



## **JRNA Report- Second Phase of ASSAM FLOODS, SEPTEMBER 2015**



### **Joint Rapid Needs Assessment Report**

This report contains the compilation of the JRNA –Phase 02 w.e.f 1<sup>st</sup> September 2015 in the state of Assam, India in the aftermath of the incessant rains and second spell of massive floods in affecting communities of 22 districts of Assam.

**Disclaimer:**

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**10** Acknowledgement

## 1. Executive Summary

The second phase of floods wreaked devastating havoc in as many as 22 districts of Assam affecting 17,00,000 people and above. Over 3 lakh people were affected in Dhemaji District alone during this phase.

The districts which were affected during the second phase of Assam floods include, Dhemaji, Dibrugarh, Lakhimpur, Tinsukia, Jorhat, Sivasagar, Golaghat, Nogaon, Darrang, Morigaon, Kamrup, Nalbari, Barpeta, Goalpara, Bongaigaon, Kokrajhar, Dhubri, Chirang, Baksa, Cachar, Sonitpur and Udalguri. As per information received from ASDMA on 4<sup>th</sup> September the following districts were among the worst hit in terms of number of population affected. These include **Barpeta (2,34, 578)**, **Darrang (2,29,469)**, **Morigaon (1,64,466)** **Nalbari (1,25,314)** **Dibrugarh (1,18,415)** and **Dhubri (1,01,784)**. Incessant rains in the adjoining hilly states and rising water levels of River Brahmaputra and its tributaries were primarily responsible for floods.

## 2. Background on the Second phase of Assam Floods:

31.20 million Total population of Assam State			
<b>17,65,159 lakh</b>	<b>1 lakh hectares crop</b>	<b>1,38,145 lakh</b>	<b>25</b>
Indirectly affected population (limited loss) across <b>22 affected districts as on 6<sup>th</sup> September</b>	area cultivation has been estimated to be lost over 2000 villages	<b>Population</b> with urgent unmet humanitarian needs residing in 277 camps as on 6 <sup>th</sup> September	Fatalities in the state due to Flood from 1 <sup>st</sup> September to 9 <sup>th</sup> September
Transportation links cut off No power supply			

- The floods also seriously affected standing crops which will lead to food scarcity in the future.
- Due to incessant rains across the state and adjoining states of Arunachal and Meghalaya the water levels of the Brahmaputra began to rise breaching embankments at several places. Roads and bridges were damaged in different parts of the state. Many villages in several districts remained submerged under flood waters for a number of days. The floods caused massive loss of crops and cultivable area. River Brahmaputra was flowing above the danger level at Neamatighat, Tezpur, Guwahati, Goalpara and Dhubri. In some of the areas such as Bongaigaon, Kokrajhar, the scale of disaster which the people experienced had not happened since 25 years.

- Rivers Burhidehing at Khowang in Dibrugarh, Dhansiri at Numaligarh in Golaghat, Jia Bharali at NT Road crossing in Sonitpur, Puthimari at NH Road crossing in Kamrup, Pagladiya at NH Road crossing in Nalbari, Beki at Road Bridge in Barpeta, Sankosh at Golokganj in Dhubri, Kopili at Kampur in Nagaon and Kushiya at Karimganj town were flowing above the danger marks. The flood waters damaged several roads in Kamrup, Darrang, Baksa, Jorhat, Barpeta, Nalbari, Udalguri, Dhemaji, Cachar and Dibrugarh and many bridges in Dhemaji, Baksa, Jorhat and Nalbari.
- Rising and falling trends in the water levels were observed from across the affected districts. Due to uneven rain in several places the water levels had begun to recede where as in some areas the water levels were rising. However, it was observed that during the writing of this report many of the affected districts had reported that the flood water was receding and people taking shelter in the relief camps were returning to their respective areas.

### **3. Inherent Traditional Practices:**

- The communities which were most affected by the second wave of floods are Misings, Bodos, Muslims, Assamese, Rajbonghis, and others. Some of the inherent traditional practices among the Misings, Bodos, Rajbonghis and the Assamese people is their skillful art of weaving. Apart from these bamboo works, fishing, agriculture, animal husbandry and allied activities.
- The Muslims are traditionally expert agriculturists. Their inherent traditional practices include bamboo and shelter works, construction work, fishing, net making, carpentry, wood work, boat making, brick making and earth tilling.

### **4. Relief Measure by GO & NGO**

The humanitarian agencies responding in the current wave of floods in Assam include, **Oxfam India, ADRA, IGSSS, Christian Aid, Dan Church Aid, Caritas India, CRS, Doctors For You under the coordination efforts of IAG Assam and Sphere India.** The intervention is being carried out in Bongaigaon, Kokrajhar, Dhemaji, Dhubri, Chirang and Dibrugarh. Some of the interventions include, Conducting health camps, WASH promotion, WASH awareness, deworming campaign, distribution of medicines, chlorine tablets, bleaching powder, hygiene kits, dignity kits, Chlorination and PHP, emergency shelter, Rehabilitation of Water sources and new installation, provision of community water filters, food and non-food items, 100 Temporary toilets and water treatment kits (20 litre buckets, water filtration cloth and Aquatabs), Cash transfers, Safe drinking water. The relief measures are being carried out in approximately 68 villages and Camps and catering to 3153 Households and more. Apart from these, local agencies, institutions, corporations and other civil society organizations contributed to the relief efforts in second phase. For detail information, URS Matrix as updated on 11<sup>th</sup> September is [here](#).

