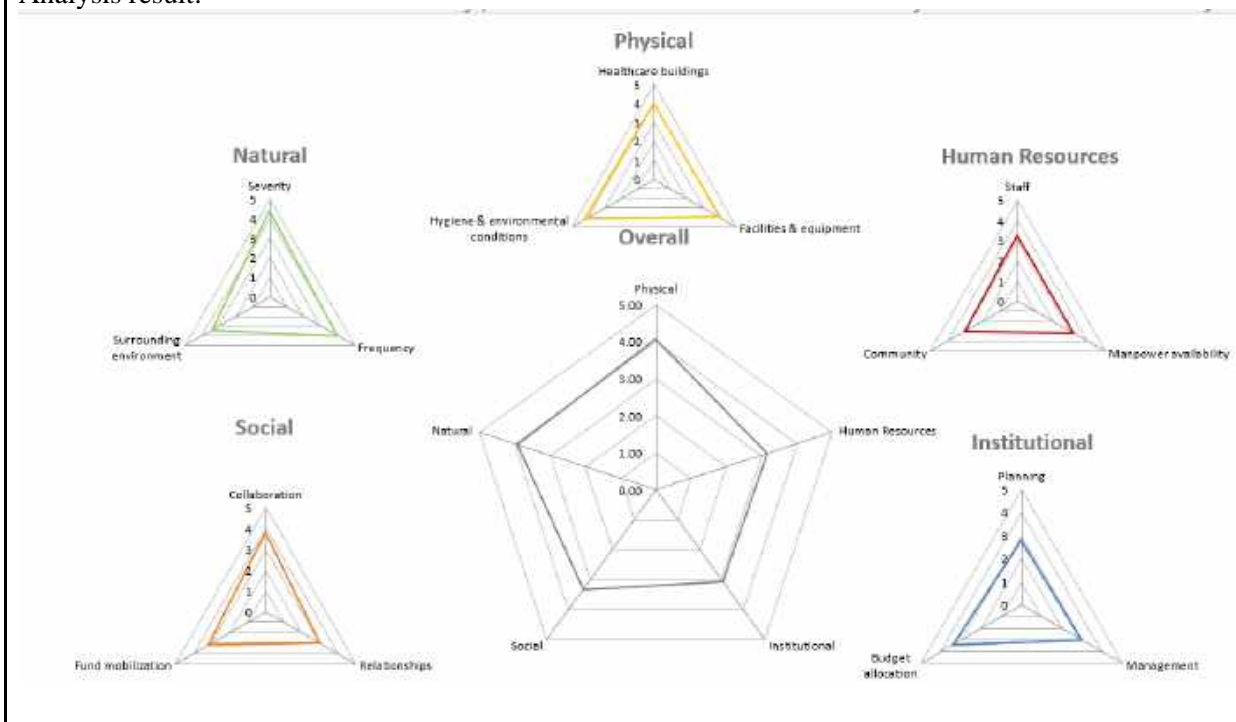
Weaknesses:

Staff management is inadequate

Relationships with all stakeholders is not robust

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The building is a permanent structure which has not been damaged by disasters in the past. It is regularly maintained every year.
- The hygiene and environment conditions are good with proper segregation and regular check on segregation of waste. There is a proper waste segregation and management system, with deep burial and sharp pits for waste disposal.
- The centre has basic testing facilities, cold chain established; and there is no dearth of emergency equipment such as fire extinguishers, rainwater harvestig etc.

Human resource conditions:

- The staff have received training for disaster management 3-4 years back but no fire drills have been conducted. No updated DM plans are available with the centre however SOPs are present.
- The staff is not trained in DRM but provides services in flood camps.
- Community interactions are almost moderate with most of the emphasis being on post flood precautions, COVID 19 etc. There is no availability of DM plans or training that can be shared with the community.

Institutional conditions:

- There is moderately good planning with space segregation for contagious diseases but there is no disaster management plan or guidelines for integration of disaster management activities.
- The roles of staff is identified well but there is a gap in the disaster management planning, as there is no predescribed mechanism for disaster information shring.
- There is a small portion of the budget under the head of disaster management and no provision for collaborating with external agencies.

Social relationships:

- The local and state government forms the major collaborators for the centre. The collaborations are good as the gram panchayat providing physical support in camps, drives etc.
- The relationships with various stakeholders is moderately good with the centre being near to the village with community groups and panchayat providing support especially during camps.
- Although the funding support by different stakeholders is low, there is scope for better mobilization.

Natural conditions:

- Being located near arterial road the centre receives many accident cases.
- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past. However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.

Santoshpur SC

Brief profile of the centre: Santoshpur Sub Centre is a health centre that caters to a population of 9000. The centre also takes up activities related to vaccination, flood relief camps, community-based awareness and activities. The village defense police (VDP), as part of the community services, helps in the service delivery of the centre.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Santoshpur SC	3.11	3.27	2.87	2.87	3.00	3.53

Strengths:

Low severity and frequency of disasters

Good liaison with the local communities

Building conditions are good

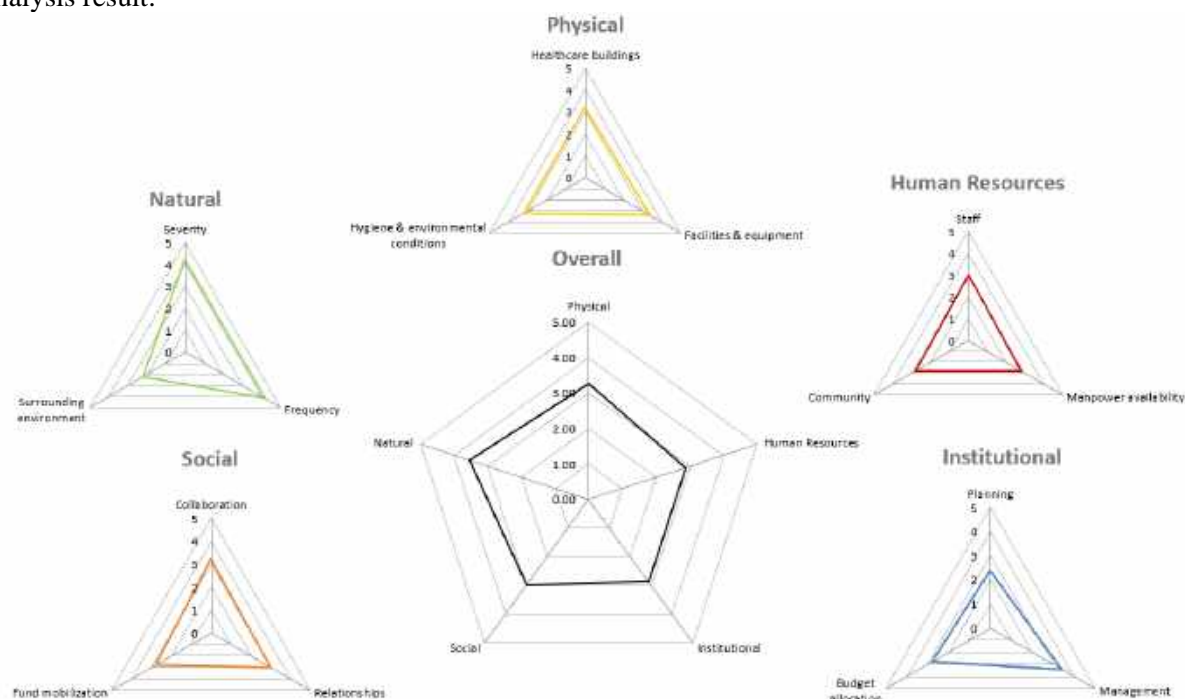
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The building is well maintained, and is of confined masonry type. In terms of design, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards. There were repairing works ongoing in the centre, as a part of renovation.
- The hygiene and environment conditions are almost moderate with irregular check on segregation of waste. Besides, there is no three bin system practiced. The centre has basic testing facilities established; however there is a dearth of emergency toolkits (other than medicinal) such as fire extinguishers.
- There is a proper waste segregation and management system, with deep burial and sharp pits for waste disposal.

