





# Joint Rapid Need Assessment Report Uttar Pradesh Flood

October 2022



# Uttar Pradesh Flood JRNA Report

Uttar Pradesh

October 2022

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## **Acknowledgment**

This Joint Rapid Needs Assessment (JRNA) would not have been possible without the cooperation and constant support of IAG Uttar Pradesh, UNICEF, Save the Children, Samudaik Kalyan Evam Vikas Sansthan, Care India, Gramin Baudhh Kalyan Sewa Sansthan Shravasti, CRS, GEAG, PGVS, SSK, CASA, Action Aid, district and village officials, line departments, and communities from affected areas. We are indebted to all of them, exigencies of space and time constraints limit us from naming/mentioning each one of them here.

We would also like to acknowledge, with deep gratitude, the guidance, cooperation and support extended from UNICEF, in the preparation of JRNA Report.

And, above all, the communities of affected areas of Uttar Pradesh who, even amidst the adversities took out time and patiently provided answers to all the questions put to them, without any reservations.

Sphere India

15<sup>th</sup> October 2022

## **About JRNA and Disclaimer**

As per Sphere India Standard Operating Procedures, adapted to address the emergency situation, a Joint Rapid Needs Assessment (JRNA) was conducted across the flood-affected areas of Uttar Pradesh; data collection was conducted through secondary sources, field visits, personal interviews, key informant interviews, observations, and information provided by local CBOs. The organizations engaged in response have also shared their observation notes to incorporate in the report. Also, on ground information was collected using smart phones through data collection mobile application and collated by core team taking due consent from the affected population. The aim was to gather information on the impact of flood on the community members and understand their recovery needs, collate and analyze the findings, and disseminate the information to the State, National and International level agencies.

#### Disclaimer

The interpretations, data, views and opinions expressed in this report are collected from various sources including Government led institutions, line departments, field assessments by volunteers and team members deployed by Organizations who took initiative in Humanitarian Assistance activities and from secondary media sources. It does not necessarily carry the views and opinions of Sphere India or any humanitarian organization as a collective directly or indirectly. It is interpreted only for assessment purpose.

#### **Note**

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## 1. EXECUTIVE SUMMARY

## 1.1. Background

Uttar Pradesh 'Northern Province' is a state in northern India. With over 200 million inhabitants, it is the most populated state in India as well as the most populous country subdivision in the world. The state is bordered by Rajasthan to the west, Haryana, Himachal Pradesh and Delhi to the northwest, Uttarakhand and an international border with Nepal to the north, Bihar to the east, Madhya Pradesh to the south, and touches the states of Jharkhand and Chhattisgarh to the southeast. It covers 240,928 km2 (93,023 sq. mi), equal to 7.3% of the total area of India, and is the fourthlargest Indian state by area and is roughly of same size as United Kingdom.

Uttar Pradesh has a large population and a high population growth rate. From 1991 to 2001 its population increased by over 26%. Uttar Pradesh is the most populous state in India, with 199,812,341 people on 1 March 2011.

Uttar Pradesh has a humid subtropical climate and experiences four seasons. The winter in January and February is followed by summer between March and May and the monsoon season between June and September. Summers are extreme with temperatures fluctuating anywhere between 0 °C and 50 °C in parts of the state coupled with dry hot winds called the Loo. The Gangetic plain varies from semiarid to sub-humid. The mean annual rainfall ranges from 650 mm in the southwest corner of the state to 1000 mm in the eastern and south eastern parts of the state. Primarily a summer phenomenon, the Bay of Bengal branch of the Indian monsoon is the major bearer of rain in most parts of state. After summer it is the southwest monsoon which brings most of the rain here, while in winters rain due to the western disturbances and north-east monsoon also contribute small quantities towards the overall precipitation of the state.

Heavy rains in Uttar Pradesh from 08<sup>th</sup> to 13<sup>th</sup> October 2022 led to waterlogging. According to the official count on October 12, 1328154 people were affected by the floods. About 1466 villages in 20 districts were affected by rain. 125691.79 hector Crop area were affected. 55293 people are living in flood shelters and 185 relief camps were opened.

The flood waters submerged the Gonda-Barhni-Gorakhpur railway bridge in Balrampur, affecting the movement of trains. According to Balrampur station master, the movement of over two dozen trains was affected after the flood waters submerged the railway bridge. The traffic movement on Balrampur-Badhri National Highway 730 was affected on Sunday after it was inundated by

floodwater. According to reports, rain has inundated thousands of hectares of crops like paddy, maize, bajra, urad, and potato across the state. Heavy rainfall in Lucknow led to the waterlogging in streets and damage to trees. Many homes are flooded and people are unable to cook, and they are unable to deliver groceries or food. Toilets and clean drinking water are the biggest problem for the flood victims as there is no alternative at the local level. Some displaced families are tied up under the open sky or living in high places which are in need of tarpaulin urgently. Due to incessant rains, life has been disrupted to a large extent. Streets were flooded in Aligarh and water entered houses and shops of people. Jawaharlal Nehru Medical College, Aligarh Muslim University also reported water entering the premises.

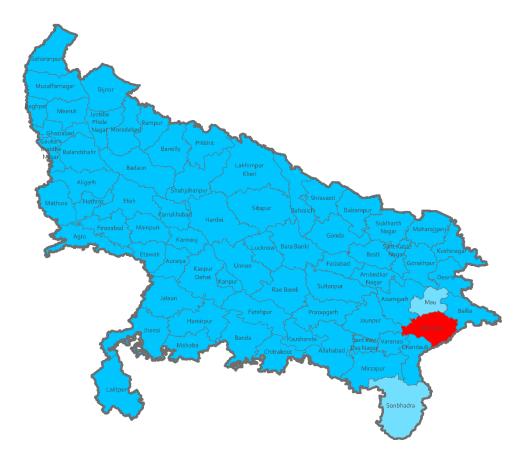


FIGURE 1: SITUATION IN UTTAR PRADESH'S BALLARAMPUR

Lakhimpur Kheri, Pilibhit, Gonda, Barabanki, Behraich, Shravasti, Balrampur, Siddharthnagar, Gorakhpur, Deoria, Kushinagar, and Sitapur are the most affected districts in Uttar Pradesh.