### **Response by Government:**

The government distributed rice, dal, salt, mustard oil, tarpaulin, candles, chira, gur, wheat barn, lactogen. SDRF, NDRF, Army and other government officials were also deployed for carrying out rescue operations. Machine/Engine Boats, Country Boats were also used for carrying out rescue operations.

## 5. Field Assessment:

- The Joint Rapid Need Assessment was carried out in 11 districts of Assam by lead organisation like IGSSS, Christian Aid, ADRA, OXFAM, NEADS, RVC, Doctors for You, SATRA, and CASA and further supported by other local NGO partners from different districts. The JRNA covered **84 worst affected villages under 11 districts** of Assam. District **Kokrajhar, Dhubri, Barpeta, Kamrup, Nalbari, Jorhat, Tinsukia, Sivasagar, Golaghat, Dibrugarh and Darrang** have been covered in Second Phase of Assessment. In first phase of JRNA, the assessment carried out in 04 districts i.e. **Kokrajhar, Bongaigaon, Dhubri and Darrang**.

## 6. Sectoral wise emerging Needs:

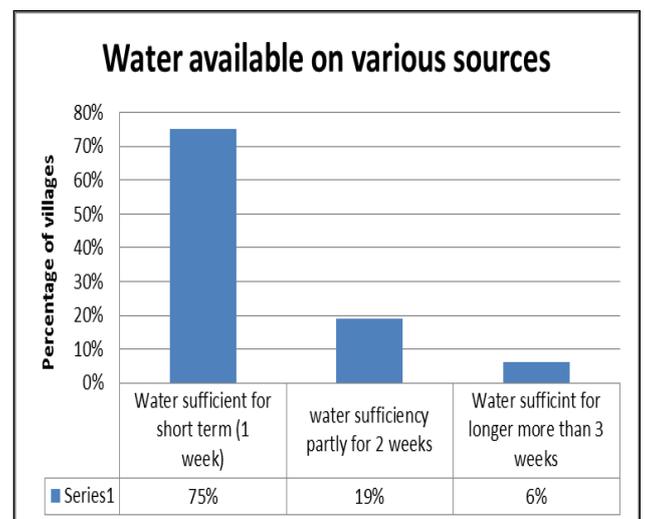
### 6.1 WASH

As per census 2011, status of drinking water & sanitation facilities in State of Assam, approximately 50% of population depends on shallow hand pumps, 18% have access to treated water and the remaining population on other sources such as open wells, tanks, river etc. Similarly in case of access to sanitation facilities, 65% of the population have access to toilet facilities, but only 10-11% of such toilets could be categorized as safe, hygienic & functional in all weather conditions. The occurrence of subsequent floods during the current monsoon season had adversely affected the overall serviceability of existing WASH infrastructural facilities.

#### Situation Analysis:

The findings of the need assessment could be summarised as under:

- Approx. 60% HH are without access to safe drinking water in overall assessed districts.
- Majority of the hand pumps (approximately 75-80%) have been reported either completely submerged in flood water or contaminated due to entry of flood water.
- Most of the hand pumps “erstwhile equipped with raised platform though unaffected by the flood” were also not easily accessible due to flooded water in surroundings. The situation was further worse in ‘Shar areas’ where flood water generally takes longer time due to inefficient natural drainage system.



- **Water Sources in Relief Camps:** Communities living in the relief camps are accessing water from the existing hand pumps in the schools (which are working as relief camps). The community shared that these existing hand pumps are not sufficient (for drinking as well as domestic consumption) for number of people that are residing in camps. PHED is also providing water pouches in some camps
- Communities are storing water in different sizes of metal containers like pots/kolsis, carried from their villages. No usage of plastic buckets was observed during the assessment.
- Sanitation facilities are limited in the relief camps; hence communities are resorting to open defecation in the nearby fields and jungle.
- Temporary pit latrines have been installed by PHED, but are not being managed properly and are in an unhygienic state, rendering the communities to opt for open defecation instead. These latrines are not gender segregated.
- **Water Storage:** Communities are storing water in different sizes of metal containers like pots/kolsis, carried from their villages. No usage of plastic buckets was observed during the assessment.
- **Water Treatment:** PHED has provided bleaching powder in camps for purposes of chlorinating hand pumps once the affected communities return to their villages. No chlorine tablets have been provided in any of the relief camps visited. Officials at the Primary Health Centre (Dekapam) however informed that chlorine tablets are in the process of being provided in the relief camps. No such practice of household water treatment observed among the community.
- **Approx. 91.6% villages** are having risk of water contamination due to flood water submerged all water sources.
- 85% of the latrines were found inundated with flood water and posing a huge risk of faecal pollution to water bodies and there by a primary cause for outbreak of water borne diseases.
- **100% of villages** reported for open defecation whereas in **17% of villages a few families** are using household latrines.
- **65% villages** have encountered for incidences of water borne diseases viz diarrhoea, dysentery, skin infections, etc due to flood.
- **Personal Hygiene:** 66% of women/girls **are having access to sanitary napkins or cloths to maintain menstrual hygiene.** Some of the people did not carry more than one-two set of clothes to the relief camps. They might face hygiene related issues if they have to stay on in the camps for more number of days.

## 6.2 Shelter

### Situation Analysis:

- As per data assessed, around **86% hamlets** have been affected.