Human resource conditions:

- It is reported that the staffs have received multi-hazard training related to disaster management such as fire, flood and bomb related training.
- Besides, the staffs reported knowledge in the handling of emergency kits such as fire extinguisher.
- Community interactions are almost moderate with most of the emphasis being on post flood precautions, COVID 19 etc. There is no availability of DM plans that can be shared with the community.

Institutional conditions:

- There is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills of sort.
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances like fire extinguisher etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting fund twice per year
- There is a scope for engaging with communities for community based DRM activities and public health awareness
- Even though the community has good liaison with the community such as VDP, there is a scope for engaging with communities for community-based DRM/ CCA activities and public health awareness

Natural conditions:

- The institution has good resilience to natural hazards, owing to no significant incidents of disaster related damages in recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- Besides, the area is of mud soil that can pose landslide and flood hazard risk.

Nasatra SC

Brief profile of the centre: Nasatra Sub Centre is a health centre that caters to the population of Srijangram block of Bongaigaon district. The centre takes up activities related to vaccination, community-based awareness and activities.

HDRA score:

Health Centre Name	Overall	Physical conditions	Human resources	Institutional conditions	Social relationships	Natural conditions
Nasatra SC	2.56	2.80	2.13	1.87	2.25	3.87

Strengths:

Low severity and frequency of disasters

Building conditions are moderately good

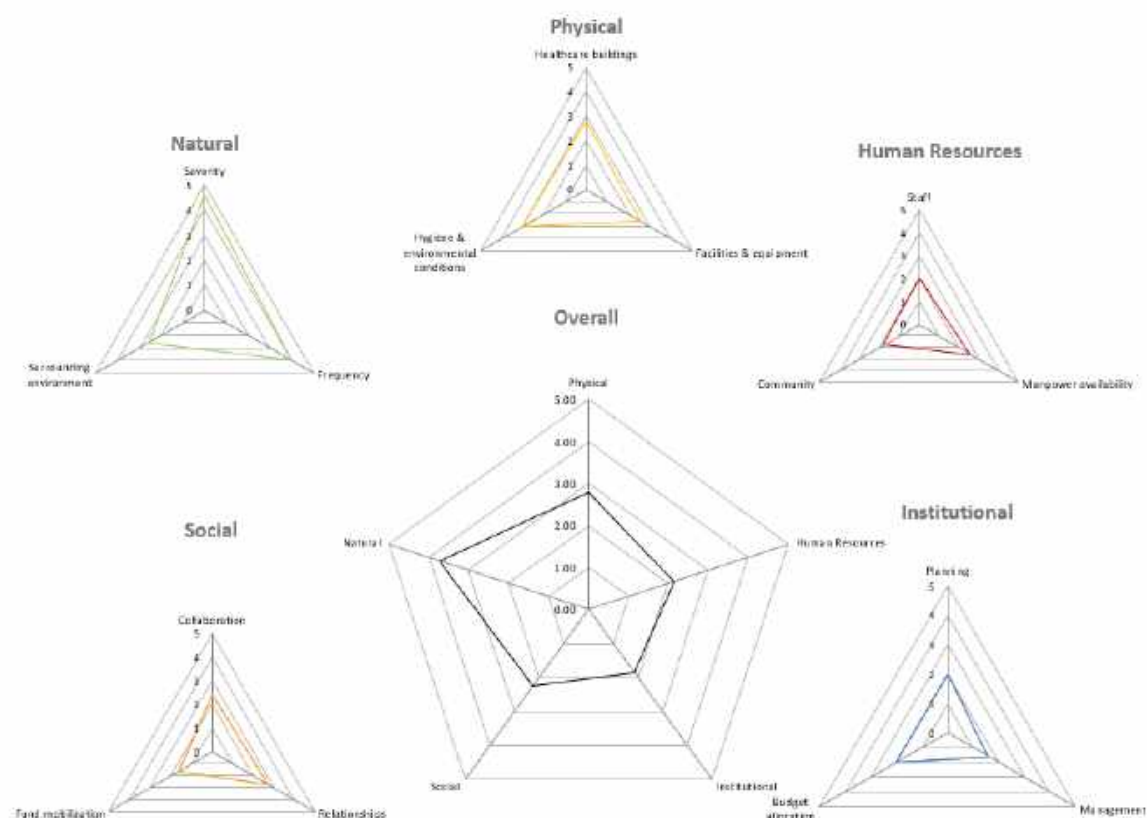
Weaknesses:

Staff management is inadequate

Scope for improvement of fund mobilization

Lack of disaster risk management planning

Analysis result:



Physical conditions:

- The building is of confined masonry type and there was not much damage to the structure.
- The road connectivity is poor and requires immediate assistance. In terms of design, there is still opportunity for improvement as it does not have proper demarcations in terms of assembly points for hazards.
- WASH facilities are inadequate with the need for attention on cleanliness of premises.

Human resource conditions:

- It is reported that the staff have received no training related to disaster management such as fire, flood and so on.
- The awareness of hazards and DRR is very low amongst the staff.
- The centre has basic testing facilities established; however there is a dearth of emergency toolkits (other than medicinal) such as fire extinguishers.

Institutional conditions:

- The centre fares poorly in the dimension, as there is a gap in the disaster management planning, as there is no significant step in enhancing the centers with DM plans or any forms of drills of sort.
- In terms of budget allocation, there is lack of knowledge on budget under the head of disaster management and no provision for budget for safety appliances like fire extinguisher etc. Further the centre reported budget insufficiency.
- It has been reported the centre is not well equipped to disseminate early warning information to the communities.

Social relationships:

- The government forms the major financial support for the centre, promoting fund twice per year
- There is a scope for engaging with communities for community based DRM activities and public health awareness
- The centre receives no form of support/ collaborations from any active NGOs, or private organizations or community groups to promote health related capacity building campaigns.

Natural conditions:

- The institution has moderately good resilience to natural hazards, owing to no significant incidents of disaster related damages in the recent past.
- However, these issues could arise and challenge the system, as the frequency and severity of hazards are increasing globally, and require immediate assistance.
- Besides, the area has water bodies nearby such as ponds, that get flooded and can affect the centre.

Some photographs of the centre:



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Annexure 1: List of health centres

Boitamari Block	<ul style="list-style-type: none"> • 1 BPHC with 1 attached SC • 3 MPHC with 3 attached SC • 1 SD with 1 attached SC • 1 Model Hospital • 11 SC 	Total = (26-4) = 22 centres considered
Sl. No.	Sector	Name of Facility
1.	Boitamari BPHC & attached SC	1. Boitamari Model Hospital
		2. Barkhata
		3. North Boitamari
		4. Dhaknabari
		5. Khaluapara
		6. Majar Alga (no structure)*
		7. Kayethpara RCH (no structure)*
2.	Bishnupur SD & attached SC	8. Sankarghola
		9. Borghola
		10. Kumarkata
3.	Dhantola MPHC & attached SC	11. Pachagagon
		12. Jalakhata
4.	Chalantapara MPHC & attached SC	13. Koreya (no structure)*
		14. Jogighopa
		15. Kabaitari
5.	Kachudola MPHC & attached SC	16. Chedamari RCH (no structure)*