Sphere India with support from local organizations conducted a Joint Rapid Need Assessment (JRNA) in highly affected areas of Madhya Pradesh. From the affected population, a sample of total 272 households were assessed from the affected wards. Key informant interview with local administration were also conducted to understand the situation and needs at community and institutional level.

Total number of samples collected	272
Total districts covered and their names	5
Name of Districts covered	Kushinagar, Balrampur, , Shravasti, and Siddharthnagar



MAP 1: WEEKLY RAIN FALL DATA FROM 06-10-2022 TO 12-10-2022



## **Key Findings of JRNA**

## Water, Sanitation and Hygiene (WASH):

The analysis revealed a lack of safe and adequate drinking water to the affected population, as well as a disparity in excreta disposal post disaster. Before the disaster, 49% of respondents had access to treated tap water, but after the disaster, it dropped to 8%. Residents reported damaged WASH infrastructure as well as a lack of hand washing facilities. There were also concerns about lack of WASH facilities and separate toilets, and a lack of privacy as well.

It is recommended to distribute water storage containers in risk areas and Communities in floodprone areas should be made aware of water purification before cooking and drinking

## **Shelter, Settlements and Non-Food Items:**

Most of the surveyed households live in open space which are highly vulnerable to rain, wind and flood. 36% of respondents live in their relative's house. Many of the respondents reported that their houses have been partially damaged (22%), completely damaged (17%), and house inundated or drowned in water (45%).

In the affected areas, there is a need for cheap, safe rental housing, financed by the government to cater to the needs of the labors and farmers, and temporary arrangements to safeguard the communities living in vulnerable houses

### Health

Floods have impacted access to holistic healthcare services post disaster as an essential service for the affected population segments during disasters and emergency situations. Several respondents are reported to be facing water borne diseases as a result of the heavy flooding and 61% of family members of respondents are facing pre-existing health problems, of which 38% were suffering from covid-related problems and 37% were suffering from communicable diseases. 18% of the respondents reported that health facility is not functional in the affected areas.

## **Education**

Various education infrastructures like government schools, middle and higher standard schools were reported to be damaged due to floods. Educational services have been affected due to rainfall and disrupted. Moreover, damage to learning materials and damage to infrastructure due to heavy rains are being reported from the affected districts. The households require financial support for

continuing the education of their children. 51% of respondents reported damage to study materials and 32% of respondents reported unavailability of teachers. Lack of availability of students has also been reported

## Food Security & Nutrition, Livelihood

Majority of affected households (87.50%) have monthly income less than 10000 rupees whereas majority are engaged in agriculture and casual laborers. Fisheries, livestock and agricultural industry along with other small-scale works faced huge losses due to rainfall and floods along with dysfunctional markets with limited or no access at all.

### **Protection**

The evacuated people and other respondents reported to face long power cuts creating a sense of insecurity especially in the mind of vulnerable part of the society. 49% of the respondents are living in relief camps with limited privacy for women and girls and 84% respondents have also reported the privacy issues due to shelter damage. Identification and consultation with the children, PwD, women and elderly who are in need of care and protection is an immediate requirement. Access to safe drinking water, sanitation facilities, menstrual health and hygiene products should be ensured in a camp situation or in areas where people are living in makeshift shelters is also recommended.

Provision of proper shelters with functional toilets and washrooms is recommended to ensure safety, privacy, health and hygiene of women and girls.

## 2. OVERVIEW OF JOINT RAPID NEEDS ASSESSMENT REPORT

## 2.1. Timeframe

TABLE 1: TIMEFRAME - JRNA U.P. FLOODS 2022

Timeline	Activity
08th-13rd Oct, 2022	Heavy Rainfall in Uttar Pradesh
10th-Oct, 2022	IAG Meeting
12th Oct, 2022	Orientation of volunteers on Kobo tool and JRNA process
12-14th Oct, 2022	Data Collection in the field
14th Oct, 2022	Data analysis
15th Oct, 2022	JRNA Report

## 2.2. Methodology:

Based on the emergency situation, Sphere India coordinated with its existing NGO partners working in the affected areas of Uttar Pradesh. It was decided to conduct a Joint Rapid Needs Assessment to identify the urgent, mid-term and long-term needs of affected community based on Food & Nutrition, Health, Water, Sanitation and Hygiene (WASH), Education Shelter, Livelihood, and Protection, and to flag out the vulnerability of affected community to access the basic services and entitlements in urban areas.

The JRNA involved joint efforts from Member organizations in the affected districts facilitated by Sphere India with the field support from local NGOs, Government led institutions, line departments providing support and necessary information & data.

Volunteers were oriented to carry out data collection using household and key informant interview tools in these affected districts. The collected data got analyzed by the Sphere India team, and the draft report was reviewed by the respective sectoral experts. The reviewed and then revised report also incorporates the inputs and insights shared by the Sectoral committee leads.

During JRNA, urgent needs of affected communities have been identified through direct data collection from the field, government's damage assessment reports, pre-disaster information from respective line departments, and secondary data from various sources, media reports and discussions with grassroots functionaries. Data was collected based on the indicators of the specific tools/questionnaires used during the interviews/ discussions. The methodology was based on:

- a) Structured one-to-one interviews with affected households (ensuring prioritizing of random households from most affected villages giving equal representation to all sections of the local community).
- b) Secondary data from IMD and various media sources to examine the observation and facts.

## 2.3. Rational behind the Sampling for Assessment:

The sampling sizes were determined based on secondary data information available from government reports and media sources. Affected areas were chosen from different Taluks of Uttar Pradesh. The wards were selected on the basis of the impact data, vulnerability, heavy rainfall and having thorough discussion with the local NGOs and in consideration of their situational awareness and impact of the event. The households for the survey were selected in a way that ensures the participation of vulnerable groups like migrants, elderly people, PwDs, children and marginalised communities living in low-lying areas, near to drainages, slums, etc.