- Assam is a state of complex inhabitant starting from Dhuburi to Sadiya varies from their cultural and tradition as well as varies in their cultural and tradition as well as in their living pattern. While speaking on the people residing in the rural and tribal communities have their unique housing space, type, layout, height, plinth level, roofing pattern and interior arrangement depend on culture and tradition and locally available building materials.
- Community experienced such flood devastation after a massive gap which caused widespread damage to their houses and other basic shelter infrastructure. Houses have been flooded with many having to seek refuge at temporary relief camps. Many houses have been destroyed, forcing people to live in such camps. Due to rapid submergence in many affected pockets of the floodplains, people had to move to camps without carrying their daily necessary staff.
- **157 houses** were fully damaged, **2260 houses** were partially damaged and **382 HH** are in immediate need of shelter support in the 84 assessed villages of 11 districts.

**Status of Houses damaged Fully/Partially**

S.No.	Districts	Houses fully damaged	Houses partially damaged
1.	<b>Kokrajhar</b>	-	90%
2.	<b>Dhubri,</b>	8%	22%
3.	<b>Barpeta</b>	14%	46%
4.	<b>Kamrup</b>	-	26%
5.	<b>Jorhat</b>	4%	25%
6.	<b>Golaghat</b>	8%	25%
7.	<b>Tinsukia</b>	23%	52%
8.	<b>Dibrugarh</b>	-	90%
9.	<b>Sibasagar</b>		21%
10.	<b>Darrang</b>	55	23%
11.	<b>Nalbari</b>	63 No.	94 No.

- **90% relief camps** are not accessible to Person with disability.
- Mosquitos, darkness and snake bites are matter of concern for community at the hour of crisis.

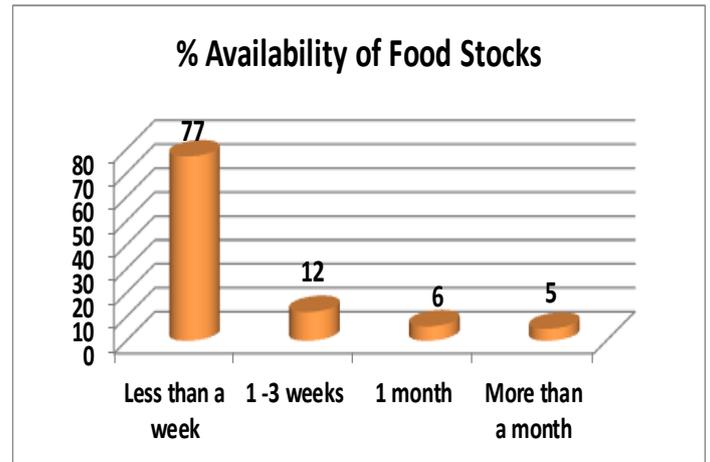
**6.3 Education**

- 21% schools are functional in assessed villages.
- 80% schools are close due to infrastructure damage, 63% schools are closed due to no teaching staff and no student available.
- 26% schools are likely to be opened within 15 days and 46% schools are likely to open after 30 days.

## 6.4 Food Security and Livelihoods:

### Food Security:

- It may be broadly defined as the state of having reliable access to a sufficient quantity of affordable, nutritious food. On the other hand, it hinge on three pillars
  - a) Food availability: sufficient quantities of food available on a consistent basis.
  - b) Food access: having sufficient resources to obtain appropriate foods for a nutritious diet.
  - c) Food use: appropriate use based on knowledge of basic nutrition and care, as well as adequate water and sanitation.



### **Situation Analysis:**

- About 45% of the total respondent from 84 assessed villages reported reduction in food intake for all including children
- Out of 84 villages assessed, 100 % of the HH reported availability of food stock but 77% of HH reported that food stocks will be availability for less than a week, 12% said it will last for 1- 3 weeks, 6% will have it for 1 month and only 5% reported that it will last for more than a month.
- Small business and private enterprises such as furniture making, petty shops, etc. received major losses, since most of them do not have insurance and recovery of loss is minimal. The temporary relief received from the government barely lasted for a week.

### **Accessibility (Nutritional Program)**

#### **Situation Analysis:**

- From the assessment it is safe to surmise that accessibility is not a major issue as PDS shops in 72% of the assessed villages are reported to be functional besides the people are also receiving food items support from the district administration.
- 32% of the assessed villages reported to have AWCs functional in their village.
- The existing local market though affected to a certain extent yet they continue to function in 20% of the assessed villages. The depletion or unavailability of vegetable in the market consequently the rise in prices of essential items is another concern of the affected population.
- Even when assorted vegetable are available in the market, they do not have the require resources to purchase them.

### **Livelihood**

Agriculture is the primary occupation of the people and mono cropping is dominant practices. The current flood had brought about massive devastation and damage it causes to the paddy field, the primary occupation of the rural folk is massive. A total crop area affected is

reported to be **105716.27** hectares in 22 affected districts. The hope of bountiful harvest vanishes in the wink of an eye. For people who depend on daily wages, livestock and agricultural product are the hardest hit as their paddy field are submerged and sand casted; scope for daily wage earning had diminishes as a result of flood. The loss of kitchen gardens and fishery ponds added to the woes of the family.