Manikpur Block	<ul style="list-style-type: none"> • 1 BPHC with 1 attached SC • 3 MPHC with 3 attached SC • 1 RPHC • 1 SD with 1 attached SC • 1 Model Hospital • 18 SC 	Total = (31-1) = 30 health centres considered
Sl. No.	Sector	Name of Facility
1.	Manikpur BPHC & attached SC	1. Manikpur Model Hospital
		2. Barbila
		3. Bridhabashi
		4. Nowapara
		5. Nachanguri No. 3
2.	Dompara MPHC & attached SC	6. Salabila
		7. Salabila No. 2
		8. Bashbari No. 4
3.	Bhandara RPHC	9. Bashbari No. 2
		10. Jamdoha No. 4 (non-functional)*
		11. Hapachara
4.	Patiladaha MPHC & attached SC	12. Patkata No. 2
		13. Kushlaiguri
		14. Sonaikola
		15. Dhupuri No. 2
5.	Jhawbari SD & attached SC	16. Aolaguri
6.	Fagunagaon MPHC & attached SC	17. Goraimari
		18. Jamdoha No. 2
		19. Moutara
		20. Chouraguri

Bongaigaon Block	<ul style="list-style-type: none"> • 1 BPHC • 5 MPHC with 4 attached SC • 1 UHC • 1 SD with 1 attached SC • 1 District Hospital • 1 CHC with 1 attached SC • 16 SC 	Total = (33-1) = 32 health centres considered
Sl. No.	Sector	Name of Facility
1.	Bongaigaon BPHC	1. Bhakarivita
		2. Mespara
		3. Kharija Dolaigaon
		4. Barpathar
2.	Bhawlaguri UHC	5. Railway Hospital (not under NHM)*
3.	Bidyapur CHC & attached SC	6. Nankargaon
		7. Bagulamari
4.	Majgaon SD & attached SC	8. South Bongaigaon
		9. Bhatipara
5.	Mulagaon MPHC & attached SC	10. Jelkajhar
6.	Chipansila MPHC & attached SC	11. Ghandal
7.	Chaprakata MPHC & attached SC	12. Popragaon
		13. Ravapara
8.	Panchapur MPHC & attached SC	14. Mamugaon
9.	Khagarpur MPHC	15. Katashbari
		16. Nayagaon
		17. Ekrabari
10.	Bongaigaon District Hospital	---

Srijangram Block	<ul style="list-style-type: none"> • 1 BPHC with 1 attached SC • 7 MPHC with 6 attached SC • 4 SD with 3 attached SC • 1 CHC • 30 SC 	Total = (54-1) = 53 health centres considered
Sl. No.	Sector	Name of Facility
1.	Mererchar MPHC	1. Dubachuri
2.	Chakla Kokila SD	2. Kokila Bazar
		3. North Numberpara
		4. Banglapara
3.	Abhayapuri CHC	---
4.	Sidalsati MPHC & attached SC	5. Darkinamari
		6. Kakoijana
		7. Charipunia
5.	Srijangram BPHC & attached SC	8. Santapara
6.	North Salmara SD & attached SC	9. Singimari
		10. Malipara
		11. Khoragaon
		12. Kerkhabari
7.	Kirtanpara MPHC & attached SC	13. Balarchar
		14. Golapara Kalibari
		15. Tilpukhuri
8.	Amguri MPHC & attached SC	16. Choto Barjana
		17. Barjana Char
9.	Abhayapuri SD & attached SC	18. Khudra Narikola
		19. Lalmati
		20. Piradhara (no structure)*

Srijangram Block	<ul style="list-style-type: none"> • 1 BPHC with 1 attached SC • 7 MPHC with 6 attached SC • 4 SD with 3 attached SC • 1 CHC • 30 SC 	Total = (54-1) = 53 health centres considered
Sl. No.	Sector	Name of Facility
10.	Pachania MPHC & attached SC	21. Malegarh
11.	Dumerguri MPHC & attached SC	22. Kacharipety
		23. Pahartoli
		24. Ambari
		25. Topgaon
12.	Rangapani SD & attached SC	26. Ghoramara
		27. Nararvita
		28. Moinapara
		29. Boraichala
13.	Lengtisinga MPHC & attached SC	30. Sontoshpur
		31. Nasatra

Note:

- **Not included in the analysis since no structure, not functional, or not under NHM*
- *Total health centres = 26 + 33 + 31 + 54 = 144*
- *Total health centres analyzed = 144 – 7 = 137*

Annexure 2: HDRA Questionnaire

Section A: General information

Survey No.:		Date of Survey:	
Name of Surveyor:			
Name of Respondent:	Affiliation:	Phone no.:	
Name of healthcare centre:		Type:	
		<input type="checkbox"/> District	<input type="checkbox"/> CHC
		<input type="checkbox"/> Model	<input type="checkbox"/> SD
		<input type="checkbox"/> BPHC/PHC	<input type="checkbox"/> SC/HWC
No. of doctors:	No. of nurses:	No. of staff:	No. of beds:
Ambulances: <input type="checkbox"/> Functional <input type="checkbox"/> Non-functional		No. of rooms:	No. of storeys:

Section B: Main questionnaire

Dimension 1: Physical Conditions

Parameter	Indicator	Question	Score
Healthcare buildings	Maintenance & retrofitting	Are regular maintenance/ retrofitting done to the building?	1: Not conducted
			2: Once in 2 years
			3: Once in a year
			4: Once in 6 months
			5: Once in 3 months
	Age of the building	What is the age of the building? (Year of construction)	1: More than 50 years
			2: 40 to 50 years
			3: 20 to 40 years
			4: 10 to 20 years
			5: Less than 10 years
	Demarcation of evacuation route & evacuation area	Are the evacuation routes and evacuation areas demarcated? (In the context of a fire, flood, etc. is there a common assembling point? Evacuation of occupants from the building in case of an emergency and relocation to a safe evacuation area)	1: Not present
			2: Not demarcated
			3: Incorrectly demarcated
			4: Partially demarcated
			5: Well demarcated
	Quality of construction	What is the type of construction of the building? (It is assumed that a more permanent construction type will be more resilient to hazards/ disasters and hence the quality will be higher. To be checked on ground.)	1: Thatch house
			2: CI sheet walls
			3: Assam type/ Ekra house
			4: Confined masonry
			5: RCC
	Degree of damage to buildings	What is the degree of damage to the building due to a hazard/ disaster? (The most recent disaster and the damages caused by the most severe disaster may be noted.)	1: Complete damage
			2: Severe damage
			3: Moderate damage
			4: Slight damage
			5: No damage
Facilities & equipment (Including access road to the buildings)	Quality of inspection	How frequently are the inspection to the facilities and equipment carried out by the authorities?	1: Not conducted
			2: Once in a year
			3: Once in 6 months
			4: Once in 3 months
			5: Monthly
	Degree of damage to facilities & equipment	What is the degree of damages to facilities and equipment due to a hazard/ disaster? (The most recent disaster and the	1: Complete damage
			2: Severe damage
			3: Moderate damage
			4: Slight damage

Parameter	Indicator	Question	Score
	Availability of emergency facilities & equipment	damages caused by the most severe disaster may be noted.)	5: No damage
		How well are the emergency facilities and equipment (relief material kit/ fire extinguisher/ ambulance/ electricity back-up/ emergency safe water) managed in the healthcare centres for usage in the aftermath of a disaster? (Many healthcare facilities do not have power in remote areas and it becomes difficult to store anti-venom and other medicines which requires freezer.)	1: Not available
			2: Poor
			3: Moderate
			4: Good
			5: Available
	Condition of repairing or renewing facilities & equipment immediately after a disaster	How well are the facilities/ equipment repaired or renewed immediately after a disaster? (Access road disruption, overflowing of drains alongside the access road, etc.)	1: Not repaired or renewed
			2: Poor
			3: Moderate
			4: Good
			5: Best
	Availability of environmental protection	What is the availability of environmental protection/ good practices provided to facilities/ equipment within the healthcare centre? (Protection provided through the use of equipment specialized on water pollution control, solid waste handling, energy saving, water saving, etc.)	1: Not available (0%)
			2: Low (11-25%)
			3: Moderate (26-50%)
			4: High (50-75%)
			5: Very high (More than 75%)
Hygiene & environmental conditions	Frequency of environmental protection awareness programs	How frequently are the environmental protection awareness programmes (Swachh Bharat Mission, SWM, Environment Day, Earth Day, etc.) conducted by the staff of the healthcare centres? (The manner in which these programmes are held may be noted – classroom training, plantation drive, verbally, distribution of leaflets, etc.)	1: Not held
			2: Once per year
			3: Twice per year
			4: Four times per year
			5: More than 4 times per year
	Checks on the handling of hazardous materials	How frequently regular checks are conducted on the handling of hazardous materials (specially to prevent health hazards and the spread of an epidemic/ pandemic) by the healthcare centre incharge?	1: Not conducted or Once in 2+ months
			2: Once in 2 months
			3: Monthly
			4: Weekly
			5: Daily
	Quality & safety of food	Describe the quality of the food prepared, handled, and stored for usage? (May be	1: Very low (More than 50%)
			2: Low (31-50%)
			3: Moderate (10-30%) or NA