## 2.4. Primary Data Collection

The primary data collection process was initiated by conducting household surveys and key informant interviews at the affected wards covering households and local administrations. The questions were designed to grasp the needs and challenges in the sectors like Food and Nutrition Security, Shelter, Protection, Health, Livelihood, Education, and WASH. Household level questionnaires have been filled through the KoBo Collect Tool, wherein the format was designed by national level experts, and has also included suggestions from the local humanitarian actors. In order to keep the assessment neutral, unbiased, and reflective of the ground reality, local volunteers were engaged, physically visiting and recording responses from the affected population.





FIGURE 2: GLIMPSES FROM FIELD DATA COLLECTION

## Samples Collected and Respondents Profile -

**TABLE 2: RESPONSE PROFILE** 

District	No of Company	Community			
District	No. of Surveys	Male	Female	Children	Others
Kushinagar	28	107	102	63	
Balrampur	13	30	30	52	6
Behraich	31	81	69	97	2
Shravasti	171	306	287	536	8
Siddharthnagar	29	65	61	112	
TOTAL	272	589	549	860	16

Out of all affected villages and households, 5 districts and 272 households were taken as sample of most affected community and have been assessed and documented based on the instruments/tools/questionnaires.

## **Quantitative Data Analysis**

Once data was collected from KoBo Collect Tool, Sphere India team carried out data cleaning and data analysis using Microsoft Excel. The key findings were analyzed and highlighted in the form of graphs and charts to provide a better understanding of the emerging trends to the readers.

## **3.SECTORAL ASSESSMENT & RECOMMENDATIONS**

## 3.1 WATER SANITATION AND HYGIENE (WASH)

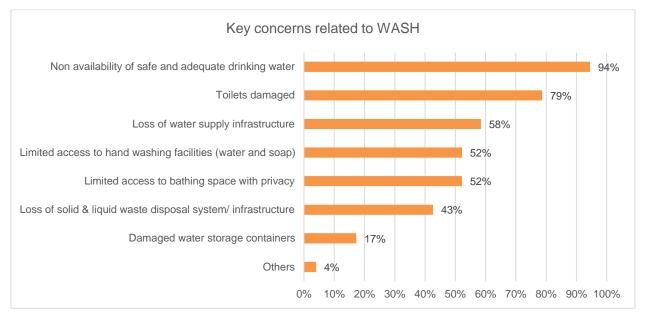
### **Overview**

Following a significant flooding occurrence, the requirements of those who are impacted in terms of water, sanitation, and hygiene are crucial since a lack of WASH support could seriously endanger their health, especially that of young children. The condition of water, sanitation and hygiene assessed helped to understand the prior vulnerabilities of the affected communities as well as to compare it with the post-rainfall events. Due to heavy rainfall the drains were overflowing in many areas which led to inundation of houses, deposition of mud, garbage and other waste materials in the localities of the community.



FIGURE 3: FLOODED WATER DUE TO BLOCKED DRAINS NEAR TO THE HOUSEHOLDS

## **Assessment Findings**



**CHART 1: CONCERNS ON WASH REPORTED BY HOUSEHOLDS** 

The concerns related to water, sanitation and hygiene (WASH) are as follows: -

- Non-availability of safe and adequate drinking water 94%
- Toilets damaged 79%
- Loss of water supply infrastructure 58%
- Limited access to hand washing facility 52%
- Limited access to bathing space with privacy 52%
- Loss of solid/liquid waste disposal system 43%
- Damaged water storage containers 17%
- Others 4%

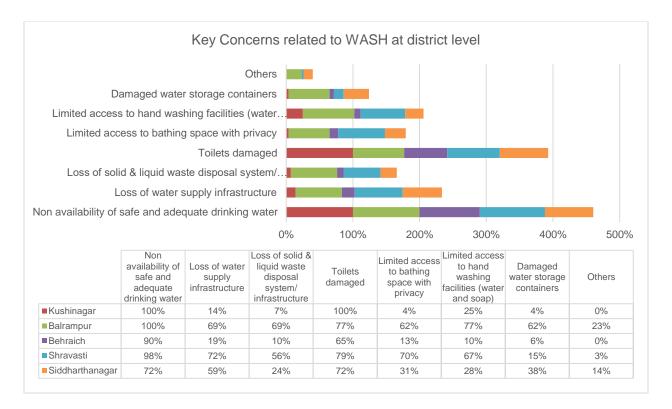
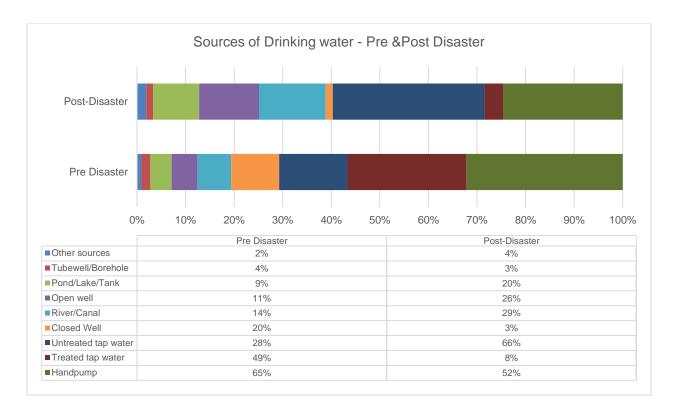


CHART 2: MAIN CONCERN RELATED TO WASH - DISTRICT LEVEL

Non-availability of safe and adequate drinking water is the main problem in all the 5 districts surveyed. Damaged toilets are also a haunting problem in Kushinagar and Siddharthnagar districts. Loss of water supply infrastructure and limited access to washing facilities also main issues in 5 districts.