### **Situation Analysis:**

- In the assessed villages, the females were mainly engaged in livestock management and daily labour as a source of income whereas the male are paddy cultivation and daily wage labor and some into small entrepreneurship.
- Livestock share a special bond with the community and treated with reverence. They are also another source of income and nutrition to the family both in normal and flood times. The well-being of the animal is the primary concern of the owners and women in particular are more engage into livestock care. In this current flood, 7298 livestock's are reported to be directly affected from the assessed villages, a concern raised by the community over the well-being of their livestock that are exposed. The prolong exposure to the flood water and shortage of fodder (80% of the assessed villages reported that fodder will last for less than a week) will have a severe impact on the health and productivity of the animal that require immediate attention.
- Relief material mainly Rice, dal, Salt and Mustard oil, tarpaulin, ready to eat food distributed by government in affected districts like Dibrugarh, Nogaon, Golaghat, Dhubri, Goalpara, Morigaon , Darrang and Barpeta.
- The relief materials are distributed to few selected areas and not to all the affected population. it was found out that similar food items were given to the family irrespective of their dietary requirements- like pregnant, lactating mother and children.
- Food are not well cooked or prepared making them more vulnerable to sickness.

## **6.5 Health**

### **Situation Analysis:**

- The second phase of assessments and health care intervention in the flood affected districts of Kokrajhar, Dhubri and Bongaigaon revealed that the status of health services remains crucial and still undermined by the district authorities.
- Out of 84 village of 11 districts that were cover under JRNA only 61 Health Sub Centres (HSC) and 33 PHCs were functional after the floods. However the actual functionality of the regular static health centres were challenged due to shortage of man power and medical consumables. Only in 23 villages doctors were informed to be available post disaster with only two health camps.
- Out of the total 84 village of 11 districts assessed 53 villages were found to have threats of communicable diseases. In 14 number of villages anti natal care is a serious health issue as there has been a lack of health care facilities in the villages affected by

floods. A simple disease surveillance format can be used by ANMs or ASHA workers to keep a watch on the health pattern to warn or alert health departments of impending epidemic

- Similarly no regular health outreach services were recorded at the village level; only two health camps were reported post disaster in two villages of Kokrajhar and Kamrup district. Fears of water borne diseases like diarrhoea and skin infections were prominent after the flood water started receding as villagers returned to the villages where both houses and toilets were inundated by flood waters creating high possibilities of drinking water contamination.
- In 77 number of villages water sources were either contaminated or at high risk of contamination. In few villages, the community members stated that the district officials distributed bleaching powders but the villagers were unaware about the usage of bleaching powders. It was also observed that bleaching powders were sprayed in the village surroundings which has very little positive outcome.
- During the village level health camps complaints of loose stools, cold, cough and geriatric issues were found prevalent. Distribution of enough ORS packets in household level is strongly recommended to treat the issues of loose stools. Simultaneously the community needs to be properly sensitised and informed about the preparation of ORS and how to use bleaching powders to disinfect water sources.
- On the other hand scarcity of food among the villagers who lost their crops and cash in the flood could result in serious health issues pertaining to nutrition. The villagers informed that there has been distribution of food items by PDS in 61 villages, however the quantity of food provided were not enough for the household and had very less nutritional value.

## **6.6 Protection**

### **Situational analysis:**

- As per the findings there are no much concerns on breakdown of law and order such as looting crime and theft or discrimination against the caste but there are some cases of violence occurs during distribution of the relief materials.
- Lack of hygiene and private latrines, in the relief camps and temporary shelter along the roadside especially for women and young girls are found. Thus forced them for open defecation which is very much risky for the ladies.
- Due to unprepared and large scale displacement, the children do not have access to school; hence remain cut off from the rest of their peers. This creates tension and worry for the parents to control and make them busy.
- Since large numbers of the people are taking shelter in the relief camps and on the roadside there are chances of risk on domestic violence.
- It is good to observed that villagers have been pro-active in helping each other in times of disaster by helping them to carry the house hold materials.
- As per the data only 10% reported loss of legal documents while concerns are the persons with special needs are unaddressed said 30% of the respondents.

- It was very good to observed that there were no conflict or break down of the laws in all the assessed villages
- The parents of the children shared that their children are not safe in the relief camps as the possibility of abuse are high in the relief camp then at home.
- Since for the last three weeks the schools are closed due to water lodging and destruction caused by the recent 1<sup>st</sup> and 2<sup>nd</sup> waves of floods, children remain more vulnerable to abuse and exploitation.
- This is as per the field experienced, 90% of the people shared threat to their survival livestock, which will multiply the risk to their food security livelihoods as the loss to only crops of the year is very high.

