



Women in Relief Camps

Assam floods

Theme: **Design for Crisis**

Rebuild and heal the world with design

<06.08.2022 and India>

Team



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About Assam Floods

Assam is a flood and erosion prone state in the Brahmaputra basin in Northeast India. Since 1954 the state has withstood 13 devastating floods*, this year being no exception. 2022 floods came in two waves*, initial flooding started in May 2022 (due to pre-monsoon showers). As on June 17, 8 rivers are flowing above high flood level and 3 above danger level in the state*. 2,930 villages have been impacted by flood incidents, including approximately 1.9 million people, over 100,000 of which are taking shelter in 373 relief camps. Estimates from field officials say 1/10 of the women in these camps are either pregnant or lactating*.

These relief camps face issues like lack of food and water, hundreds of people sharing a single toilet, lack of menstrual hygiene facilities, lack of firewood, etc.

People of Assam

Majority of Assam's people live in rural areas. Hindus, occupying 61.47 percent of the population, form a majority in the state of Assam. 18 out of 27 districts in Assam are followers of Hinduism. The Muslims, comprise of 34.22 percent of the population while the Christian population is 3.74 percent. (census 2011)

Problem Identified

PROBLEM DESCRIPTION

Nutrition, health, hygiene and sanitation for pregnant and lactating women, in relief camps, in the flood prone areas of Assam.

Relief camps in Assam lack basic amenities like toilets, potable water, food etc.

Crisis: Assam Floods 2022

Problem: Nutrition, Health, Hygiene and Sanitation in Relief Camps

Target Audience: Pregnant and Lactating Women

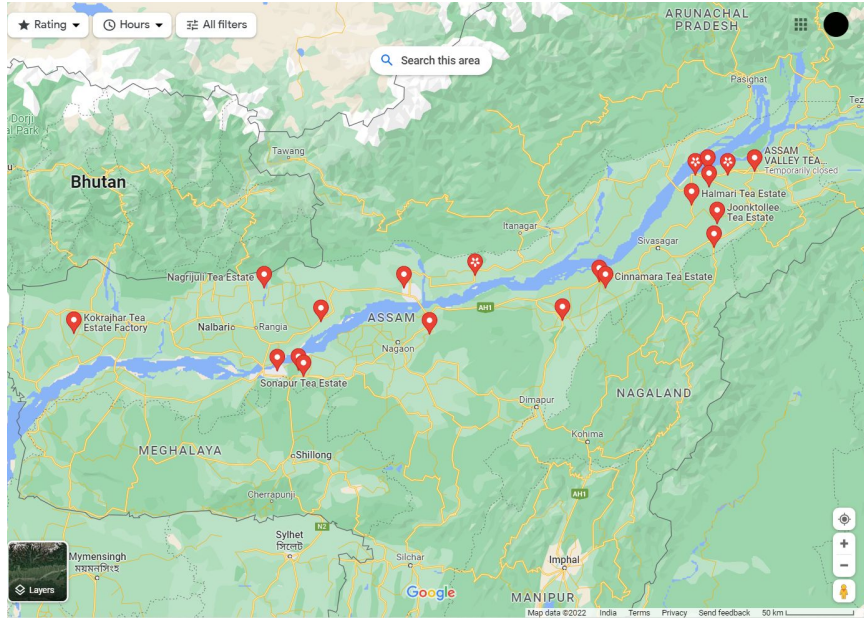


Research Questions

1. PERSONAL - Reimagine the life operating system

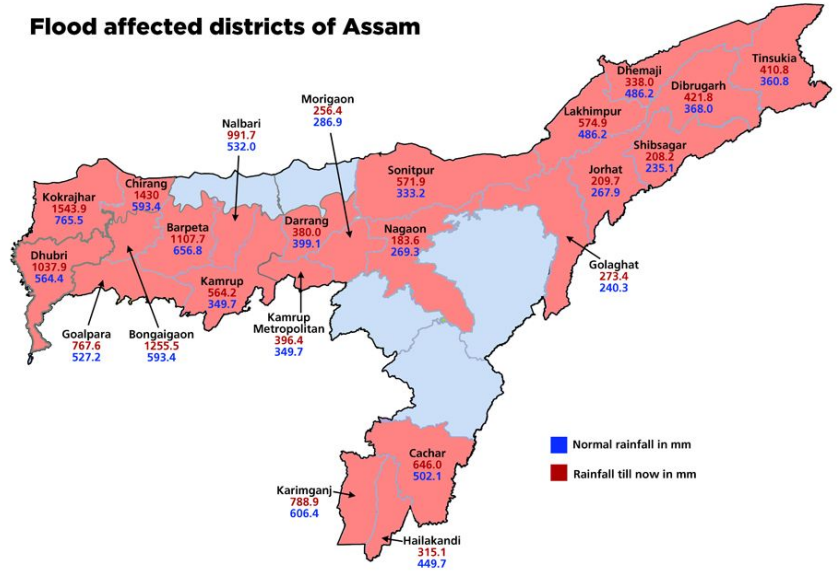
- How might we make relief camps safe and comfortable for pregnant/lactating women?
- How might we provide basic essentials and decent sanitation facilities needed by these women?
- How might we make sure they are easy to provide and are feasible in the disastrous circumstances?
- How might we provide the basic nutrition required by pregnant/lactating women?
- How might we prevent delivery complications (like premature birth, low birth weight, etc) in a pregnant women?
- How might we prepare and be ready to provide what is needed for future disasters?
- How might we prevent the spread of diseases/ infections (like UTI's) among women as a result of unfit living spaces?





Map 1 : All tea plantations in Assam located

Flood affected districts of Assam



Map 2 : Flood affected districts of Assam

Urgency and Importance

WHY IS IT AN URGENT PROBLEM?

The Assam floods have been a recurring problem each year with the Brahmaputra and Barak River having more than 50 tributaries, the devastation during monsoon periods is concerning. This year, Assam had the highest casualties, as of 26 June, 2.2 million people including 790,000 women have been affected, 121 lives lost and 35 people have been reported as missing.

There are 564 flood relief camps functioning with 217,413 people in camps including 61,878 children, 574 pregnant/lactating mothers, and 46 persons with the disability. 1/10th of women in relief camps are either lactating/ pregnant, they require special care and hygienic conditions to stay in.

Women are often hit the worst in the assam floods. Many of their health, hygiene and sanitation needs are often not catered to in relief camps. Plenty of diseases can spread due to lack of basic hygienic and sanitation facilities. Their responsibility towards their home and kids also increases with the worsening of the floods. Many women do not go to flood shelters due to the lack of security, abuse in relief shelters and relief queues.



Assam continues to be the state with the highest women mortality rates in India, with adverse effect of floods, the relief system for floods needs to be strengthened for pregnant women in particular.

As stated by the World Health Organisation, natural disasters are a sudden ecological phenomenon of sufficient magnitude to require external assistance. Thereby regions prone to disasters are likely to bear the brunt emotionally as well as financially. Elevated levels of psychological distress is caused due to factors like lack of resources, loss of loved ones in the disaster, loss of one's home and financial assets. For women, new mothers and pregnant women, calamities come with an added level of stress. Their physical and mental well-being is at stake. Everyday survival becomes a struggle.



Target User Persona 1



PROFILE & DEMOGRAPHICS

Name: Sapna (27)

Job Title: Temporary laborer at a tea plantation industry

Gender: Female (Age: 27)

Family and Social Setting: This Hindu family consists of a father-in-law, husband, a 4 year old son and the women herself who is currently 8.5 months pregnant.

Income: Poor (Rs. 3600/month)

Education: 8th grade pass

Location:

Home setting-House built with bamboo, wooden planks (Ikra house)

Work Setting- Situated on the north bank of the mighty Brahmaputra, the Durrung tea plantation is one of the oldest tea estates in Assam.

Area- The garden and the house is located in the 2nd largest district of Assam - Sonitpur, with its headquarters in Tezpur.

GOALS & VALUES

Goals: - To keep herself safe, healthy and away from diseases to protect the baby.

- To have a safe and smooth delivery.
- To be able to use the toilet when she needs to.
- To get the nutrition the baby needs and get enough food for her son.
- To get enough clean drinking water for herself and her son.
- To not have to worry about the basic needs of the family like food, water and them catching diseases.
- To stay clean and comfortable.

Values: - Believes that her son's and family's needs come before herself.