There has been a significant change in the source of drinking water after the crisis. Earlier, 65% of the respondents were using water from the hand pump for drinking, 49% of the respondents used water from treated tap water, 28% of the respondents used water from untreated tap water, and 20% of the respondents were using water from closed well for drinking purpose. After the floods, most of the respondents reported that they either got water from a nearby handpump or from untreated tap water. Some respondents also shared that they do not have access to clean water and are using the polluted water for drinking purposes. Before the disaster, 49% of respondents had access to treated tap water, but after the disaster, it dropped to 8%



**CHART 3: SOURCES OF DRINKING WATER - PRE &POST DISASTER** 

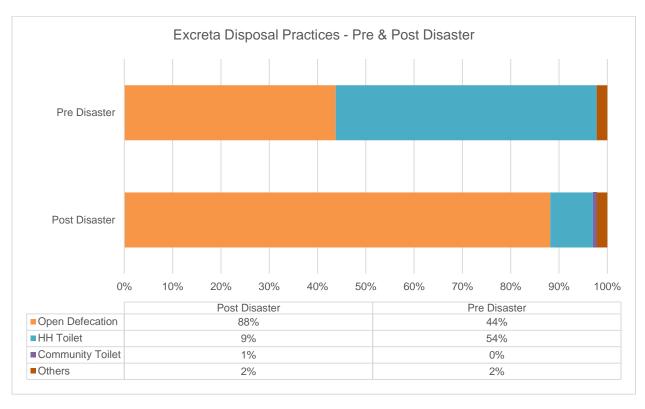


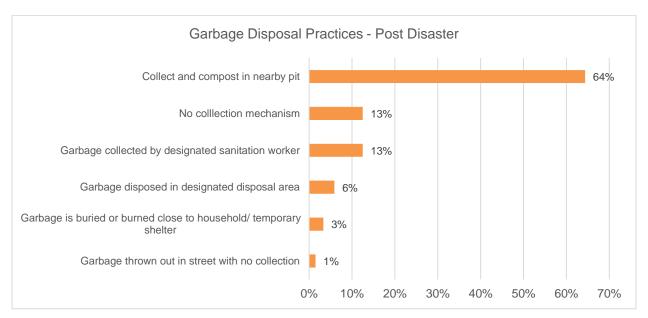
CHART 4: EXCRETA DISPOSAL PRACTICES - PRE AND POST DISASTER

According to the report, only 09% of respondents still use HH toilets after the flood, down from 54% previously. From 44% to 88% more persons were defecating in public places. Additionally, the number of usable public restrooms has dropped from 1% to 0%.



CHART 5: VISIBLE SOLID WASTE OR WASTEWATER IN THE VICINITY OF THE HOUSE/TEMPORARY SHELTER POST-DISASTER

**Visible Solid Waste:** Solid waste was seen after flood in about 97% of the houses. Unhygienic conditions near shelter have been reported widely across all districts.



**CHART 6: GARBAGE DISPOSAL POST-DISASTER** 

**Functionality of garbage collection –** 64% of respondents reported that garbage collection is functioning in their area. While 13% respondents reported that there are no garbage collection bins in their locality. 13% of respondents reported that garbage waste was collected by designed sanitation workers.

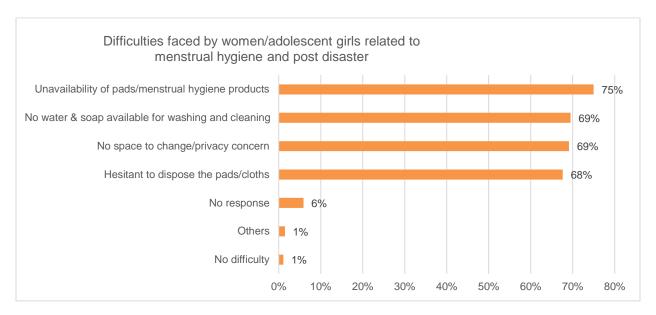


CHART 7: DIFFICULTIES FACED BY WOMEN RELATED TO MENSTRUAL HYGIENE

**Difficulties faces by women/adolescent girls:** Lack of access to clean water and sanitation materials to maintain hygiene and privacy are major concerns for maintaining menstrual hygiene, as reported by women surveyed in affected areas. Shortage of pads are also reported from the affected districts.

#### Short term for immediate response

- a) Distribution of water storage containers in vulnerable areas with limited access to safe storage containers for water i.e. 20 litre bucket with lid,
- b) Awareness of treatment of water before cooking and drinking to communities in flood affected areas, migrants, etc.
- c) Vector control goods such as mosquito nets, should be provided in the affected areas to safeguard them from vector related diseases.
- d) Awareness on safe hand wash, mosquito control, personal and environmental Hygiene and safe water handling

- e) Urban Local Body Gram Panchayat, needs to clean community drains and dispose sludge regularly especially in the low-lying areas,
  - a) Distribution of Bleaching powder, ORS packets, Chlorine Tabs, Soap etc.

## Medium term recommendations for recovery

- a) Ensure garbage collection and its safe-disposal
- b) Hand pump and it's platform maintenance
- c) Soakpit and drain -training and maintenance
- d) Cleanliness of community toilets
- e) Appropriate disposal of collected water

## Long term and resilience building

- a) Seeing the HFL the raising of Hand pump and Toilet platform
- b) Make Water supply contamination free
- c) Regular campaign for WASH in Emergency

## 3.2. SHELTER

## **Overview**

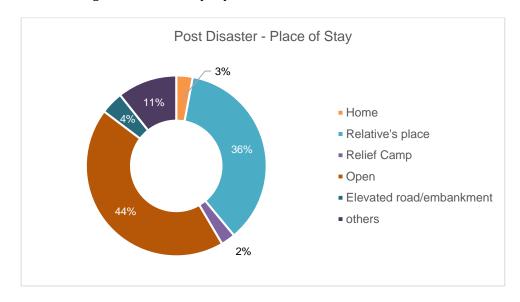


FIGURE 4: COLLAPSED HOUSE, VILLAGE BALDUPURWA, BEHRAICH

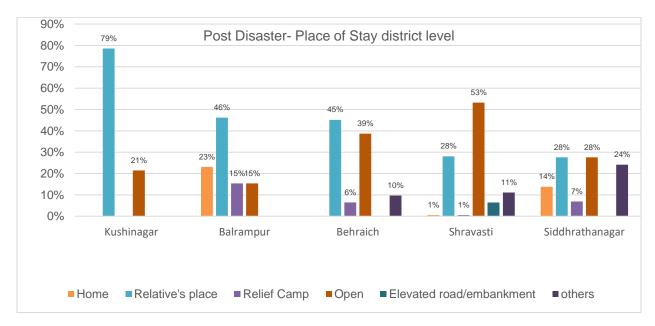
Joint Needs Assessment has shown that there has been widespread damage to houses and people are in need of basic shelter items like clothing, bedding, etc. Majority of the surveyed households live in their own houses which are prone to rain, wind and flooding. Poor construction and cracks in walls and roofs plague the community.