## 7. Sectoral Recommendations:

### WASH Recommendations:

Immediate Needs	Mid-term (3-6 months)	Long term needs
<ul style="list-style-type: none"> <li>• Safe Drinking Water supply</li> <li>• Provide community water purification units at least one in each community. So that it can provide safe and protected water.. Need to form water users committees to take care of maintenance of this unit</li> </ul>	<p>At least one hand pump in each of the village must be equipped with raised platform with inclusion of <b>PWD</b> needs and accessibility to the same and easiness to access during flood times with specific reference to “Shar areas”.</p>	<p>At least one drinking water source per 500 persons must with assured functional status round the year with following aspects:</p> <ul style="list-style-type: none"> <li>• Discharging safe water online chlorination facility.</li> <li>• Discharging adequate quantity of water.</li> <li>• Equipped with raised platform as per the maximum flood level recorded in the vicinity.</li> <li>• Easily accessible all weather conditions.</li> <li>• Provision of inclusive features with specific reference to <b>PwDs</b>.</li> </ul>
<p>Chlorination of water sources</p>	<p>Disinfection of hand pumps with an assurance that discharging water is absolutely free from at least faecal coli form (at least one source for a population of 250 persons).</p>	<p>Users committees for each of the hand pumps (equipped with raised platform above the maximum flood level) ought to be constituted &amp; trained to ensure community ownership and trouble free functioning &amp; management and on proper disinfection measures and adoption of preparedness measures; so as to prevent the contamination of hand pumps during floods in future.</p>
<p>Provisioning of hygiene kits with specific attention on water purification tablets (at least to meet the needs till the affected drinking water source is not properly disinfected &amp; tested to ensure absence of at least faecal coli form) &amp;</p>	<p>Develop <b>IEC material</b> for <b>Awareness-cum-campaigns</b> on adoption of key hygiene practices such as hand washing with soap, consumption of safe drinking water through use of water purification tablets and</p>	<ul style="list-style-type: none"> <li>• The shelter places (schools, Govt buildings, etc) must be adequately equipped with toilet facilities for all with special focus on meeting the needs for women &amp; adolescent girls that facilitate them to maintain menstrual hygiene.</li> <li>• Extensive &amp; intensive demonstration of flood resistant/ eco friendly toilets</li> </ul>

<p>composition of items that render safe &amp; adequate menstrual hygiene for women &amp; adolescent girls.</p>	<p>better management of human excreta through demarcation of specific fields as a measure to control indiscriminate open defecation as well as protection of critical water bodies.</p>	<p>as proven measure for the safest confinement &amp; management of human excreta ought to be undertaken.</p> <ul style="list-style-type: none"> <li>• These proven toilet models with specific reference to their versatility in the existing geo-hydro &amp; climatic condition ought to be mainstreamed with ongoing Government sanitation programme.</li> </ul>
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## 7.2 Shelter

Immediate Needs	Mid-term (3-6 months)	Long Term needs
<ul style="list-style-type: none"> <li>• Emergency Shelter Kit for installation of temporary shelter at the high raised earthen platform for the displaced community whose houses are washed away and fully damaged.</li> <li>• Provision on <b>Inclusive</b> features in relief camps for easy accessibility to <b>PWD</b>.</li> </ul>	<p>Sectoral detail assessment in the status of damages of affected peoples' houses in order to find out the statistical data of fully and partially damaged housing structures.</p>	<p>Policy level advocacy at all level for restoration and reconstruction of their damaged shelter especially not to construct shelters in flood zone.</p>
<ul style="list-style-type: none"> <li>• Need for NFI including blankets, cooking utensils, torches / solar lamps etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Transitional shelter support to community</li> <li>• Support of Temporary shelter materials including tarpaulin, groundsheet and bamboo etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Disaster Risk Reduction (DRR) measures should be developed while constructing the houses to strengthen community resiliency.</li> <li>• <b>Advocacy</b> with district administration for relocating houses to safer zone as many of the houses are constructed in flood buffer zone.</li> </ul>

### 7.3 Education

Immediate Needs	Mid-term (3-6 months)	Long term needs
Books and study material	Cash for work for infrastructure damage	
Advocacy for issues like: <ul style="list-style-type: none"> <li>the schools being used to shelter the displace population be restored to children's education</li> <li>the need to restart the midday meals and</li> <li>including some protection concerns in the school curriculum</li> </ul>	Advocate for free books / study materials	
	Withdrawal of the schools building as relief camps at the earliest through support of temporary shelters	

### 7.4 Food & Nutrition

Immediate	Mid-term (3-6 months)	Areas of Multi-sectoral Assessment
Provision of at least 30 days rations to most affected population.	Conditional cash transfers to engage in alternate livelihood or livelihood activities through cash for work.	Seed support for rabi crops and link up with technical agency for support
Support for fodder and animal health camp		

### 7.5 Health

Immediate Needs	Mid-term (3-6 months)	Long Term needs
Basic health care services.	Clean delivery kits for pregnant women.	Vector borne disease control.
Decontamination of water at point of source and point of use.	Awareness on water, sanitation and hygiene.	Diarheal disaese prevention.
Anti-Natal care health facilities such as MISP kits need to be positioned with	Health and hygiene awareness talks among the	Reproductive, adolescent and child health care.

trained team	community	
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## Protection

Immediate Needs	Mid-term (3-6 months)	Long term needs
Create Child Friendly Space to ensure protection and keep their mind focus in good work	Provision of livestock in order to remove threat to survival of livestock in this situation.	

## 8. Assessment Methodology:

### 8.1 Methodology:

- Identification of lead agencies based in different affected districts carrying out JRNA exercise.
- Identification of worst affected districts based on primary and secondary data.
- Identification of worst affected Tehsils/Blocks/Panchayat/village in consultation with Deputy Commissioners/District EOC/Emergency Officer/BDO/NGOs
- Field assessment with FGD, interview's, Geo-tagging pictures
- Data entry/compilation
- Data analysis and Reporting by the lead organisation
- Draft JRNA on 10<sup>th</sup> September 2015
- Release of JRNA Report by IAC committee on 11<sup>th</sup> September

### 8.2 Tools

- District JRNA Tool
- Village JRNA Tool
- Guidance Note on how to use the tools

### 8.3 Training on JRNA Tools-

- The leads agencies from each district already knew about JRNA process. Orientation has been also provided to new members, who got involved in JRNA exercise, on 4<sup>th</sup> September in Guwahati, Assam.