- Will do anything to protect her son and unborn baby.
- Believes that they have to make do with what is being given to them by the camps and nothing much can be done about it.

Motivations: - To protect her unborn baby.

- To keep her son and family safe.
- To get the basic requirements that a pregnant women should, like food, water, sanitation, medical professional help, etc.
- To have a smooth, safe delivery and have a healthy baby.

FEELINGS

Worries:

- She might not receive the emergency medical help during floods as access to skilled and emergency care is either unavailable or limited.
- During floods she lost her medicines (iron tablets etc) and the extra money her family had saved for her operation.
- At the relief camps or the hospital she might not find enough blood banks for either during or after the operation.
- She worries she would have a premature birth due to all the stress and physical activity that she has to do during the floods.
- She doesn't want her newborn to get any infections in the relief camps.

PAIN POINTS

Fears:

- She fears losing her child in the womb due to these unfavourable conditions.
- Fear of delivering in relief camps with no or little medical help.
- Uncertainty about taking care of the newborn amidst a crisis. (infections, malnutrition, lack of clean drinking water)
- Complication during pregnancy can be stressful, lack of availability of blood banks.

Frustrations:

- Unable to keep her private parts clean
- Dealing with stomach and back aches, even cramps.
- The relief camp near her residential place is a school and has only 2 bathrooms for over 200 people.

Challenges:

- Little access to roads during floods for emergencies
- Managing emergency supplies, kids, food, and their own health all the same time during floods
- Defecating in the open becomes a major challenge– with kachha toilets and improper infrastructure, it becomes difficult and uncomfortable for a pregnant woman.
- The money saved for medicines and operations for pregnancy is used or lost in floods.

Target User Persona 2



PROFILE & DEMOGRAPHICS

Name: Mukhida

Job Title: Homemaker

Gender: Female (Age: 21)

Family and Social Setting: Belongs to a Muslim family and was married off a year ago when the floods ravaged out her village being the eldest in the family. Gave birth to a baby boy named Abdul 4 weeks ago and is now a lactating mother residing in a relief camp in Nalbari, Assam.

Income: 1600-2200 Rupees

Husband is the only earner in the family working as a daily wage worker away from home in Guwahati.

Education: Left school in sixth grade to help father in the field

Location:

Home setting-

She was married into the same community but had to move to the Kamrup district to live with her husband's family.

GOALS & VALUES

Goals:

- To be able to provide adequate nourishment for her newborn
- To be able to stay healthy
- To have privacy to breastfeed
- Access to clean and hygienic toilets
- Awareness about common diseases in lactating mothers like anaemia
- Accessibility to proper check ups especially in the postpartum period.

Values:

- Believes that there is nothing that can be done about the problems she is facing and she has to make do with whatever the camps are providing.
- Follows the traditional belief system of prelacteal feeding (The common beliefs for delayed initiation of breastfeeding were that it was harmful or not ready to be fed for 3 days.)

Motivations:

- To prevent malnourishment in her newborn
- To provide essentials related to nutrition, hygiene and security to her child
- Remain healthy to take care of her newborn

FEELINGS

Worries:

- Lack of emotional and physical support of family in absence of her husband.
- Might be suffering from vaginal infections
- Constant anxiety about the responsibilities she is going to have to handle alone
- To have a secluded area to breastfeed
- Access to clean water for drinking and sanitation for herself and the newborn
- Worries about getting adequate food for the newborn for the initial 3 days since she believes in prelacteal feeding (here mothers feed plain water, salt or sugar solution, honey or diluted cow's milk for the first few days instead of her breast milk)

PAIN POINTS

Fears:

- Losing her child because of inadequate nourishment or and disease he may catch in the relief camp's environment.
- She won't be able to breastfeed as she might have to go looking for work soon.
- Developing diseases commonly occurring in premature babies and lactating mothers.

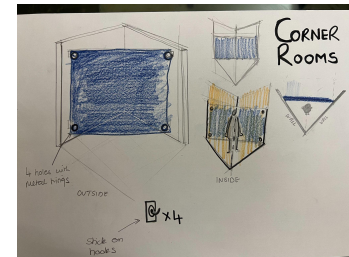
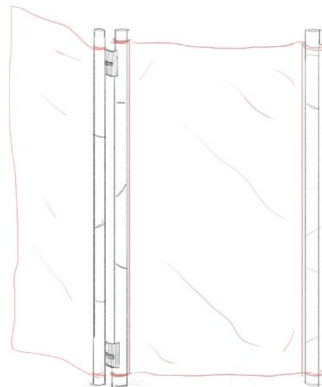
Frustrations:

- Weakness from childbirth
- Exhaustion that is making breastfeeding harder
- Lack of proper meals in turn unable to provide required nutrition for the child through breastfeeding
- Lack of basic facilities

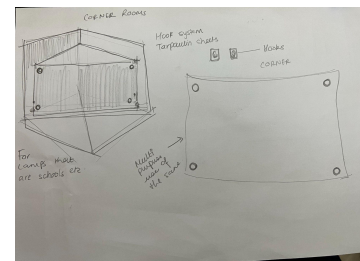
Challenges:

- Unawareness about proper nutrition and common occurring diseases in lactating women like anaemia
- Lack of basic facilities for the newborn like clean and dry clothes
- Poor hygiene and sanitation practices at the relief camp
- Lack of access to health centre and hospitals in case of emergencies

Explorations

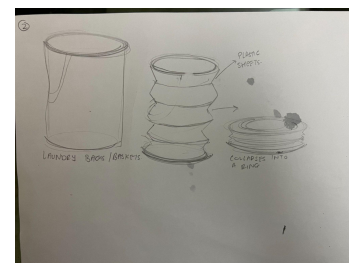


Research on materials



Attached umbrella to create a roof

Collapsible





A regular fecal monitoring, especially in the last trimester of pregnancy, is extremely crucial.



Already in 800 villages

SMARTHealth
Pregnancy: Feasibility and Acceptability of a Complex Intervention for High-Risk Pregnant Women in Rural India: Protocol for a Pilot Cluster Randomised Controlled Trial

Background India is in the process of major epidemiological transition (diabetes, Cardiovascular disease (CVD) is the leading cause of death in women in India. Preexisting independent risk factors include pregnancy related...

anaemia in pregnancy was considered as a priority area for high-risk pregnant women

hypertensive disorders of pregnancy (HDP) and gestational diabetes mellitus (GDM)



www.floethermedia.com

Low-Cost Innovation Helps Pregnant Women Measure Their Baby's Heartbeat without Docs

This article has been published in partnership with Marico Innovation Foundation. For 31-year-old Aithya Patel Muglikar, experiencing pregnancy was one of

being portable, this wireless cardiotography (CTG) device records fetal heartbeat and the pregnant women's uterine contractions.

It also sends real-time alerts to the presiding health practitioner in case of any abnormal results.

What about electricity if the battery dies?



CareNx Innovations takes quality healthcare to the doorstep of rural pregnant women

The Mumbai-based healthcare startup's portable pregnancy care platform uses smart algorithms to screen high-risk cases in villages and slums and connect them to gynaecologists.

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Jaundice may occur if the liver can't efficiently process blood cells as they break down. It's normal in healthy newborns and usually clears on its own. At other ages, it may signal infection or liver disease. Symptoms include yellowing of the skin and whites of the eyes. Some newborns may require light therapy for a day or so. In other cases, treatment involves addressing the underlying cause.

babies have a high number of red blood cells in their blood, which are broken down and replaced frequently.



A handheld device to detect jaundice

handheld, battery-powered device can diagnose jaundice within two minutes using just a \$0.05 paper strip and a drop of blood.