## **Assessment Findings**

**House structure** – Among respondents, 44% live in open space, which are highly vulnerable and at risk of damage and 36% lives in relative's place. 2% respondents live in relief camp. In Kushinagar, 79% people live in relatives' houses, while 21% people live in open space. In Shravasti district, 53% people currently stay in the open space. 45% of respondents in Behraich districts live in relatives' homes. In Siddharthnagar district, 14% people live in their home.

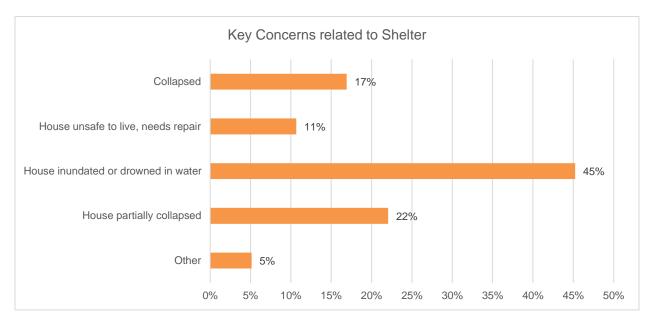


**CHART 8: POST-DISASTER PLACE OF STAY** 

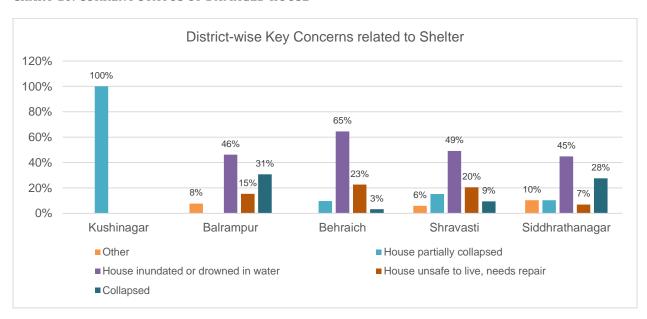


**CHART 9: DISTRICT-LEVEL PLACE OF STAY** 

Many of the respondents reported that their houses have been partially damaged (22%), completely damaged (17%), and house inundated or drowned in water (45%). 100% reported houses are partially collapsed and need repair in Kushinagar district. 46% of houses of respondents in Balrampur district are inundated/ drowned in water. 65% of houses of respondents in Behraich district and 49% of houses of respondents in Shravasti district are drowned in water.

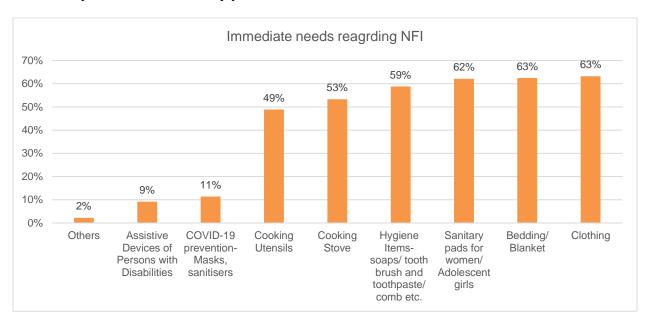


**CHART 10: CURRENT STATUS OF DAMAGED HOUSE** 



**CHART 11: DISTRICT LEVEL STATUS OF DAMAGED HOUSE** 

**Immediate needs** – Among the respondents, 63% of people need clothing, 63% of people need blankets and 53% people need cooking stove. 100% of respondents need cloths and 11% of respondents need sanitary pads in Kushinagar district. 64% of respondents need hygiene items and 81% of respondents need sanitary pads in Shravasti district.



**CHART 12: IMMEDIATE NEEDS REGARDING NON-FOOD ITEMS** 

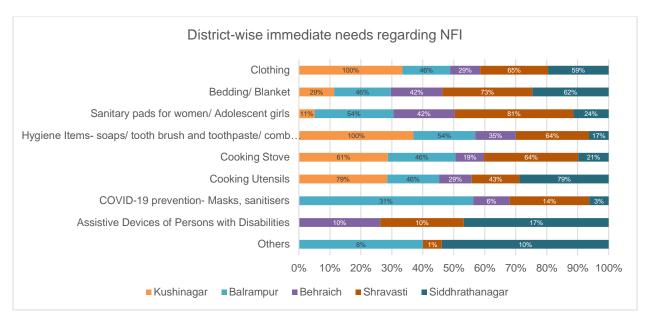


CHART 13: IMMEDIATE NEEDS OF NFI AT DISTRICT-LEVEL

### **Recommendations**

## Short term for immediate response

- a) Houses collapsed, eroded, inundated or displaced families should be provided temporary shelter arrangements
- b) Partial or fully damaged Houses must get compensation as per SDRF nom at the earliest.
- c) Awareness of community to avoid stay in crack or partially damaged houses unless repaired properly.

## Medium term recommendations for recovery

a) Awareness programs for mid to long term support to rebuild multi hazard resilient houses.

## Long term recommendations for recovery

- a) No construction in River basin
- b) Awareness on following the building code
- c) Build designated inclusive shelters for evacuating the communities at risk during emergencies

## 3.3. HEALTH

## **Assessment Findings**

As per the assessment findings it was found that majority of the health facilities as reported by the respondents were non-functional and suffered some damage during the floods. In all the assessed districts except in Kushinagar, all other districts i.e. Balrampur, Behraich, Shravasti, and Siddharthnagar respondents reported more that 75% of health facilities as non-functional due to the floods. In addition, damage to drug stocks and documents, displacement of health staff and trained community volunteers, and displacement of patients along with disruption of routines that support adherence to treatment can lead to loss of access to essential healthcare services for the affected population.