### 8.4 Field Assessment

- (5<sup>th</sup> to 7<sup>th</sup> September 2015)
- No of Districts= 11
- No. of Villages Covered= 84

## 9. Annexure:

### 9.1 Assessment Formats

District Link: <https://docs.google.com/document/d/1kPOY-3gI9hqmacLfgDLVRpkzi3QM2HrKsg3ItbD8J94/edit>

Village Link: [https://docs.google.com/document/d/1m8A1\\_BZM1tdkaOuog354Z2VXwoptphGNFcAf4azcU0g/edit](https://docs.google.com/document/d/1m8A1_BZM1tdkaOuog354Z2VXwoptphGNFcAf4azcU0g/edit)

Guideline Link: <https://docs.google.com/document/d/1N5R4QK60ftyyTTEZDxMQOV7B4Wfr3-CTEgJsoguOAmA/edit>

### 9.2 Assessment Areas (11 Districts and 84 Villages)

District	Block	GP	Village
Kokrajhar	Kachugaon	New Luchitbill/Balapara	New Luchitbill/Balapara
	Kachugaon	Linglabpara	Linglabpara
Dhubri	Raniganj	Dubaikuri Part 2	Dubaikuri
	Raniganj	Shalfari	Shalfari
	Raniganj	Gopigaon 3	Gopigaon
Barpeta	Chenga	Haripur	Fulbari
	Chenga	Haripur	Haripur
	Gumafulbari	Guma	Tarabari
	Gumafulbari	Guma	Guma
	Gumafulbari	Guma	Balapara
	Gumafulbari	Guma	Hapsachar
	Gumafulbari	32 no Barbila	Shila
	Lasima	13no Garaitari	Gahia
	Mandia	Kadang	kadang
mandia	Jania	Jania	
Kamrup	Hajo	No 100 Swahid Satynath	Dihina
	Rangia	Dhuhibala	No 1 Dhuh
	Rangia	Jayantipur	Barkukuria
	Hajo	No 100 Swahid Satyanath	Hoinodi
Nalbari	Borbhag	49(3) Upar Barbhag	Da-Raikuchi
	Borbhag	49(3) Upar Barbhag	Raimadha
	Borbhag	49(3) Upar Barbhag	Arangamou

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	Borbhag	53(7) Upar Barbhag	Barsimalua
	Borbhag	53(7) Upar Barbhag	Satha
	Barigoog Banbhag	Aliya	Gorgori
Jorhat	Kamalabari / Majuli	Karatipar	Srirampuriya
	Kamalabari / Majuli	Dakhin Kamalabari	Boritika
	Kamalabari / Majuli	Dakhinpat	Kumar Gaon
	Kamalabari / Majuli	Karatpar	Bagh Gaon
	Kamalabari / Majuli	Karatpar	Sarighoriya Borjan
	Kamalabari / Majuli	Dakhinpat	Salmora Borbuka
	Kamalabari / Majuli	Dakhinpat	Salmora Kamjan Alengi
	Kaliapani	Jhanjimukh	Kumolia Chapori, Toptopi Changmaigarh
	kaliapani	Jhanjimukh	Majorchapori
	Kaliapani	Jhanjimukh	Bhokotgaon
	kaliapani	Jhanjimukh	jopong Gaon
	kaliapani	Jhanjimukh	TinighoriaMili Gaon
	Kaliapani	Jhanjimukh	Kumargaon
	Golaghat	Bokakhat	Uttar Mahura
Bokakhat		desoi	Maz dolopa
Bokakhat		Uttar Mahura	Boralimora Gaon
Bokakhat		Uttar Mahura	Balichapori No 1
Bokakhat		Desoi	Dhansiri
Tinsukia	Sadiya	Nagaon	Kundil
Dibrugarh	Borbaruah	Kalakhowa	Sesa Kinar Moina Miri
	Borboruah	kolakhowa	Chakori Pothar
	Borboruah	kolakhowa	Bordoi Bam
	Borboruah	kolakhowa	Digholia
	Borboruah	kolakhowa	Majgaon
Sivasagar	Khelua	Disangmukh	Alisiga
	Khelua	Disangmukh	Joborahabi Mamol miri
	Khelua	Shantipur	Phukonphodia

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	Khelua	Shantipur	Gontonga Pothar
	Gourisagar	Dikhomukh	No.2 Rupohimukh
	Gourisagar	Dikhomukh	No.1 Rupohimukh
	Khelua	Dishangmukh	ligiribari NC
	Khelua	Dishangmukh	Garbhoga NC Soraipora
	Khelua	Dishangmukh	Affala NC
Darrang	Pachim-Mangaldai	jonaram chowka	keotpara
	Pachim-Mangaldai	jonaram chowka	kabikara
	Pachim-Mangaldai	jonaram chowka	Nagaon
	Pachim-Mangaldai	Rowmari	No.3 baralakhaity
	sipajhar	bajnapathar	no.3 dhalpur
	sipajhar	bajnapathar	fuhuratoli
	sipajhar	sanowa	kirakata
	sipajhar	sanowa	dhanbari
	pachim-mangaldai	Rowmari	no2 baralakhaiti
	pachim-mangaldai	Rowmari	no1 bhokelikanda
	pachim-mangaldai	Rowmari	bhokelimara
	pachim-mangaldai	Rowmari	chitalmari
	Pachim-mangaldai	Rowmari	no2ghatarag
	pachim-mangaldai	Rowmari	no1boralakhaity
	pachim-mangaldai	Rowmari	no.2 rowmari
	pub-mangaldai	mowamari	nepali basti
	pub-mangaldai	puthimari	misamari
	pub-mangaldai	mowamari	no.5 mowamari
	pub-mangaldai	mowamari	hetusar
	pub-mangaldai	mowamari	pub mowamari
	pub-mangaldai	mowamari	muslim chuba
	pub-mangaldai	mowamari	cherusaar
	pub-mangaldai	mowamari	pub chereng
	pub-mangaldai	mowamari	pachim chereng
pub-mangaldai	mowamari	mowamari	