BiliSpec
bilispec | 3rd Stone Design



An all-in-one cure jaundice

Bilistick

a rapid, hand-held, portable diagnostic device, and the Bilistick, a portable, high-intensity



ELECTOMNIA® Plastic Retractable Handhold Bidet Portable of Anisap, B-dot Angled Nozzle
Bidet with Travel Bag (Green, 300ML)

Features:
- Retractable
- Bidet
- Travel Bag
- Anisap
- B-dot Angled Nozzle

Offers:
- 50% off
- Free shipping
- Free returns

Details:
- No. of items: 1
- Item weight: 1.5 kg
- Item dimensions: 15 x 10 x 10 cm
- Item material: Plastic



Sanife Stand and Pee Disposable Device For Women - 20 Funnels
Your SANIFE'S Secret

₹269.1 (Inclusive of GST)

Quantity: 1

Sanife Stand and Pee Disposable Device For Women - 20 Funnels

Quantity: 1

Add To Cart



Manual Breast Pump (1N)

I needer Safe Breast Pump With Storage Bottle

₹ 699.00 ₹ 1,299.00 (46%)

4.00 ★



Add To Cart



Maternity Pads - 8 Pads (480 MM) - Pack Of 2

Extra Soft & Anti-Leakage Disposable Maternity Pads

₹ 449.00 ₹ 599.00 (25%)

4.47 ★



Add To Cart



Disposable Breast Pads - 24 Pads

Soft micro-cushion & Breathable Disposable Breast Pads

₹ 249.00 ₹ 399.00 (38%)

4.56 ★



Add To Cart



Starter Kit for New Moms

Disposable Maternity Pads and Disposable Breast Pads For The Complete Care Of A...

₹ 449.00 ₹ 699.00 (36%)

4.39 ★



Add To Cart

Portable and usable anywhere, after a short training

Test results comparable to laboratory results

Minimally invasive, resulting into very low blood drop

Measures of blood sugar levels ranging from 21% to 70%

No need of reagents, multi results (500 per test)

Applicable to newborns and all over the world

Final Solution & Innovation

How does your solution address the problem identified?

Toilets in relief camps- especially in flood prone regions are limited to the infrastructure of the relief camp. Most of the schools in and around the flood prone regions get converted into relief camps.

With hundreds of people using the same space, toilets become one of the most unusable spaces- especially for women. With our target audience being pregnant and lactating women in relief camps, it becomes very difficult and unhygienic for them to use

How is it innovative?

Our intervention makes private spaces accessible for pregnant and lactating women while making toilets



User Experience

How does the UX of your solution look like?

The introduction of Peeschute with a makeshift private space allows our users- pregnant and lactating women to have a hygienic, multipurpose space which otherwise would not have been provided in relief camps.

With only one unisex toilet for hundreds of people, pregnant women are more vulnerable to catch diseases.

Due to the frequency of urination in pregnant women, they have to wait for hours to get a vacant toilet.

The user experience of our solution is sustainable and easy to use for the following reasons:

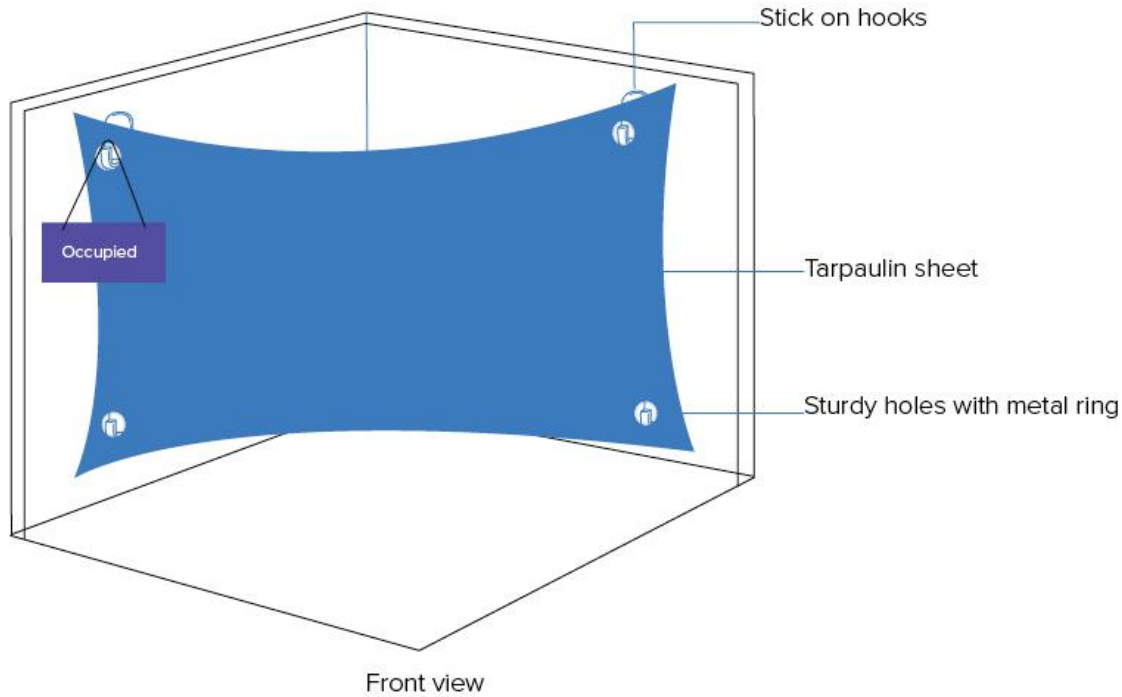
- The corner rooms are easy to set up:

The corner rooms require minimum efforts to set up. They are formed using the existing infrastructure of the relief camps and a few other equipments.

A tarpaulin sheet with 4 punched in holes along with 4 stick on hooks will be provided. The overall set up requires very little labour as well. The person setting it up needs to keep in mind the instructions provided in the manual to set up a corner room.

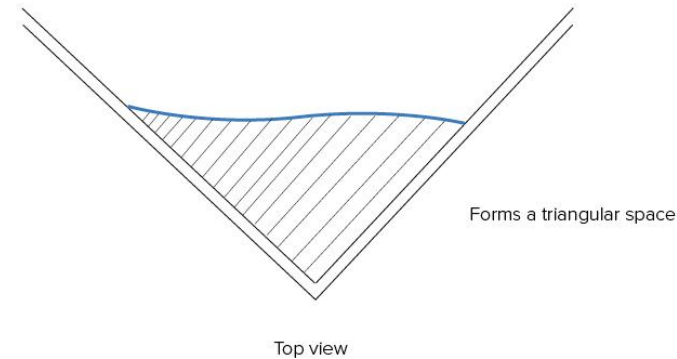
- The Corner Rooms are only for women and are multipurpose
- The provision of the Peeschute bag allows pregnant women to urinate as frequently as they want without being scared of catching infections
- Allows them to pee in a hygienic space.
- Provides lactating women with a private space to breastfeed.





Corner spaces

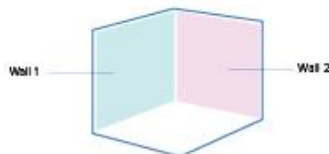
is a small design intervention created by us alongside the Peeschute collaboration to provide private spaces for pregnant and lactating women in relief camps using minimal materials.



Instructions

1 Identify

Identify a corner in the room you are placed in- a space where two walls conjoin



2 Open

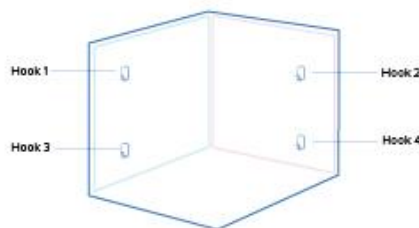
Open the kit for the following materials

- A tarpaulin sheet
- 4 stick on hooks
- An occupied/ not occupied sign



3 Measure

- From the point where the two walls coincide, measure — cm in a straight line and place the hook first hook on wall 1
- Using the same technique, place the second hook on wall 2 at the same height.
- Both the hooks have to be equidistant from where the walls coincide.
- Place the other two hooks vertically downwards from hook 1 and 2 respectively.
- Unfold the tarpaulin sheet to hook it at the respective 4 corners.
- Hang the occupied sign on one of the hooks when in use.