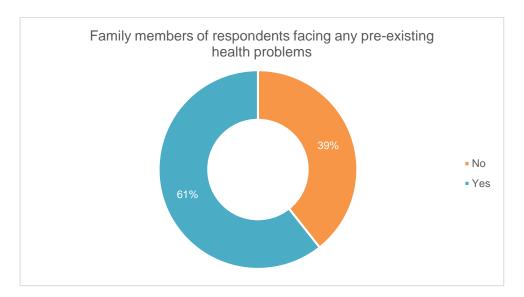


CHART 14: FAMILY MEMBERS OF RESPONDENTS FACING ANY PRE-EXISTING HEALTH PROBLEMS

• During the assessment it was found that 61% of the family members are facing pre-existing health problems followed by 39% family members with no health problems.

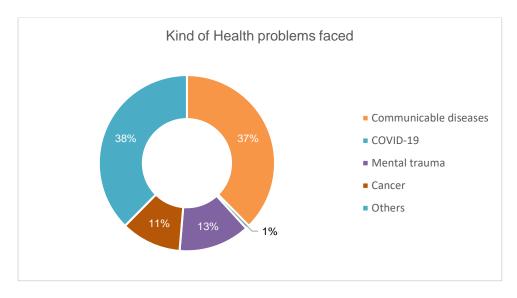
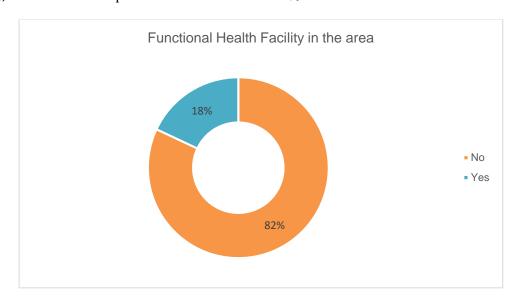


CHART 15: FAMILY MEMBERS OF RESPONDENTS FACING ANY PRE-EXISTING HEALTH PROBLEMS

• Out of reported family members with health problems, communicable disease contributed to 38%, COVID-19 contributed to 1%, mental trauma contributed to 13%, cancer contributed to 11%, and other health problems contributed to 38%.



#### CHART 16: FUNCTIONAL HEALTH FACILITY IN THE AREA

• With respect to functional health facility in the flood affected districts ,18% of respondents reported that they have functional health facility in their area and the remaining 82% reported no functional health facility in their area.

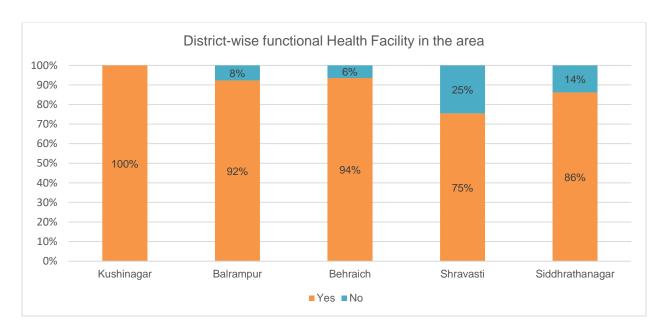
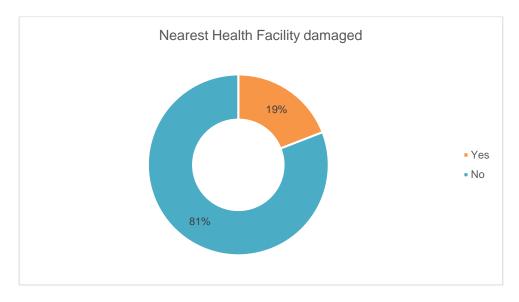


CHART 17: FUNCTIONAL HEALTH FACILITY IN THE AREA AT DISTRICT LEVEL

• District wise functionality of health facility in the flood assessed area shows that in Kushinagar 100% of respondents reported that the health facilities were functional during the floods. In Balrampur district 92% respondents reported the health facility as non-functional followed by 8% functional; district respondents reported 94% non- functional health facility and 6% functional. Likewise, Shravasti district respondents reported 75% health facility as non-functional and 25% functional; and Siddharthnagar district respondents reported 86% health facility non-functional and 14% functional.



**CHART 18: NEAREST HEALTH FACILITY DAMAGED** 

• In terms of nearest health facility damaged in the flood affected districts ,19% of respondents reported that there is damaged of health facility in their area caused by floods, and the remaining 81% reported no damage of health facility in their area.

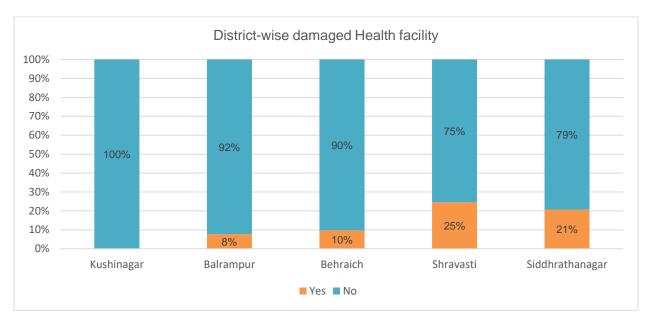


CHART 19: NEAREST HEALTH FACILITY DAMAGED AT DISTRICT LEVEL

• District wise status of health facility damaged in the flood assessed area shows that in Kushinagar 100% of respondents reported that the health facilities did not suffer any damage during the floods. In Balrampur district 92% respondents reported the health facility were damaged followed by 92% as not damaged; district respondents reported 10% of the health facility were damaged with 92% as not damaged. Likewise, Shravasti district respondents reported 25% of health facility as damaged and 75% as not damaged; and Siddharthnagar district respondents reported 21% health facility as damaged and 70% as not damaged in the flood affected areas.

## **Recommendations**

## a. Short term for immediate response

- a. Assessment of health care facilities which are non-functional and rendering support to those facilities to provide continuity of healthcare services to the population in their vicinity.
- b. As per the assessment report communicable disease contributed to 38% which is quite high. There is a need to create communicable disease profile, surveillance and reporting of communicable diseases of the affected area for immediate healthcare intervention as per the need.