pub-mangaldai	mowamari	no.40 mowamari
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**9.3 Contacts of the Key stakeholders:**

State Level				
<b>1</b>	State Control Room, Dispur	--	1070	(Toll-Free) 0361-2237219/2237460 (LandLine Nos) 0361-2237011 (Fax No)
<b>2.</b>	District Control Room	--	1077	

**Contact Phone/Mobile Nos. Of Assam State Disaster Management Authority (ASDMA)**

Sl. No.	Name and Designation	Code No.	Phone No.	Mobile No.
<b>1</b>	Shri. S.C. Das, IAS, Addl. Chief Secretary Rev. & DM Deptt.	0361	2237054	99549-44044
<b>2</b>	Shri. Pramod Kr. Tiwari, IAS, Chief Executive Officer	0361	2237218	88110-94885
<b>3</b>	Shri. Ashim kr. Chetia, ACS, Deputy Chief Executive Officer	0361	2237221	94351-99861
<b>4</b>	Smti. N. Hazarika, Dy. Secretary & State Project Co-ordinator	0361	2237221	94355-47642
<b>5</b>	Smti. Ruby Sharma, ACS, Administrative Officer			98641-05556
<b>6</b>	Shri Chandra Kanta Chetia, Finance Officer			98540-13929
<b>7</b>	Rajesh Dutta , Engg. Consultant (Earthquake Risk Mitigation)			94355-67470
<b>8</b>	Mukta Ram Deka, Project Manager(DRR)			94353-61475
<b>9</b>	Mirza Mahammad Irshad , Project Manager(Response			94350-

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	& Recovery)			41806
10	Biren Baishya , GIS Expert			94357-46436
11	Abhijit Deka ,System Analyst (I.T.)			97067-89156
12	Ranjan Kumar Borah, Project Officer(DRR)			99541-24742
13	Ms. Sushmita Dutta , Project Officer(Awareness Generation)			99570-33967
14	Ms. Bhupali Goswami , Project Officer (Training & Capacity Buildng)			94357-32541
15	Pradeep Sena Sinha , Technical Assistant( I.T )			99541-17112
16	Anupam Baruah , Technical Assistant( I.T )			94350-10433
17	Kripaljyoti Mazumdar , Project Officer( Response & Recovery )			94355-92762
18	Mridusmita Borah , Project Officer( DRR )			98590-35721
19	Abhijnan Tamuly Rajkhowa , Communication Expert			99574-15724
20	Debabrat Gogoi , Technical Assistant(GIS)			78965-91081

Sl. No.	Hospital	Code No.	Phone No.
1	Gauhati Medical College & Hospital	0361	2529457 / 2529561
2	M.M.C. Hospital	0361	2543998
3	Down Town Hospital	0361	2331003 / 2336906 /

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			2336911
4	G.N.R.C. Hospital	0361	2227700 / 2227703
5	Sankardev Netralaya	0361	2305516 / 2228879 / 2228921
6	Redcross Hospital, Chandmari	0361	2451062
7	B.Barooah Cancer Hospital	0361	2472364 / 2472366
8	T.B. Hopital	0361	2540193

Sl. No.	Fire Brigade	Code No.	Phone No.
1	Panbazar Fire Brigade	0361	2540222
2	Dispur Fire Brigade	0361	2260221
Sl. No.	Ambulance	Code No.	Phone No.
1	G. L. P. Publication	0361	2544357
2	Marowary Yuva Manch	0361	2542074 / 2547251
3	Lion's Club	0361	2545220

Sl. No.	Dead Body Carrying Van	Code No.	Phone No.
1	G. L. P. Publication	0361	2737373
2	Marowary Yuva Manch	0361	2547251

**IMPORTANT PHONE NOS.OF DISTRICT PROJECT OFFICERS (DISTRICT LEVEL)**

Sl. No.	Name and Designation	Code No.	Mobile No.
1	Jagadish Bhattacharyya, PO, Darrang	98641	16646