Parameter	Indicator	Question	Score
		noted from an attendee/ patient. Also note if health hazard like food poisoning has been recorded previously.)	4: High (Less than 10% health hazards or complaints on quality of food reported)
			5: Very high (Well executed food safety plan in place)
	Quality of medical waste management system	How well is the medical waste collected, disposed, and managed? (Segregation means 4 bucket system)	1: System absent (No segregation and no pits)
			2: Poor (Partial segregation done; No pits)
			3: Moderate (Segregation done; Pits inadequate) (No segregation; Pits present)
			4: Good (Segregation done; pits present)
			5: Functional system present (Segregation done; waste treatment; pits present)
	Quality of WASH services	How well are the WASH (Water, Sanitation, & Hygiene) services handled? (Running water in the toilets, clean and functional toilets, handwashing facilities, fogging done for mosquito control, spraying of insecticide on mosquito nets to control malaria vector, etc.)	1: Inadequate
			2: Poorly managed
			3: Moderately managed
			4: Well managed, Disrupted during disaster
			5: Well managed, Resilient during disaster

Dimension 2: Human Resources

Parameter	Indicator	Question	Score
Doctors, nurses, & staff (Doctors → Medical officer, CHO; Nurses → GNM, ANM, MPW, SW, ASHA Supervisor, ASHA; Staff → Pharmacist, Lab Technician, Cleaning & Sweeping staff)	Severity of the impact of the disaster	How severe is the impact of the disaster on the doctors, nurses, and staff?	1: Very high (More than 75%)
			2: High (51-75%)
			3: Moderate (26-50%)
			4: Low (11-25%)
			5: Very low Less than 10%
	Degree of hazard/ disaster related awareness	What is the degree of hazard/ disaster related proper knowledge and awareness amongst the doctors, nurses, and staff?	1: Very low Less than 10%
			2: Low (11-25%)
			3: Moderate (26-50%)
			4: High (51-75%)
			5: Very high (More than 75%)
	Frequency of hazard/ disaster related training	What is the frequency of hazard/ disaster related training (handling of fire extinguishers, training in advance CPR, etc.) conducted for awareness and preparedness?	1: Not conducted
			2: Once in five years or less
			3: Once in two years
			4: Once in a year
			5: Once in 6 months
	Degree of participation in hazard/ disaster related training	What is the degree of participation in hazard/ disaster related training?	1: Very low Less than 10%
			2: Low (11-25%)
			3: Moderate (26-50%)
			4: High (51-75%)
			5: Very high (More than 75%)
	Quality of sharing healthcare disaster management plan/ manual	How well are the healthcare disaster management plan/ manual shared with the doctors, nurses, and staff?	1: No sharing
			2: Low
			3: Medium
			4: High

Parameter	Indicator	Question	Score
		(What kind of IEC material are shared?)	5: Very high
Manpower management	Absenteeism	What is the % of absenteeism of the doctors, nurses, and staff due to a disaster? (Absenteeism here means absent from the centre but working on field)	1: More than 75% absenteeism
			2: 51-75%
			3: 26-50% or On Field
			4: 11-25%
			5: Upto 10%
	Preparedness	What % of the doctors, nurses, and staff are trained in handling of fire extinguishers, advance CPR, swimming, etc.?	1: No awareness (Less than 10%)
			2: Low (11-25%)
			3: Moderate (26-50%)
			4: High (51-75%)
			5: Very high (More than 75%)
	Appointment	What % of the doctors, nurses, and staff are permanent and regular?	1: All are contractual
			2: More than 50% contractual
			3: 50% regular, 50% contractual
			4: More than 50% regular
			5: All are regular
	Staffing	What % of the doctors, nurses, and staff are deployed to the relief camps to provide service during a disaster? (What is the alternative staffing option when staff is deployed to relief camps?)	1: Less than 10%
			2: Low (10-20%)
			3: Moderate (26-50%)
			4: High (51-75%)
			5: More than 75%
	Incentives	What % of the doctors, nurses, and staff receive incentives to cope from losses from the concerned healthcare centre or health department in the event of a disaster?	1: Less than 10%
			2: 10-20%
			3: 21-40%
			4: 41-50%
			5: More than 50%
Community (This section will be interviewed to the communities around the respective healthcare centres. Communities can act as first responders and their knowledge can help facilitate the nearby healthcare centre during a disaster.)	Frequency of hazard/ disaster related awareness meetings	What is the frequency of the hazard/ disaster related awareness meetings of the community with the healthcare centre incharge? (Modes of the awareness meetings, Who from the community attends it? Challenges faced)	1: Not conducted
			2: Once in a year
			3: Once in 6 months
			4: Once in 3 months
			5: Monthly
	Quality of hazard/ disaster related training	How well are the trainings related to hazard/ disaster conducted to make the community people aware and prepared? (Frequency of the trainings, Who attends it? Who conducts it? Challenges faced)	1: Not conducted
			2: Leaflet distribution
			3: Demonstration given
			4: Well conducted
			5: Well conducted and follow-ups done
	Degree of participation in the healthcare & disaster management activities	What is the degree of participation of community people in the healthcare & disaster management activities? (Type of DRM activities conducted, Who conducts it? How frequently?)	1: No participation
			2: Low
			3: Moderate
			4: High
			5: Very high

Parameter	Indicator	Question	Score
		Challenges faced) (Activities are generally related to public health)	
		Quality of sharing healthcare disaster management plan/ manual	1: No sharing
			2: Low
			3: Medium
			4: High
			5: Very high
		Quality of emergency notification system for early warning	1: System absent
			2: Poor (Less than 24 hours)
			3: Moderate (3 days prior)
			4: High (5 days prior)
			5: Best (Intimation 7 days prior)

Dimension 3: Institutional Conditions

Parameter	Indicator	Question	Score
Planning	Availability of disaster management plan & integration with healthcare disaster management plan	How well are the disaster management plan and healthcare disaster management plan integrated? (Availability of healthcare disaster management plan)	1: Not available or integrated
			2: Poor
			3: Moderate
			4: High
			5: Available and integrated
	Incorporation of hazard/ disaster related planning regulations/ SOPs in the healthcare centre	How well are the hazard/ disaster related planning regulations/ SOPs incorporated in the healthcare centre? (COVID-19 SOPs were shared)	1: Not incorporated
			2: Poor
			3: Moderate
			4: High
			5: Best
	Space segregation in healthcare designing & planning	How efficiently are the spaces/ wards demarcated in the healthcare centre to plan and manage biological hazard and other disasters like floods? (Demarcation of spaces/ ward in the context of COVID-19 and floods simultaneously)	1: Not segregated
			2: Poor
			3: Moderate
			4: High
			5: Very well segregated
			1: Not defined