- c. To conduct mobile health camps in areas where health services are not reached and health facilities are non-functional. Availability of basic medicines to treat symptoms of common cold, fever, water-borne diseases etc. for affected population.
- d. Restoration of immunization services in areas where health facility services are non-functional, deworming of children under age of 12yrs.
- e. Prioritizing the reproductive health needs of the women and adolescents.
- f. As per the assessment report 61% of respondents reported pre-existing health problems, therefore it is important to list out individuals on chronic disease medication in flood affected areas. Continuum of care to be provided to people with existing co-morbidities, people with NCD's (hypertension, diabetes etc.), patients with TB etc.
- g. Special care of PWD and the aged in terms of their accessibility and medical needs, link each of them with a healthy individual for any support now.

## b. Medium term recommendations for recovery

- a) Early restoration of health facilities that have been inundated and/or have been unable to continue the basic health care services.
- b) Psychological support to affected families and individuals through psychological assessment and counselling.
- c) Environment cleanliness focusing on safe disposal of debris of dead animals; village/household cleanliness.

## c. Long term recommendations for resilience building

- a) List of health facilities located in flood prone areas and developing emergency preparedness plan for functioning of the facilities for future disasters.
- b) Structural and non-structural safety assessment of healthcare facilities.
- c) Establishment of Hospital Networking System for referral of emergency cases in future for such disasters
- d) A plan to ensure continuity of health facility supply and delivery chain
- e) Physical rehabilitation and reconstruction of local health facilities, and/or with the required medical provision of essential equipment and supplies, especially in inaccessible flood affected areas will also be necessary while building back better.
- f) To identify the training needs of healthcare professionals for capacity building in emergency response and disaster management.
- g) Start working on Climate Change Adaptation measures.

## 3.4. EDUCATION

#### **Overview**

The educational services have been affected as a result of the heavy rainfall and the respondents have reported that the education of children have been disrupted. Damage to educational materials have also been reported in some of the surveyed areas.

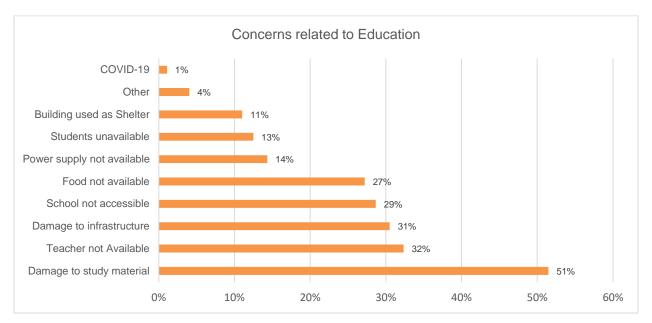


FIGURE 5: FLOODED SCHOOL IN UTTAR PRADESH

### **Assessment Findings**

Educational services have been affected due to rainfall and disrupted. Moreover, damage to learning materials, damage to infrastructure due to heavy rains and unavailability of teachers are being reported from the affected districts. Many school's building are submerged now. The damage caused to school's building cannot be estimated now. Whether the school would be in condition to start classes in its premise when it reopens cannot be assumed now until a ground assessment of all such schools are carried out after the water get cleared. Lack of access to schools is reported as a major problem. The approach road of most schools in the flood affected are submerged due to flood. Children have been out of school for almost 10 days because of school closure which is largely affecting their learning. Facing scarcity of basic needs in such massive flood in their village and losing their belongings and family members (in some areas) can create huge mental stress on the mind of

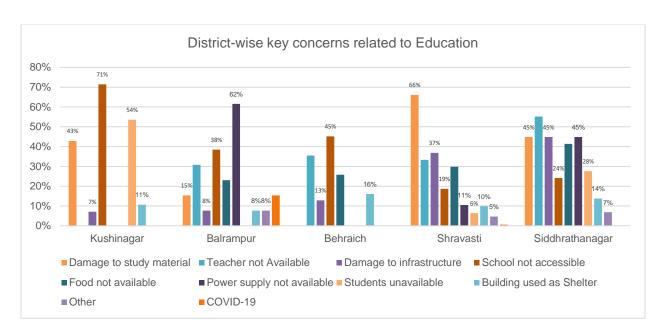
children which can further hamper their learning ability when they go back to school. The use of schools as shelters in some places have also affected the education of students. It is reported that Anganwadi centers of many villages were submerged and all the pre-school teaching and learning items like books, stationaries, and play materials were drowned in the water.



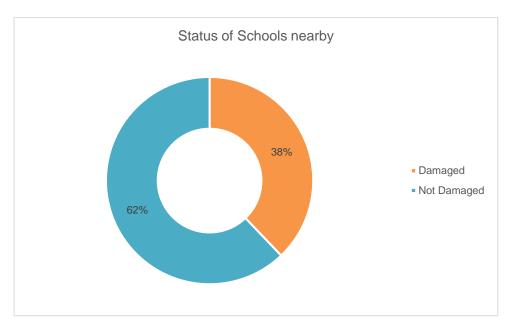
**CHART 20: MAIN CONCERN RELATED TO EDUCATION** 

51% of respondents reported damage to study materials and 32% of respondents reported unavailability of teachers. Lack of availability of students has also been reported.

According to the information received, 72% of the schools in Kushinagar are not accessible. Non-availability of students is also a major problem in Kushinagar. In Balrampur, 62% of the respondents report that they do not have access to electricity. 45% of schools are not available in district. 66% of respondents reported damage to study material in Shravasti district.

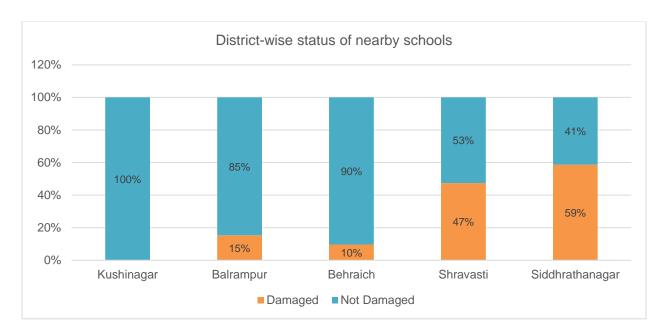


**CHART 21: DISTRICT-WISE KEY CONCERNS RELATED TO EDUCATION** 



**CHART 22: FUNCTIONING EDUCATIONAL FACILITIES** 

According to the obtained data 38% of schools are damaged in flooded area. There is no reported damage for schools in Kushinagar district. 59% of respondents are reported that schools are damaged in Siddharthnagar district.