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<b>2</b>	Kaustav Talukdar, PO,Kamrup (Metro)	98540	32708
<b>3</b>	Ms. Kakoli Acharyya , PO,Kamrup	98642	21122
<b>4</b>	Shamin Ahmed Laskar, PO, Cachar	94353	74141
<b>5</b>	Ronney Rajkumar, PO, Golaghat	94352	92948
<b>6</b>	Ikbal Hussain Laskar, PO, Karimganj	99541	40710
<b>7</b>	Hemanta Baishya, PO, Nalbari	98540	82113
<b>8</b>	Dipjyoti HatiKaKati, PO, Dibrugarh	96784	68787
<b>9</b>	Dr. Rajiv Dutta Choudhury , PO,Lakhimpur	94350	23991
<b>10</b>	Ananta Samanta, PO, Bongaigaon	84866	66701
<b>11</b>	Minakshi Das, PO, Morigaon	98544	49226
<b>12</b>	Kusumbar Choudhury, PO, Chirang	98543	65159
<b>13</b>	Lohit Gogoi, PO, Dhemaji	95775	50399
<b>14</b>	Smita Chetia, PO Tinsukia	96780	69458
<b>15</b>	Jayanta Dutta, PO, Barpeta	98543	19378
<b>16</b>	Sanjib Das, PO, Nagaon	98547	35679
<b>17</b>	Prankrishna Gogoi, PO, Jorhat	98648	55138
<b>18</b>	Bijayanta Goswami, PO,Kokrajhar	94352	38099
<b>19</b>	Rupam Jyoti Borah, PO, Sivasagar	98590	32678
<b>20</b>	Ruby Gogoi, PO, Sonitpur	73991	32531
<b>21</b>	Siju Das, PO, Hailakandi	94010	94232
<b>22</b>	MD. Ahmed, PO, Udalguri	94015	91404
<b>23</b>	Dhanjit Kr. Das, PO, Baksa	98540	13187

24	Partha Pratim Sarmah, PO, Karbi-Anglong	98642	40264
25	Moferjal Sarkar, PO, Dhubri	88768	41117
26	Kuldip Kalita, PO, Goalpara	73997	73104
27	Riki B Phukan, PO, NC- Hills	94021	27218

#### 9.4 Emerging Needs IInd phase of Assam Floods 2015 – 11<sup>th</sup> September 2015

SECTORS	IMMEDIATE INTERVENTION
<b>Health</b>	<ul style="list-style-type: none"> <li>• Basic health care services.</li> <li>• Anti-Natal health care facilities; MISP kits to be positioned by trained persons</li> <li>• Decontamination of water at point of source and point of use.</li> <li>• Heath camp need to be planned for each of the settlement both in the relief camps and relative houses</li> <li>• Dignity kits and Clean delivery kits for pregnant woman</li> </ul>
<b>Food security and livelihoods</b>	<ul style="list-style-type: none"> <li>• Provision of at least 30 days rations to most affected population.</li> <li>• Support for fodder and animal health camp</li> <li>• Conditional cash transfers to engage in alternate livelihood or livelihood activities through cash for work.</li> </ul>
<b>Wash Sanitation &amp;</b>	<ul style="list-style-type: none"> <li>• Chlorine tablet distribution based on water testing (especially supply water for drinking.</li> <li>• Water filtration, purification, storage and distribution unit</li> <li>• Bleaching powder. Cleaning of animal carcasses.</li> <li>• Disinfection of hand pumps with an assurance that discharging water is absolutely free form at least faecal coli form (at least one source for a population of 250 persons). Provision on <b>Inclusive</b> features in water points for easy accessibility to <b>PWD</b></li> <li>• Provisioning of hygiene kits with specific attention on water purification tablets (at least to meet the needs till the affected drinking water source is not properly disinfected &amp; tested to ensure absence of at least faecal coli form) &amp; composition of items that render safe &amp; adequate menstrual hygiene for women &amp; adolescent girls.</li> </ul>
<b>Shelter</b>	<ul style="list-style-type: none"> <li>• Tarpaulin, NFIs, Blankets, cooking utensils, torches/ solar lamps, bedding</li> <li>• Emergency Shelter Kit for installation of temporary shelter at the high raised earthen platform for the displaced community whose houses are washed away and fully damaged.</li> <li>• Provision on <b>Inclusive</b> features in relief camps for easy</li> </ul>

	<p>accessibility to <b>PWD</b></p> <ul style="list-style-type: none"> <li>• Advocacy for complete assessment of the entire population affected to get the total number of damaged houses and to expedite the compensation process.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Provide education material/kits including school bags, uniform for children who lost education material</li> <li>• Child friendly spaces</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• Provision of cubicles for women and adolescent girls for privacy during bathing and for menstrual hygiene practices.</li> <li>• Creating Child Friendly Spaces to ensure protection of children.</li> <li>• Seek support from existing Child Protection Committees (<i>wherever functional</i>) to support activities of CFS as well monitoring on day to day basis.</li> <li>• Provide psychosocial counselling services and/or referrals for both children and adults</li> </ul>
<b>Coordination &amp; Advocacy</b>	<ul style="list-style-type: none"> <li>• Coordination with Local NGOs, Civil organisation</li> <li>• Advocacy for the restoration of houses ad compensation and also for the Disaster Risk Reduction programme on landslides</li> </ul>

## 9 **10. Acknowledgement**

We are grateful for and acknowledge the joint efforts of IAG Assam at State Level and IAC Committee at National to carry out entire Joint Rapid Need Assessment process. Further, thankful to humanitarian agencies IGSSS, ADRA, NEADS, RVC, TDH, Doctors for You, Christian Aid, WeltHungerHilfe, World Vision India, OXFAM, SATRA, Caritas India and CASA for taking part in carrying out JRNA assessment and report writing;

Further, we acknowledge PROGRAMME & SECTORAL COMMITTEES for providing their valuable and useful inputs to the report at National Level.