4 Use

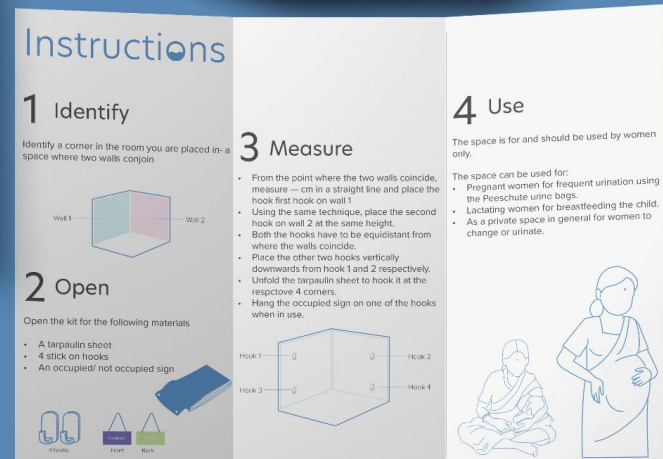
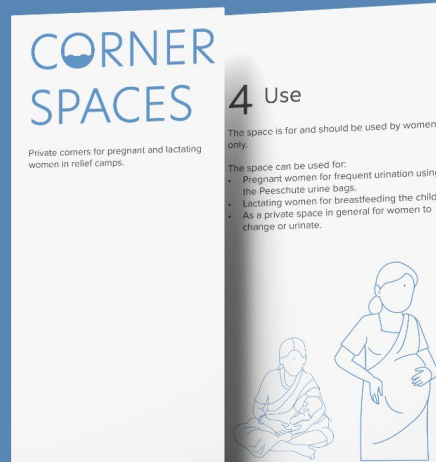
The space is for and should be used by women only.

The space can be used for:

- Pregnant women for frequent urination using the Peeschute urine bags.
- Lactating women for breastfeeding the child.
- As a private space in general for women to change or urinate.



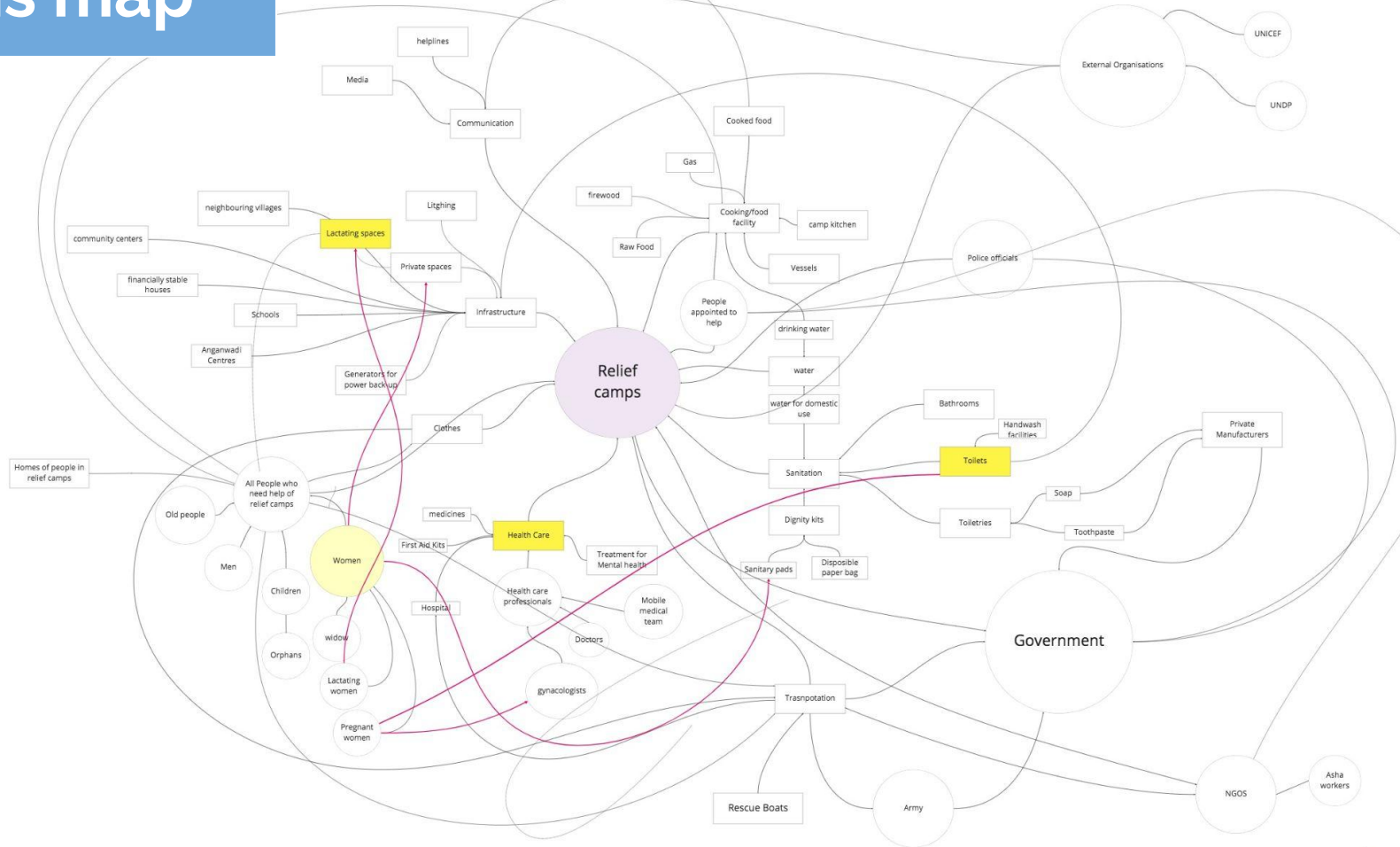
This brochure gives the on ground officials instructions to set up the space with the materials provided in the kit.



Design Process

1. **Systems map**
2. **Interviews (we can add that screenshot)**
3. **Ideation boards**
4. **Affinity mapping**
5. **Initial drawings**

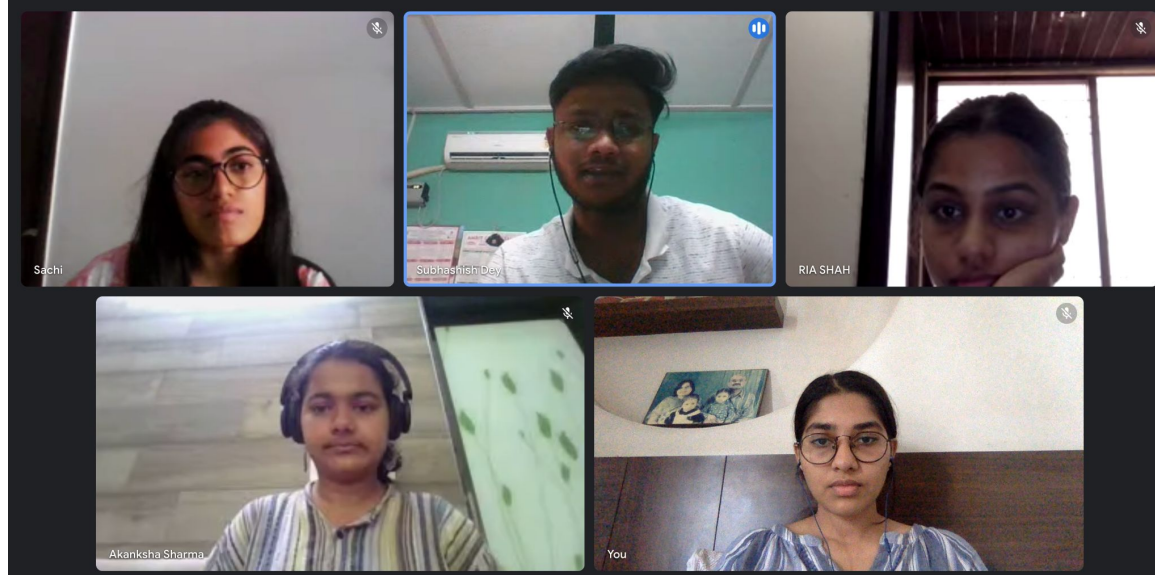
Systems map



Interviews

We conducted a couple interviews to understand the situation on ground. We contacted NGOs like FFF, Goonj, Rapid response, Habitat for humanity india trust.

We spoke to a few people living in Assam as well as reached out to organisations like Goonj and Friends for floods to get an understanding of what it is to like working on ground.



An interview with Subhashish Day the founder of Friends for Floods.

Interview 1

FFF founder

What has Your experience been working on ground? And what did you observe about women on ground?



What about providing milk packages? are they a part of relief kits? since it becomes an important part of pregnant women's diet



How many people are there in relief camps and the situation in it

4/ 5 days of
gimmicks
by the
government

Discrepancy
at the
working
level

Relief
camps are
jam packed
with people

the
governments
usually vacate
schools and put
people there

there have
been instances
of sexual
violence in the
camps

not safe
for
minors

quarrels
among people
due to lack of
space

What is the situation like after the flood resides?