Parameter	Indicator	Question	Score
	Role of relevant stakeholder in healthcare disaster management plan	How well are the roles of each stakeholder (doctors, nurses, staff, health officials, and community people) defined for smooth coordination of the healthcare disaster management activities? (Contingency plan during floods)	2: Poor 3: Moderate 4: High 5: Best
	Availability of alternate facility	How well are the local authorities prepared for operating alternate facilities in case of damage to the healthcare building during a disaster? (Alternate facilities can mean a different location/ building where the healthcare services are provided since the building in question is disrupted)	1: Not prepared 2: No other provision has been found although searched for 3: There is provision for designating an alternate location for a makeshift healthcare centre/ relief camp or NA 4: There is provision for designating an alternate building 5: Alternate location/ building already designated if the healthcare building is disrupted
Management	Managing early warning system	How well equipped is the healthcare centre in managing the activities when early warning is notified for an ensuing disaster?	1: Not equipped 2: Low 3: Moderate 4: High 5: Very well equipped
	Dissemination of disaster/ hazard related information	How well equipped is the healthcare centre in disseminating relevant disaster/ hazard related information (such as where to go, where are the exit doors located, etc.) to the people present at the centre for early action? (Presence of signages at appropriate locations in the healthcare centre)	1: Not equipped 2: Low 3: Moderate 4: High 5: Very well equipped
	Implementation of disaster management activities	How well are the disaster management activities (capacity building/ training of the doctors, nurses, and staff) implemented in the healthcare centre?	1: No implementation 2: Poor 3: Moderate 4: High 5: Very well implemented
	Mass casualty management	How well prepared is the healthcare centre to handle situations of a mass casualty?	1: Not prepared 2: Poor 3: Moderate 4: High 5: Very well prepared
	Managing disaster management activities	How well equipped is the incident responder in managing/ reporting the disaster situation in the community? (Who is the first person/ team to reach the disaster location and	1: Not equipped 2: Poor 3: Moderate 4: High 5: Very well equipped

Parameter	Indicator	Question	Score
		effectiveness of their training?)	
Budget allocation	Budget for disaster management activities	How much of the budget is spent towards disaster management activities (preparedness, mock drill, etc.)? (Total amount allocated to the healthcare centre, who manages it, who allocates it)	1: Does not exist
			2: Close to negligible
			3: Small share is allotted
			4: Moderate share is allotted
			5: Considerable portion is allotted
	Budget to collaborate with external agencies	How much of the budget is spent towards collaborating with external agencies (NGOs, multi-lateral agencies, etc.)?	1: Does not exist
			2: Close to negligible
			3: Small share is allotted
			4: Moderate share is allotted
			5: Considerable portion is allotted
	Budget for repairing & renewing facilities & equipment	How much of the budget is spent towards repairing and renewing facilities and equipment? (Untied fund)	1: Does not exist
			2: Close to negligible
			3: Small share is allotted
			4: Moderate share is allotted
			5: Considerable portion is allotted
	Budget for monitoring facilities & equipment	How much of the budget is spent towards monitoring facilities and equipment? (Untied fund)	1: Does not exist
			2: Close to negligible
			3: Small share is allotted
			4: Moderate share is allotted
			5: Considerable portion is allotted
	Budget for supporting community	How much of the budget is spent towards supporting community? (Specially-abled, pregnant women, untied fund is used to employ cleaning staff from the community)	1: Does not exist
			2: Close to negligible
			3: Small share is allotted
			4: Moderate share is allotted
			5: Considerable portion is allotted

Dimension 4: Social Relationships

Parameter	Indicator	Question	Score
Collaboration	Frequency of meetings with the health officials	What is the frequency of meetings of the health centres with the health officials?	1: Not conducted
			2: Once in a year
			3: Once in 6 months
			4: Once in 3 months
			5: Monthly
	Frequency of meetings with public organizations	What is the frequency of meetings of the health centres with public organizations (NGOs, multi-lateral agencies, etc.)?	1: Not conducted
			2: Once in a year
			3: Once in 6 months
			4: Once in 3 months
			5: Monthly
	Quality of intra & inter-healthcare centre communication & dependency system	How coordinated are the different health centres in the district to strengthen their resilience? (This will help the healthcare facilities who do not have the resources – pathology lab, X rays, outsourcing staff, etc.)	1: No coordination
			2: Low
			3: Moderate
			4: High
		How well does the local government coordinate to	5: Very well coordinated
			1: No coordination
			2: Low

Parameter	Indicator	Question	Score
	Notification of early warning system from the local government	notify the health centres of an ensuing disaster?	3: Moderate
			4: High
			5: Very well coordinated
	Quality of collaboration with the local government	How coordinated are the collaborations between the health centres and the local government/ gram panchayat?	1: No coordination
			2: Low
			3: Moderate
Relationship between the healthcare centres & the communities	Distance of the healthcare centre from the village	What is the distance between the healthcare facilities and the village/settlements?	4: High
			5: Very well coordinated
			1: More than 15 Km
			2: 10 to 15 Km
			3: 5 to 10 Km
	Distance of the healthcare centre from the school/ community centre	What is the distance between the healthcare facilities and the schools/ community centres (also used as emergency shelter/ relief camp)?	4: 1 to 5 Km
			5: Less than 1 Km
			1: More than 15 Km
			2: 10 to 15 Km
			3: 5 to 10 Km
	Degree of participation of the healthcare centre in CBDRM	What is the degree of participation of the healthcare facilities in CBDRM?	4: 1 to 5 Km
			5: Less than 1 Km
			1: No participation
			2: Poor
			3: Moderate
	Degree of support from community-based organizations/ NGOs	What is the degree of support received by the healthcare facilities and the community people from the community-based organizations/ NGOs?	4: High
			5: Best with focus on CCA & DRR
			1: No support
			2: Poor
			3: Moderate
Fund mobilization	Fund from national government	How well does the healthcare centre mobilise fund from the national government? (NHM, Ayushman Bharat)	4: High
			5: Best
	Fund from local government	How well does the healthcare centre mobilise fund from the local government/ gram panchayat?	1: No support
			2: Poor
			3: Moderate
	Local fund from community people	How well does the healthcare centre mobilise local fund from the community people?	4: High
			5: Best
	Fund from other organizations	How well does the healthcare centre mobilise fund from other organizations (CSR, NGOs, etc.)?	1: No support
			2: Poor
			3: Moderate
			4: High
			5: Best
			1: No allocation

Parameter	Indicator	Question	Score
	Mobilizing budget for disaster management activities	How well does the healthcare centre mobilise fund for disaster management activities?	2: Poor 3: Moderate 4: High 5: Best

Dimension 5: Natural Conditions

Parameter	Indicator	Question	Score
Severity of natural hazards	Earthquake	How severe are the earthquake tremors that have been experienced so far? (Assam lies in Seismic Zone V and experiences frequent tremors. The latest one shook Assam in April 2021 – 6.4M. Previous major earthquakes occurred in 1950 & 1897).	1: Very high
			2: High
			3: Moderate
			4: Low
			5: Not severe
	Flood	How severe are the floods (riverine/ urban) that have been experienced so far? (87 villages in Bongaigaon district were affected during the June 2022 floods).	1: Very high
			2: High
			3: Moderate
			4: Low
			5: Not severe
	River erosion	How severe are the river erosion that have been experienced so far? (Aai River in Bongaigaon district washed away 135 houses).	1: Very high
			2: High
			3: Moderate
			4: Low
			5: Not severe
	Landslides	How severe are the landslides that have been experienced so far?	1: Very high
			2: High
			3: Moderate
			4: Low
			5: Not severe
	Heat wave/ Storm	How severe are the heat waves that have been experienced so far?	1: Very high
			2: High
			3: Moderate
			4: Low
			5: Not severe
Frequency of natural hazards	Earthquake	How frequent are the earthquake tremors that have been experienced so far?	1: Very high: Monthly
			2: High; Once in three months
			3: Moderate; twice a year
			4: Low; Yearly
			5: Not frequent
	Flood	How frequent are the floods (riverine/ urban) that have been experienced so far?	1: Very high: Monthly
			2: High; Once in three months
			3: Moderate; Twice a year
			4: Low; Yearly
			5: Not frequent
	River erosion	How frequent are the river erosion that have been experienced so far?	1: Very high: Monthly
			2: High; Once in three months
			3: Moderate; Twice a year
			4: Low; Yearly
			5: Not frequent
	Landslides	How frequent are the landslides that have been experienced so far?	1: Very high: Monthly
			2: High; Once in three months
			3: Moderate; Twice a year
			4: Low; Yearly

Parameter	Indicator	Question	Score
			5: Not frequent
	Heat wave/ Storm	How frequent are the heat waves that have been experienced so far?	1: Very high: Monthly 2: High; Once in three months 3: Moderate; Twice a year 4: Low; Yearly 5: Not frequent
Surrounding environment	Risks around the healthcare centre	How well does the healthcare centre manage risks around the area and strengthen its resilience? (Including risks from snake bite, dog bite, malaria, Japanese Encephalitis, skin diseases, etc.)	1: Not managed
			2: Poor
			3: Moderate
			4: High
			5: Very well managed
	Distance of the healthcare centre from the water body	What is the distance between the healthcare centre and the river/ pond?	1: Less than 1 Km
			2: 1 to 5 Km
			3: 5 to 10 Km
			4: 10 to 15 Km
			5: More than 15 Km
	Distance of the healthcare centre from hazardous locations	What is the distance between the healthcare centre and the hazardous locations (landfill, refinery, paper mill, brick kiln, etc.)?	1: Less than 1 Km
			2: 1 to 5 Km
			3: 5 to 10 Km
			4: 10 to 15 Km
			5: More than 15 Km
	Distance of the healthcare centre from the police/ fire station	What is the distance between the healthcare centre and the police/ fire station?	1: More than 15 Km
			2: 10 to 15 Km
			3: 5 to 10 Km
			4: 1 to 5 Km
			5: Less than 1 Km
	Distance of the healthcare centre from the major transportation terminals/ stops	What is the distance between the healthcare centre and the major transportation terminals/ stops?	1: More than 15 Km
			2: 10 to 15 Km
			3: 5 to 10 Km
			4: 1 to 5 Km
			5: Less than 1 Km

Annexure 3: Health block-wise scores of the five dimensions

Boitamari Block

BPHC_Name	HI_Name	HI_Categor	Overall	Physical	Human Resources	Institutional	Social Relationships	Natural Conditions
Botamari BPHC	BARIGHATA SC	Sub Centre	2.77	3.00	2.42	2.13	2.18	4.13
Botamari BPHC	BOITAMARI MPHC	MPHC	2.90	3.13	2.37	2.27	2.55	4.20
Botamari BPHC	BORIGHOLA SC	Sub Centre	2.99	3.20	2.80	2.47	2.35	4.13
Botamari BPHC	DHAKNADARI SC	New Sub Center	2.81	2.87	2.28	2.27	2.25	3.80
Botamari BPHC	JALAKHATA SC	Sub Centre	2.89	3.20	2.63	2.13	2.57	3.93
Botamari BPHC	JOGIGHOPA SC	Sub Centre	2.61	2.53	2.17	2.00	2.00	3.87
Botamari BPHC	KABAITARI SC	New Sub Center	2.72	2.87	2.10	1.93	2.85	3.87
Botamari BPHC	KHALIAPARA SC	New Sub Center	2.73	2.60	2.55	2.47	2.65	3.40
Botamari BPHC	KUMARKATA SC	Sub Centre	2.59	3.07	1.99	1.87	1.98	4.07
Botamari BPHC	NORTH BOITAMARI SC	Sub Centre	2.92	3.27	2.22	2.20	2.65	4.27
Botamari BPHC	PACHAGAON SC	Sub Centre	2.77	3.40	2.07	2.13	2.07	4.20
Botamari BPHC	SANKARGHOLA SC	Sub Centre	2.64	3.20	2.40	2.20	2.48	3.93
Botamari BPHC	BOITAMARI MODEL HOSPITAL	Model Hospital	3.30	4.00	2.77	2.60	2.72	4.22
Botamari BPHC	BISHNUPUR SD	SD	3.15	3.47	2.73	2.67	2.93	3.93
Botamari BPHC	CHALANTAPARA MPHC	MPHC	3.04	3.67	2.23	2.20	3.10	4.00
Botamari BPHC	CHANTOLA MPHC	MPHC	2.60	3.00	1.90	2.00	2.22	3.87
Botamari BPHC	KACHUDOLA MPHC	MPHC	2.89	3.30	2.38	1.80	2.02	4.27
			2.84	3.15	2.38	2.21	2.61	3.99

Manikpur Block

BPHC_Name	HI_Name	HI_Categor	Overall	Physical	Human Resources	Institutional	Social Relationships	Natural Conditions
Manikpur BPHC	MANIKPUR MODEL HOSPITAL	Model Hospital	3.65	4.07	2.75	3.47	3.52	4.47
Manikpur BPHC	AOLAGURI SC	Sub Centre	2.85	3.20	2.77	2.20	2.33	3.73
Manikpur BPHC	BARBILA SC	Sub Centre	2.82	2.80	2.43	2.20	2.48	4.20
Manikpur BPHC	BASHBARI PT II SC	Sub Centre	2.67	2.40	2.53	2.53	2.55	3.33
Manikpur BPHC	BASHBARI PT IV SC	Sub Centre	2.73	3.73	1.73	1.80	2.12	4.27
Manikpur BPHC	BRIDHABASHI SC	Sub Centre	2.51	2.73	2.13	2.13	2.10	3.47
Manikpur BPHC	CHOWRAGURI SC	Sub Centre	2.77	3.13	2.08	2.07	2.42	4.13
Manikpur BPHC	DHUPURI NO 2 SC	Sub Centre	2.78	2.93	2.55	1.87	2.47	4.00
Manikpur BPHC	GORAIMARI SC	Sub Centre	2.77	3.13	2.30	2.00	2.40	4.00
Manikpur BPHC	HAPACHARA SC	Sub Centre	2.71	2.93	2.22	2.00	2.38	4.00
Manikpur BPHC	JAMDAHA PT II SC	Sub Centre	2.84	2.73	2.75	2.47	2.93	3.33
Manikpur BPHC	KUSHLAIGURI SC	Sub Centre	3.06	3.60	2.72	2.47	2.40	4.13
Manikpur BPHC	MANIKPUR BPHC	MPHC	3.24	3.53	2.07	2.73	3.38	4.47
Manikpur BPHC	MOUTARA SC	Sub Centre	2.74	3.13	2.08	2.07	2.33	4.07
Manikpur BPHC	NACHONGURI NO 3 SC	Sub Centre	2.41	2.28	2.30	2.13	2.48	2.87
Manikpur BPHC	NOWAPARA SC	Sub Centre	2.87	2.87	2.60	2.47	2.53	3.87
Manikpur BPHC	PATKATA NO 2 SC	Sub Centre	2.71	2.87	2.47	2.13	2.37	3.73
Manikpur BPHC	SALABILA NO 2 SC	Sub Centre	2.83	3.73	2.50	1.80	2.12	4.00
Manikpur BPHC	SALABILA SC	Sub Centre	3.10	3.53	2.55	2.33	3.27	3.80
Manikpur BPHC	SONAIKHOLA SC	Sub Centre	2.65	2.80	2.45	2.07	2.25	3.67
Manikpur BPHC	BHANDARA CHAR PHC	Riverine PHC	2.91	3.40	2.42	2.60	2.12	4.00
Manikpur BPHC	DOMPARA MPHC	MPHC	3.11	3.60	2.62	2.67	2.62	4.07
Manikpur BPHC	FAGUNAGAON MPHC	MPHC	2.89	3.13	2.48	2.40	2.75	3.67
Manikpur BPHC	JHAWBARI SD	SD	2.96	2.87	2.62	2.53	2.93	3.87
Manikpur BPHC	PATILADAH MPHC AND	MPHC	3.20	3.80	2.97	2.80	2.48	3.93
			2.87	3.16	2.44	2.32	2.55	3.88