After the
floods reside,
the situation
becomes very
unruly

there is a delay of
10/15 days even
after the flood
resides for the
residents to get back
to their normal lives

How many pregnant women do you find in relief camps? (Approximately) and how do deliveries take place in such situations?

2/ 3 women in
25 to 30 people
are pregnant
this is quite
approximate

These numbers
signify the
prominent mothers
who are 6 to 7
months pregnant-
the others have not
been accounted for

There was a
communication gap
with the male
members of the
team to even get
this kind of
information

Regional
terrorism

ULFA- United
liberation
Fund of
Assam

the doctors there
are usually interns-
so they are unable
to deal with critical
situations related to
childbirth as well

Sometimes old women/
experienced women
carry out deliveries but
in case of
complications, you
have to take them to
hospitals

On the brighter
side- UNICEF and
Sanjay Hazurikha
have come up
with BOAT
CLINICS

Are there any blood banks available?

Poorly
maintained
blood banks-
very tough to
find them

even if blood
banks are
there, not all
kinds of blood
are available

the medical
accessibility
is also very
weak

if local clinics cannot
handle the case, they send
the patient to the district
hospital and if that also
does not work, then the
patient has no choice but
to go to developed areas

the women/ patient
has to run around
from one place to
another even when
they are not capable
of doing so- some
even end up dying

**lack of medical
infrastructure
in regions
where its the
most required**

FFF has a
campaign/
collaboration with
you tubers Abhi
and Niyu on
menstrual cups

Sensitising the
masses about the
menstruation
issues- this way a
new intervention
will work

Even the men
should be
familiarised
with the same

In order to do
this, a local
understanding
should be there-
of the village, its
people



About:

Had her first kid at 29

Was a working mother and would go to office

She was staying alone with in laws

Her husband is in the army and not staying with her. She did most of her things/check ups alone

Would have been a little more comfortable / easier if he was there, but she managed without him

What was your typical day during pregnancy?

Stroll for first 15-20min. Then have dry fruits/praying and breakfast

Had a very normal and carefree pregnancy

She would walk after her work for 15-20 min. This was because she was gaining weight

Had a c shaped pillow that would help her sleep. She had problem sleeping in her last few months but this pillow helped

Medicines She had a lot of folic acid (iron) An antacid every day

She would go for work at 9 for the first three months she drove herself to work. Drove her car regularly

her colleagues were very helpful

End her day with music

What were the changes in your body?

Her legs would pain and her back. But mainly her legs

No morning sickness

Had a pregnant friend who had nausea who would sometimes puke when she smell something particular even outside or in office

No constipation.

Few mood swings. Aversions to some smells and food like rotis smell

Would get tired more easily .

Had to frequently use the washroom. Every 45 mins in her last months.

Using the washroom frequently was a problem especially if she was outside

General immunity decreases She got frequent colds and fevers during pregnancy

General immunity decreases She got frequent colds and fevers during pregnancy

She carried a spray to clean toilets and wet wipes

Higher chance of getting infection in her private areas or UTIs

Lactation and post delivery care?

After 3 months of the baby being born she started feeling very irritated.

She had frequent bouts of crying for no reason. She wasn't sure why. Everyone blamed it on the sleepless nights and change in pattern

She would frequently get very angry and shout for no reason. Even in the night she would feel low. Especially because her husband was not here.

Would have been a little more comfortable / easier if he was there, but she managed without him

She disliked the feeling of having someone being constantly being attached to her. The nipping and sucking

She was unsure how her in laws will react. Her mom suggested it might be postpartum depression.

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What were few annoying things about pregnancy?

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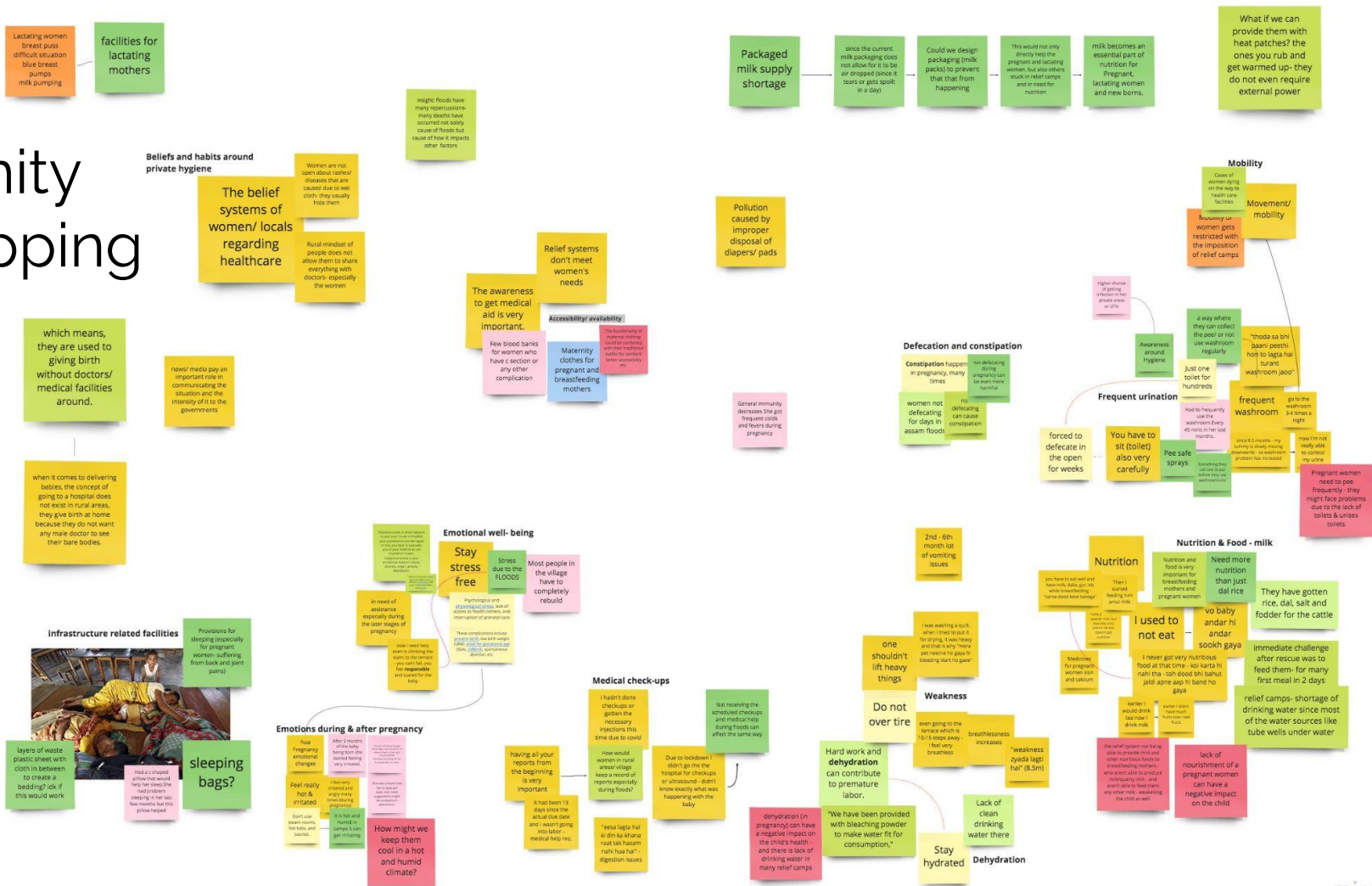
What were a few things that you enjoyed ?