Bongaigaon Block

HI_Name	HI_Categor	Overall	Physical	Human_Resource	Institutional	Social	Natural_Condition
BAGULAMARI SC	New Sub Center	2.16	2.33	1.78	1.6	1.8	3.27
BHAKARIMITA SC	Sub Centre	2.58	3.13	1.87	2.07	1.98	3.87
BIDYAPUR MPHC AND ATTACHED SC	PHC	3.54	4.13	3.23	3.27	2.87	4.2
BORPATHAR SC	New Sub Center	2.74	2.8	2.63	1.93	2.05	4.27
CHAPRAKATA MPHC AND ATTACHED SC	PHC	2.55	2.47	2.22	2.13	2.12	3.8
CHIPANSILA PHC AND ATTACHED SC	PHC	3.24	4	2.78	2.6	2.93	3.87
EKRABARI SC	Sub Centre	3.02	3.2	2.68	2.2	3.02	4
GHANDAL SC	Sub Centre	2.24	2.33	1.75	1.67	1.87	3.6
JELKAJHAR SC	New Sub Center	2.41	2.8	1.85	1.8	1.92	3.67
KATASHBARI SC	Sub Centre	2.5	3	2.08	1.87	1.77	3.8
KHAGARPUR MPHC AND ATTACHED SC	PHC	2.92	3.4	2.77	2.27	1.97	4.2
KHARIJA DOLAIGAON S MAJGAON SD AND ATTACHED SC	New Sub Center	2.44	2.73	2.02	2.27	1.97	3.2
MAMUGAON SC	SD	3.14	3.4	2.55	2.33	3.13	4.27
MESPARA SC	Sub Centre	2.4	2.87	1.95	1.67	1.83	3.67
MESPARA SC	Sub Centre	2.33	2.6	2.27	1.6	1.7	3.47
MULAGAON PHC AND ATTACHED SC	PHC	3.27	3.87	2.72	2.87	2.63	4.27
NANKARGAON SC	New Sub Center	2.24	2.6	1.7	1.53	1.72	3.67
NAYAGAON SC	Sub Centre	2.52	3	2.08	1.87	1.85	3.8
PANCHAPUR SC	Sub Centre	3.15	3.93	2.55	2.6	2.48	4.2
POPRAGAON SC	Sub Centre	2.06	2.07	1.7	1.2	1.93	3.4
RAVAPARA SC	Sub Centre	2.41	3.27	1.7	1.73	1.62	3.73
BONGAIGAON BPHC	PHC	3.27	3.73	2.55	2.87	3.08	4.13
DISTRICT HOSPITAL	District Hospital	3.67	4.27	3.27	3.13	3.43	4.27
SOUTH BONGAIGAON	Sub Centre	2.34	1.93	1.98	1.73	2.13	3.93
BHATIPARA SC	Sub Centre	2.64	2.87	2.13	1.93	2.12	4.13
BHWALAGURI UHC	PHC	3.43	4	2.58	2.6	3.67	4.6
		2.74	3.11	2.28	2.13	2.29	3.90

Srijangram Block

HI_Name	HI_Categor	Overall	Physical	Human_Reso	Institutio	Social	Natural
ABHAYAPURI SD AND ATTACHED SC	SD	3.71	4.07	3.22	3.6	3.42	4.27
AMBARI SC	Sub Centre	2.79	3.07	2.07	2.4	2.28	4.13
AMGURI MPHC AND ATTACHED SC	MPHC	3.04	3.47	2.6	2.67	3.07	3.4
BALARCHAR SC	New Sub Center	2.86	3.27	2.62	2.2	2.7	3.53
BANGLAPARA SC	Sub Centre	2.61	2.67	2.48	2.13	2.42	3.33
BARAICHALA SC	Sub Centre	3.11	3.27	2.87	2.87	3	3.53
BARJANA CHAR SC	Sub Centre	2.95	3	2.27	2.73	2.87	3.87
CHAKLA KOKILA SC	Sub Centre	3.52	4.13	3.35	3.27	2.98	3.87
CHARIPUNIA SC	Sub Centre	2.28	2.4	1.85	1.67	1.87	3.6
CHOTO BARJANA SC	New Sub Center	3.1	3.73	2.78	2.8	2.65	3.53
DARKINAMARI SC	Sub Centre	2.72	2.87	2.1	1.93	2.85	3.87
DUBACHURI SC	New Sub Center	2.62	2.8	2.53	2.13	2.43	3.2
DUMERGURI MPHC AND ATTACHED SC	MPHC	3.07	3.33	2.8	2.67	3	3.53
GHORAMARA SC	New Sub Center	2.74	3.27	2.33	1.93	2.55	3.6
GOLAPARA KALIBARI SC	Sub Centre	2.99	3.27	2.75	2.53	2.98	3.4
KACHARIPETY SC	Sub Centre	2.95	3	2.27	2.73	2.87	3.87
KAKAIJANA SC	Sub Centre	2.74	2.8	2.63	1.93	2.05	4.27
KERKHABARI SC	Sub Centre	2.74	3.27	2.22	1.93	2.28	4
KHORAGAON SC	Sub Centre	2.91	3.47	2.42	2.33	2.13	4.2
KHUDRA NARIKOLA SC	Sub Centre	2.69	2.87	2.07	1.93	2.5	4.07
KIRTANPARA MPHC AND ATTACHED SC	MPHC	3.21	3.8	2.7	2.73	2.83	4
KOKILA BAZAR SC	Sub Centre	2.8	3.2	2.2	2.53	2.27	3.8
LALMATI SC	Sub Centre	2.97	3.07	2.67	2.53	2.7	3.87
LENGTISINGA SC	Sub Centre	3.51	4.07	3.15	3.07	3.33	3.93
MAINAPARA SC	New Sub Center	3.11	3.27	2.87	2.87	3	3.53
MALEGARH SC	Sub Centre	2.7	3.2	2.2	2.2	2.12	3.8
MALIPARA SC	New Sub Center	2.93	3.4	2.53	2.2	2.3	4.2
NARARVITA SC	New Sub Center	2.54	2.8	2.13	2	2.1	3.67
NASATRA SC	Sub Centre	2.56	2.8	2.13	1.87	2.25	3.87
NORTH NUMBERPARA SC	Sub Centre	2.84	3.07	2.85	2.67	2.35	3.27
NORTH SALMARA SC	Sub Centre	3.14	3.4	2.55	2.33	3.13	4.27
PACHANIA MPHC AND ATTACHED SC	MPHC	2.72	3.07	2.3	2.73	2.22	3.27
PAHARTOLI SC	Sub Centre	2.81	3.33	2.13	2.27	2.32	4
RANGAPANI SC	Sub Centre	3.03	3.47	2.62	2.73	2.68	3.67
SANTOSH PUR SC	Sub Centre	3.11	3.27	2.87	2.87	3	3.53
SIDALSATI MPHC AND ATTACHED SC	Sub Centre	3.44	3.53	3.28	3.07	3.38	3.93
SINGIMARI SC	Sub Centre	2.61	2.53	2.17	2	2.5	3.87
SRIJANGRAM BPHC AND ATTACHED SC	BPHC	3.64	4.07	3.45	3.47	3.07	4.13
TILPUKHURI SC	Sub Centre	2.93	3.2	2.53	2.53	2.87	3.53
TOPGAON SC	New Sub Center	3.11	3.27	2.87	2.87	3	3.53
MERECHAR RPHC	PHC	2.78	3	2.28	2.47	2.63	3.53
SANTAPARA SC	Sub Centre	2.72	2.87	2.1	1.93	2.85	3.87
ABHAYAPURI CHC	CHC	3.71	4.07	3.22	3.6	3.42	4.27
		2.95	3.25	2.56	2.51	2.67	3.78

Annexure 4: Parameters for assessing mother and child health

- Anti-natal check-up (ANC)
 - High risk pregnancy women identification
 - Check-up for deficiency of haemoglobin, vitamin, etc.
 - Ultrasonography
 - Blood pressure check-up
 - Timely referral
- Birth micro planning
 - Where should she deliver?
 - How will she go?
 - When will she go?
 - Check-up after delivery
 - During flood what challenges are faced? Is there an action plan for dealing with those?
- How many mother/ child deaths were reported in the health centre due to lack of services especially during a disaster? (In the last year/ From April 2022 onwards) What is the reason for the increase or decrease in these deaths?