All the extra care and attention

the power and feeling of creating a living being

The happiness of having the baby

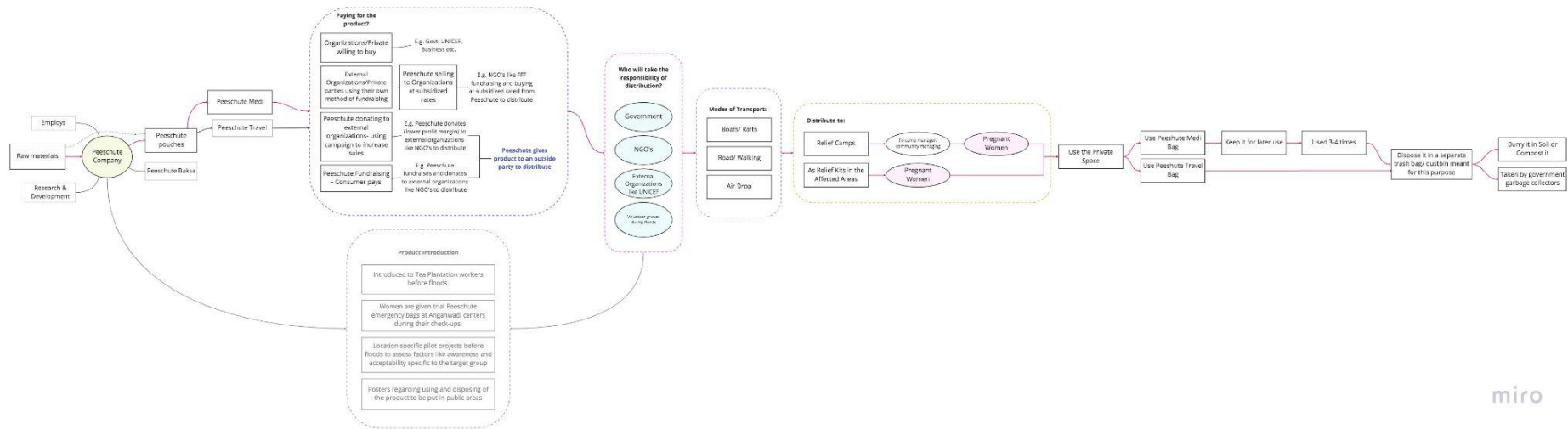
Affinity Mapping

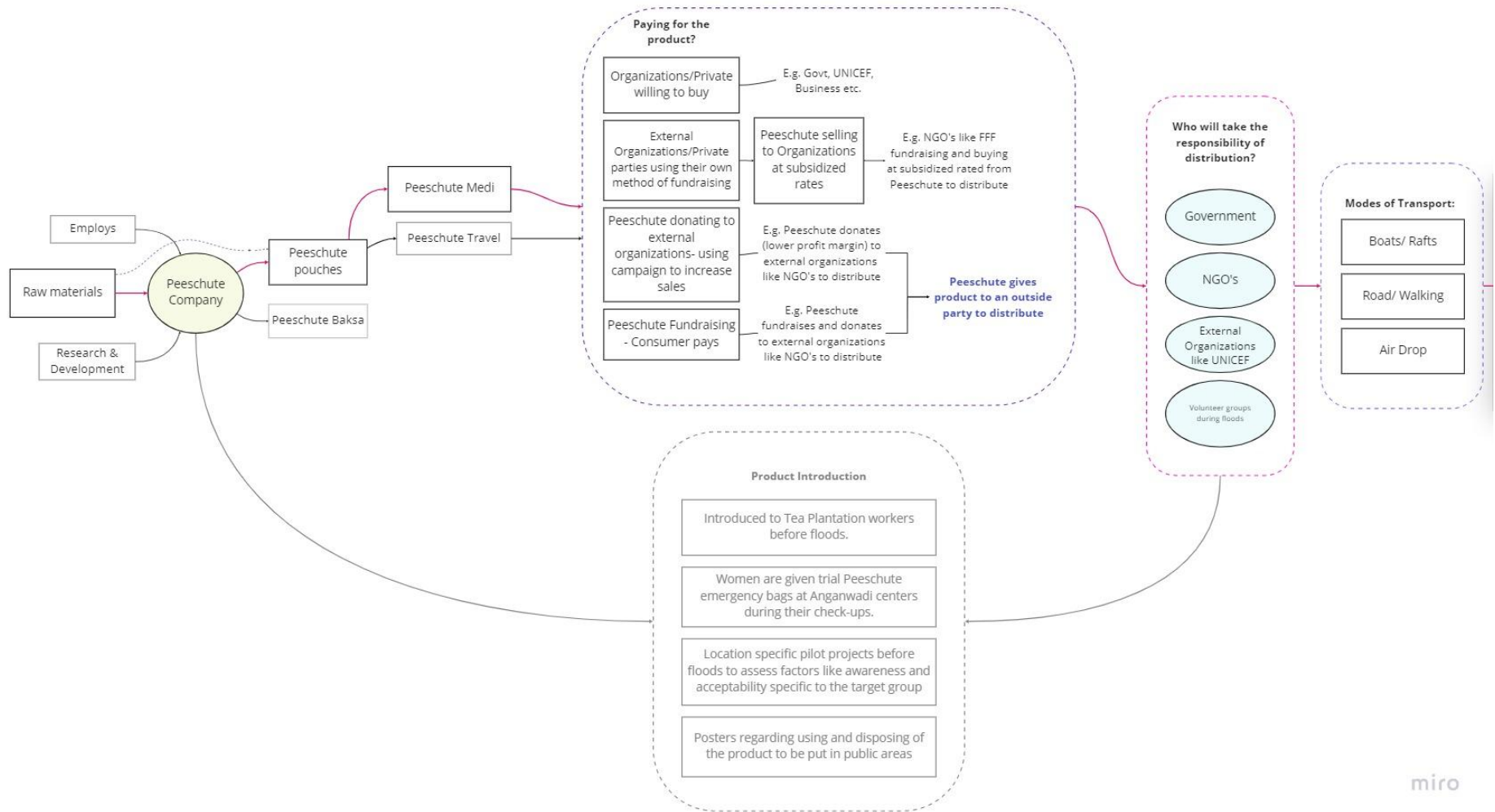


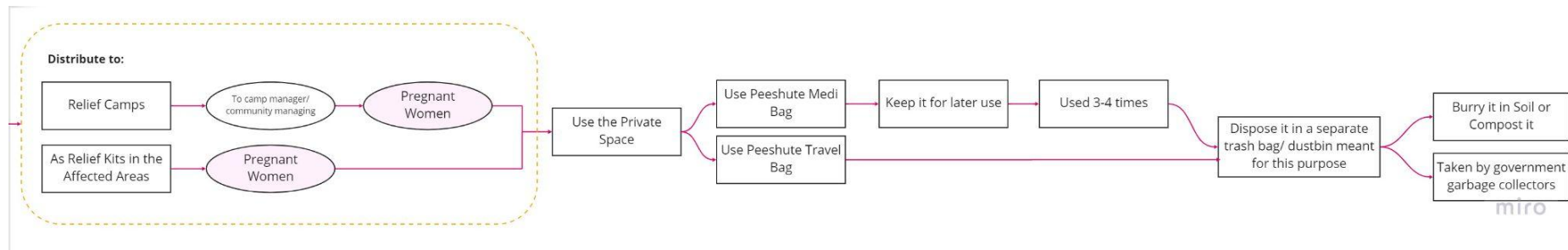
RELEVANT



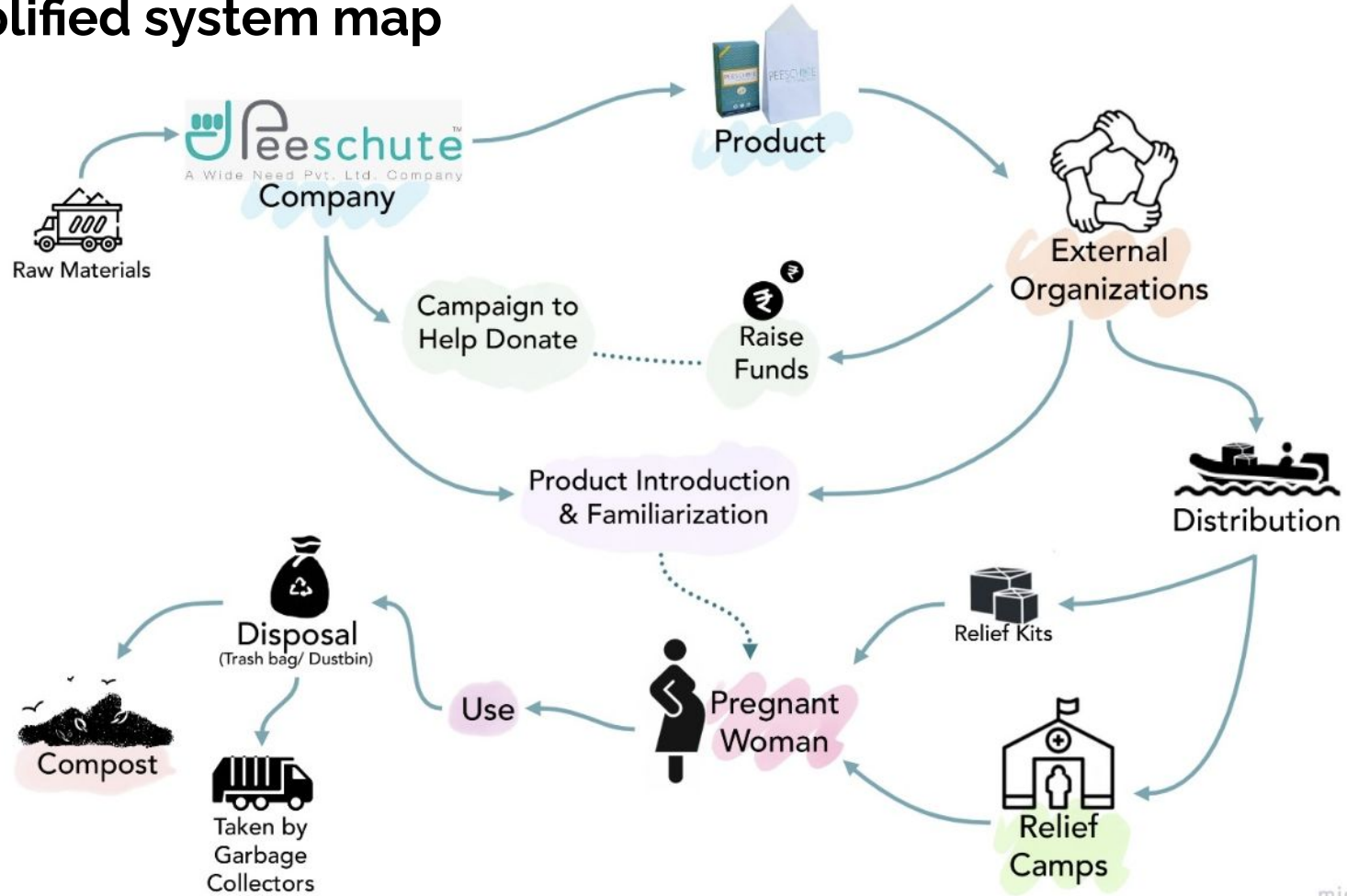
NOT-RELEVANT



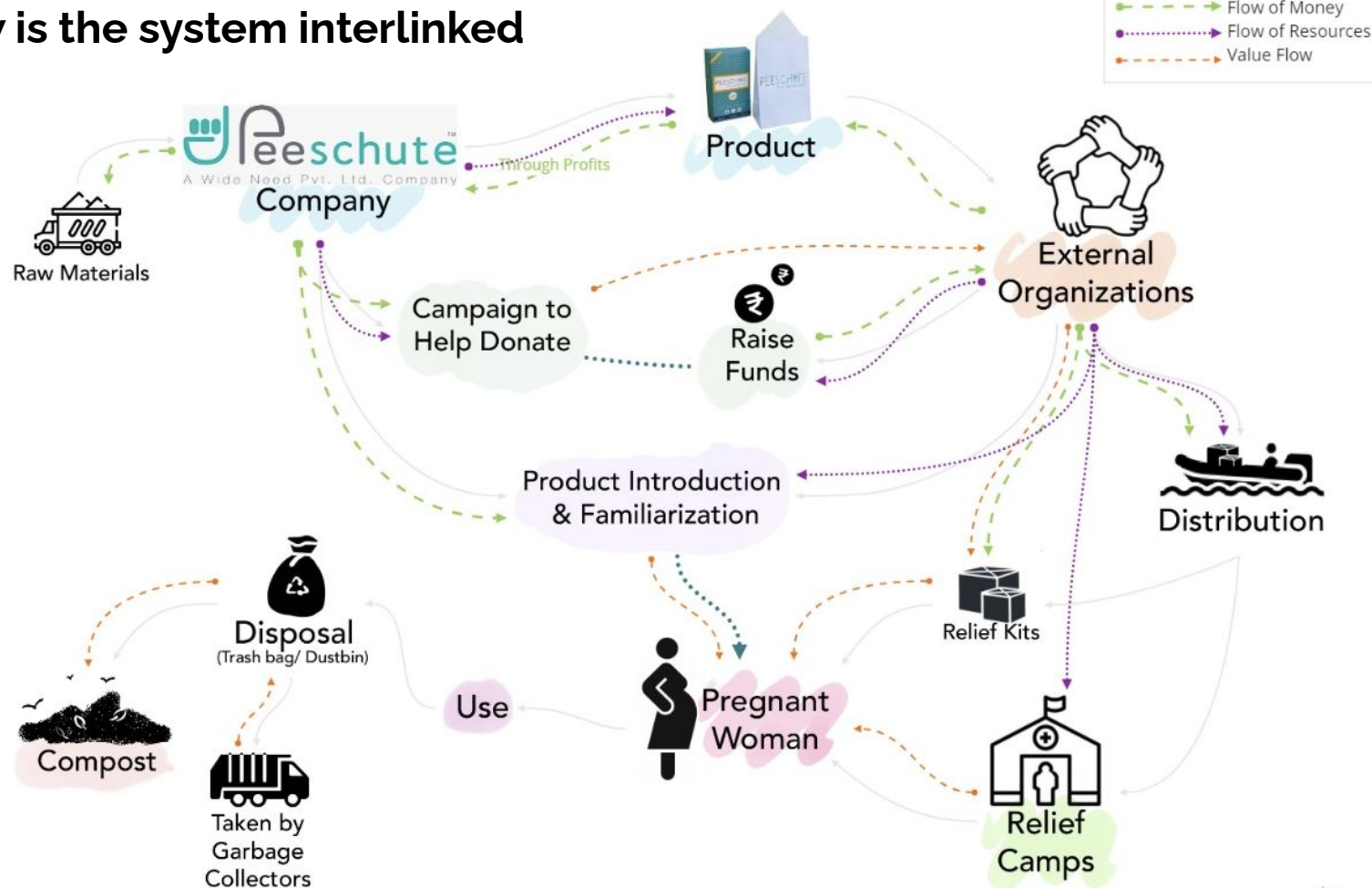




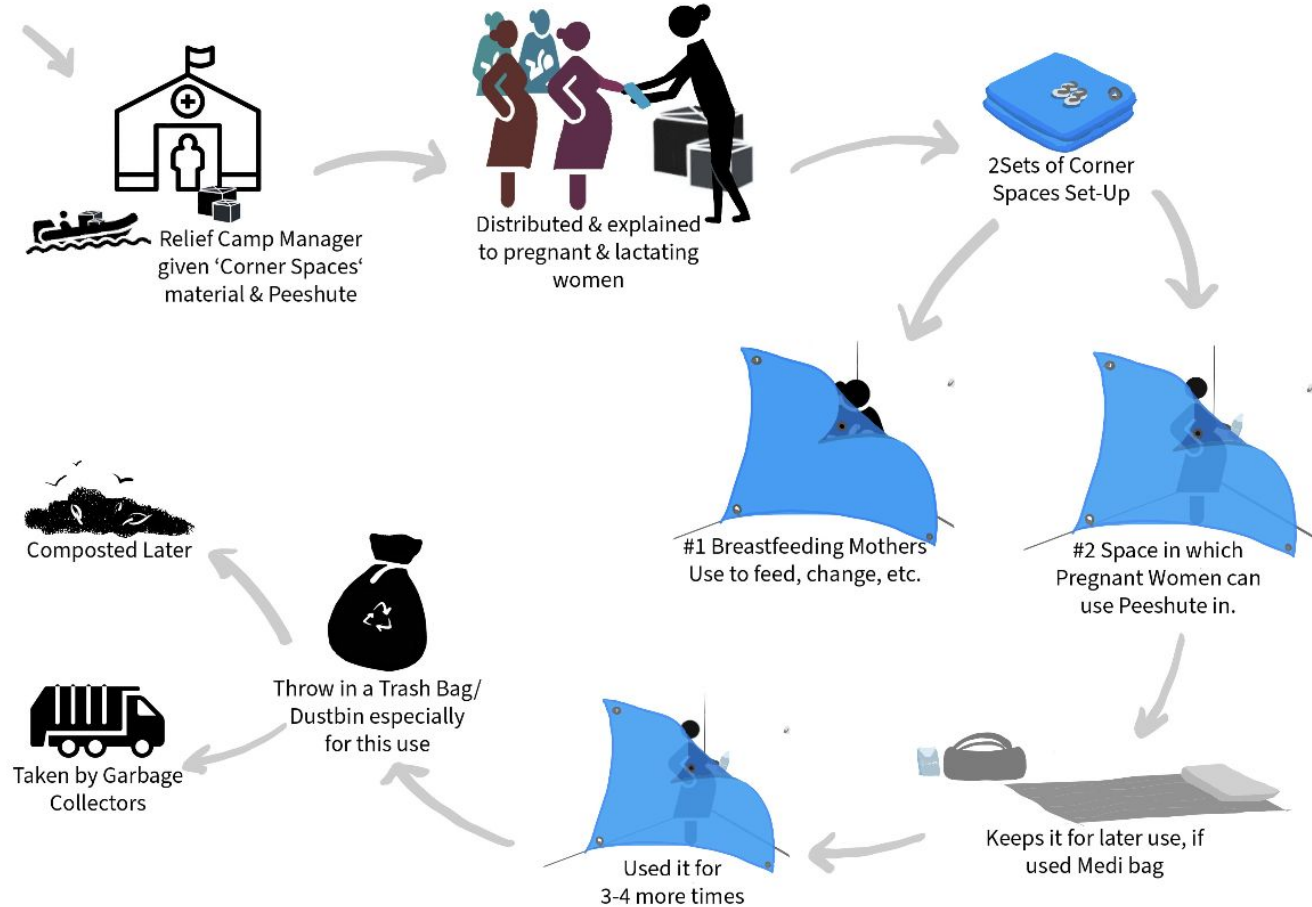
Simplified system map



How is the system interlinked



System map inside the Relief Camp



Insights

1. **Crisis increases the mothers responsibility as she has to take care of herself, the child as well as the household requirements.**
2. **Belief systems of women hinder them from receiving the required aid even when facilities are available to them**
 - Rural mindset of people does not allow them to share everything with doctors- especially the women
 - Women are not open about rashes/ diseases that are caused due to wet cloth- they usually hide them
3. High levels of stress persists even after the crisis (financial, rebuilding their houses etc.)
4. **Relief systems/ camps do not meet pregnant women's needs.**
 - Frequent urination for pregnant women makes it
 - difficult and uncomfortable to go use bathrooms frequently
 - No provisions for sleeping/staying for pregnant women with back, joint and leg pain.
 - Hard work and dehydration can contribute to premature labor.
5. Lack of preventive measures for the recurring floods by the government causes more casualties.

Pregnant women

Just one toilet for hundreds

Bina, 29

Assam floods: Pregnant women, lactating mothers struggle in crammed relief camps

Life is tough for pregnant women, lactating mothers in a crammed facilities as Assam remains flooded.

no provision to filter iron-heavy groundwater drawn from a tube-well in the school complex. Officials said water purifying tablets are being provided to offset possible diseases.

Diseases



timesofindia.indiatimes.com

Assam: Pregnant woman rescued from flooded area after hubby sends SoS mails to CM, DC | Guwahati News - Times of India

A pregnant woman was rescued from an inundated area in Silchar town by the Cachar district administration after her husband sent SoS emails to the chi



thehindustantimes.com

Pregnant mothers' stress during floods can disadvantage their babies, but it's not inevitable. Here's what we can do right now

Flood-related stress can have a negative impact on pregnant mothers, but in many ways

Babies of stressed mothers were more likely to have a difficult temperament and lower social and problem-solving skills.

E www.sciencedir...



The impact of flood on pregnancy outcomes: A review article

Flood is one of the natural disasters with high prevalence in the world. The aim of this research was to investigate the effect of flood on pregnancy ...

Of the pregnant women living in the camp, 24.79% had gestational trauma, 25.04% showed postpartum hemorrhage and 15.06% had sepsis. Also 9.28% of them died and only 24.86% were normal [17].

Psychological and physiological stress, lack of access to health centers, and interruption of prenatal care

These complications include preterm birth, low birth weight (LBW), small for gestational age (SGA), stillbirth, spontaneous abortion, etc.

Objective stress is what happens to you: your house is flooded, your possessions are damaged or lost, you have to evacuate, you or your loved ones are injured or in peril. Subjective stress is your emotional reaction: shock, distress, anger, anxiety, depression.



17 Pregnancy Do's and Don'ts That May Surprise You

There are a lot of do's and don'ts that come along with pregnancy. Here are 17 pregnancy tips that you should know to help you stay healthy and happy.

Need good proper sleep



12 Ways to Stay Healthy During Pregnancy

12 ways to stay healthy during pregnancy. Pregnancy is a time of great change for many women.

Stay hydrated

Lack of clean drinking water there

Pre-term labor caused due to:

Dehydrated
Under stress
Have had a previous premature birth
Overweight or underweight

To decrease stress: Try to lie down on your left side three times a day, even if only for 10-15 minutes. Take deep breaths from your belly. You should see your stomach rise with each breath. Find a buddy to discuss your fears and concerns. If you ever feel like harming yourself or your baby, talk to a health care provider immediately.

Flood Precautions for Pregnant Women

Flood situations can be very stressful. The Florida Department of Health cares about you and your baby. Please follow the guidelines below to help you and your baby be healthy and safe. Be sure to have an enough food and water to last at least seven days.

Do not over tire

Hard work and dehydration can contribute to premature labor.

If you need to leave the area to be safe, take a copy of your medical records, and a two-week supply of any medications you are taking, including prenatal vitamins.

Odisha floods, pregnant women taken on stretcher, through the water to the ambulance



Need more nutrition than just dal rice



Health Tips for Pregnant Women | NIDDK

Learn about healthy eating and physical activity during pregnancy. Get the right amount of weight and exercise for you.

Eat breakfast every day. Eat foods high in fiber, and drink fluids (particularly water) to avoid constipation.

Constipation

Don't use steam rooms, hot tubs, and saunas.

it is hot and humid in camps

Morning Sickness

Sustainability