Annexure 5: Block wise mother and child health information

Boitamari Block

Health centre name	Presence of Anti-natal checkup (ANC) High risk pregnancy women identification, Checkup for deficiency of hemoglobin, vitamin, etc. Ultrasonography, Blood pressure checkup, Timely referral	Birth micro planning (Where should she deliver? How will she go? When will she go? Check-up after delivery, During flood what challenges are faced, Is there an action plan for dealing with those?)	How many mother/child deaths were reported in the healthcare center due to lack of services especially during a disaster?	Is there the facility of deliveries?
Boitamari Model Hospital	✓	✓	0	Yes
Boitamari PHC att SC	✓	✓	0	Yes
Barkhata	✓			
North Boitamari				
Dhaknabari				
Khaluapara	✓	✓	0	Yes
Bishnupur SD att SC	✓	✓	1 CDR (Reported but not in the centre)	Yes
Sankarghola				
Borghola	✓	✓	0	Yes
Kumarkata	✓	✓	0	Yes
Dhantola MPHC att SC	✓		0 (As there is no delivery service)	No
Pachagagon	✓			
Jalakhata				
Chalantapara MPHC att SC				
Jogighopa				
Kabaitari				
Kachudola MPHC att SC				

Manikpur Block

Health centre name	Presence of Anti-natal checkup (ANC) High risk pregnancy women identification, Checkup for deficiency of hemoglobin, vitamin, etc. Ultrasonography, Blood pressure checkup, Timely referral	Birth micro planning (Where should she deliver? How will she go? When will she go? Check-up after delivery, During flood what challenges are faced, Is there an action plan for dealing with those?)	How many mother/child deaths were reported in the healthcare center due to lack of services especially during a disaster?	Is there the facility of deliveries?
Manikpur Model Hospital	✓	✓	0	Yes
Aolaguri	✓		0	Yes
Barbila	✓		1 (Reported outside as there is no delivery service)	No
Bashbari 2				
Bashbari 4	✓		0	Yes
Bridhabashi				
Chouraguri	✓	✓	1 CDR (Reported but not in the centre)	Yes
Dhupuri 2	✓		0	No
Goraimari	✓		0	Yes
Hapachara	✓		0	Yes
Jamdaha 2	✓		0 (As there is no delivery service)	No
Kushlaiguri	✓		0	Yes
Manikpur BPHC att SC	✓	✓	1 CDR (3 years ago)	Yes
Moutara				
Nachonguri 3	✓		0	Yes
Nowapara	✓	✓	1 CDR (Outside the centre while transferring to Guwahati Hospital)	No
Patkata 2	✓		0	No
Salabila 2	✓		0	No
Salabila	✓		0	No
Sonaikhola	✓	✓	0	Yes
Bhandara RPHC	✓		0	Yes
Dompara MPHC att SC	✓	✓	1 CDR (While transferring to other hospital)	Yes

Bongaigaon Block

Health centre name	Presence of Anti-natal checkup (ANC) High risk pregnancy women identification, Checkup for deficiency of hemoglobin, vitamin, etc. Ultrasonography, Blood pressure checkup, Timely referral	Birth micro planning (Where should she deliver? How will she go? When will she go? Check-up after delivery, During flood what challenges are faced, Is there an action plan for dealing with those?)	How many mother/child deaths were reported in the healthcare center due to lack of services especially during a disaster?	Is there the facility of deliveries?
Bagulamari	✓	✓	0	Yes
Bhakarivita	✓		0	Yes
Bidyapur MPHC att SC	✓	✓	0	Yes
Borpathar	✓		0	
Chaprakata MPHC att SC		✓	0	
Chipansila MPHC att SC	✓		0	
Ekrabari	✓		0	Yes
Ghandal	✓		0	No
Jelkajhar	✓		0	Yes
Katashbari	✓	✓	0	Yes
Khagarpur MPHC	✓	✓	0	Yes
Kharija Dolaigaon	✓	✓	0	
Majgaon SD att SC	✓	✓	0	Yes
Mamugaon	✓		0	No
Mespara	✓	✓	0	Yes
Mulagaon MPHC	✓		0	Yes
Nankargaon				
Nayagaon	✓			
Panchapur	✓			
Popragaon	✓			
Ravapara	✓			
Bongaigaon BPHC att SC	✓	✓		
District Hospital	✓			
South Bongaigaon	✓			
Bhatipara	✓			
Bagulamari	✓			

Srijangram Block

Health centre name	Presence of Anti-natal checkup (ANC) High risk pregnancy women identification, Checkup for deficiency of hemoglobin, vitamin, etc. Ultrasonography, Blood pressure checkup, Timely referral	Birth micro planning (Where should she deliver? How will she go? When will she go? Check-up after delivery, During flood what challenges are faced, Is there an action plan for dealing with those?)	How many mother/ child deaths were reported in the healthcare center due to lack of services especially during a disaster?	Is there the facility for deliveries?
Abhayapuri SD And Attached SC	✓	✓	0	No
Abhayapuri CHC	✓	✓	0	Yes
Ambari Sc	✓	✓	0	Yes
Amguri Mphc And Attached Sc	✓	✓	1 (child death due to floods)	Yes
Balarchar Sc		✓	0	Yes
Banglapara Sc	✓	✓	0	Yes
Baraichala Sc		✓	0	Yes
Barjana Char Sc	✓	✓	0	Yes
Chakla Kokila Sc	✓	✓	0	Yes
Charipunia Sc	✓	✓	0	Yes
Choto Barjana Sc	✓	✓	0	Yes
Darkinamari Sc	✓	✓	0	Yes
Dubachuri Sc	✓	✓	0	No
Dumerguri Mphc And Attached Sc	✓	✓	0	Yes
Ghoramara Sc	✓	✓	0	Yes
Golapara Kalibari Sc	✓	✓	0	Yes
Kacharipety Sc	✓	✓	0	Yes
Kakaijana Sc	✓	✓	0	Yes

Kerkhabari Sc	✓	✓		Yes
Khoragaon Sc	✓	✓		Yes
Khudra Narikola Sc	✓	✓		Yes
Kirtanpara Mphc And Attached Sc	✓	✓		Yes
Kokila Bazar Sc	✓	✓		Yes
Lalmati Sc	✓	✓		Yes
Lengtisinga Sc	✓	✓		Yes
Mainapara Sc	✓	✓		Yes
Malegarh Sc	✓	✓		Yes
Malipara Sc	✓	✓		Yes
Mererchar	✓	✓		Yes
Nararvita Sc	✓	✓		Yes
Nasatra Sc	✓	✓		Yes
North Numberpara Sc	✓	✓		Yes
North Salmara Sc	✓	✓		No
Pachania Mphc And Attached Sc	✓	✓		Yes
Pahartoli Sc	✓	✓		Yes
Rangapani Sc	✓	✓		Yes
Santapara	✓	✓		
Santoshpur Sc	✓	✓		Yes
Sidalsati Mphc And Attached Sc	✓	✓		Yes
Singimari Sc	✓	✓		Yes
Srijangram Bphc And Attached Sc	✓	✓		Yes
Tilpukhuri Sc	✓	✓		Yes
Topgaon Sc	✓	✓		Yes