- Replicable model in other disaster prone areas.
- The Peeschute gel itself is biodegradable- once disposed in the soil, will make it more fertile
- Prevents the spread of diseases among women and children.
- Crowdfunding the Peeschute bags can create awareness about the issues faced by women in disaster prone areas- generating empathy among the masses.
- The materials provided in the 'Corner Spaces' kit can all be locally sourced.

Practicality and business viability.

Introducing the product:

- Introduced to Tea Plantation workers before floods.
- Women are given trial Peeschute emergency bags at Anganwadi centres during their check-ups
- Location specific pilot projects before floods to assess factors like awareness and acceptability specific to the target group
- Posters regarding using and disposing of the product to be put in public areas
- Base on the plot projects and first level of user testing the system can be changed



Practicality and business viability.

Funding:

- Peeschute Company funds through consumers and sales. Campaign (Cause Marketing) - NGO's distribute
- Organisations like UNICEF can provide funds for procuring Peeschute bags.
- NGO's like Friends for Floods (FFF) buy the product through donation money and distribute it.
- Peeschute can sell it to NGO's at a subsidised rate.
- Government buys from Peeschute
- Donation based crowdfunding platforms used by NGOs.



yourstory.com

This entrepreneur has developed an eco-friendly urine bag for just Rs 15

Founded by Siddhant Tawarawala, Peeschute manufactures eco-friendly unisex disposable urine bags as well as provides a waterless urinal solution.

Practicality and business viability.

Why Peeschute specifically?

- Peeschute is a local Indian company. This makes sourcing easy.
- The bags are biodegradable and can be converted into manure.
- 800 ml each urine bag, can be reused (3-4 times) till full (medi) {normal one is one time use}
- Doesn't have a completely established single sales market yet.



Open & Press Edges

Place your forefinger & thumb at corners of the opening of the bag. Gently press the edges to make an opening.



Position the bag rightly

Hold the bag near your urinal area and position it rightly so you don't miss the aim



Release the Pressure

Place and adjust the opening of the bag to cover urine-flow area between your legs. Let go to the pressure and urinate in the bag. The urine will be converted to a gel form instantly.



Fold and Seal

Fold the bag at the dotted line marked "Fold here after use" to seal and avoid spillage.

for every peeschute box sold



we donate a peecshute bag
TO A PREGNANT WOMAN STUCK IN ASSAM FLOODS

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Thank you!