**CHART 23: DISTRICT-LEVEL FUNCTIONING EDUCATIONAL FACILITIES** 

#### Recommendations

### Short term for immediate response

- a) Creation of child space in the flood affected area for engaging children and relieving the stress of disaster from their mind.
- b) Prompt disinfection of school buildings and cleaning up of debris
- c) Distribution of mid-day meal at children spaces, created.

#### Medium term recommendations for recovery

- a) Implementation and practice of the comprehensive school safety policy as per new education policy.
- b) Establishment of Child Centered Disaster Risk Reduction strategy in the context of school education.
- c) Developing safety map for the community surrounding the school.

## 3.5. FOOD SECURITY & NUTRITION, LIVELIHOOD

Proper nutrition is important for a human bring to conduct day to day activities effectively and to stay maintain immunity. In the context of Children, elderly and sick the nutrition needs are different taking their body conditions into consideration. Livelihood on the other hand is defined as a means to secure the needs and wants of a being. A person's ability to have a proper nutrition depends majorly on their livelihood and ability to afford and include all food groups in their day-to-day diet. Floods as a disaster could wipe the effected community's ability to stay well-nourished as well as their ability to afford proper nutrition as their livelihoods are compromised. The following are the findings of the JRNA assessment.

### **Assessment Findings**

The reserve food is all a person could rely on when a disaster strikes as it reduces the mobility to gather and also effects the sources where the community procure food items. This leaves the community to prioritize their needs and rely on the only amount that they have or worse leaving them to starve. The assessment found that 80% of the people living in at risk areas do not have any stored food grains for use in emergency, that leaves only 20% who can fend themselves in a situation like floods.

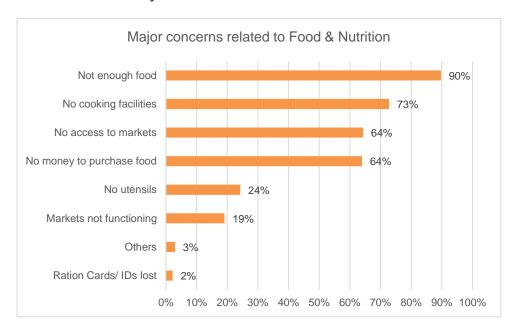
Majority of affected households (87.50%) have monthly income less than 10000 rupees whereas majority are engaged in agriculture and casual laborers.



**CHART 24:FOOD AVAILABILITY (STORED FOOD GRAINS)** 

The major concerns that this survey brought to light is that about 90% of the population do not have access to enough food also 73% of people answered to not having cooking facilities. About 64% of the people were deprived their access to markets, and their means to purchase their daily bread.

24% of the people mentioned that they do not have enough utensils. On the other hand, about 19% of the markets are non-functional. To acquire the ration that is distributed by PDS, about 2% will not be able to access the same as they have lost their ration cards or ID cards.



**CHART 25: CONCERNS RELATED TO FOOD SECURITY AND NUTRITION** 

From the previous graph it was known that not having enough food is the major concern and more people will be affected by this problem in case of a flood, the district wise statistics in the same area shows Kushinagar leads among 5 districts with almost 100% not able to meet the mark, while Siddharthnagar stands in the next place. in the lack of utensils, Shravasti sands at the top with 84% of its population in the vulnerable position. 83% of the population has no access to markets in the district of Siddharthnagar, while Kushinagar performs way better than the other district with only 14% of the community members having no access to markets. Th districts of Balrampur, Shravasti and Siddharthnagar are standing at almost equal position in the domain of people having not enough money to buy food. The district of Shravasti is performing worse in the areas of people who do not have utensils and the markets that are not functioning. in the context of disaster such as floods, these concerns are paramount as these problems will hamper an individual or a Family's ability to provide a proper nutrition for themselves. In case of children elderly and other vulnerable populace the effects are only compounding.

#### Concerns related to food security & nutrition

- Not enough food -90%
- No cooking facility- 73%
- No access to market- 64%
- No money to purchase food- 64%
- Market is not functioning- 19%
- Loss of ration cards/IDs 2%
- Absence of utensil 24%

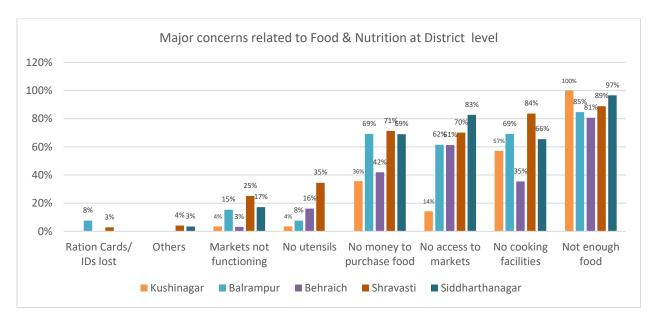
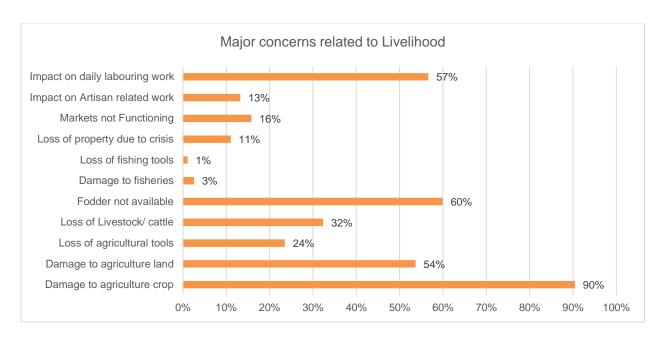


CHART 26: MAJOR CONCERNS RELATED TO FOOD & NUTRITION AT DISTRICT LEVEL

100% of the respondents in Kushinagar district reported not having enough food. 97% of respondents in Siddharthnagar, 89% of respondents in Shravasti district, 85% of respondents in Balrampur, and 81% of respondents in also reported not having enough food. 84% of respondents in Shravasti district reported absence of cooking facilities. 08% of respondents in Balrampur district lost their ID/ ration cards.



**CHART 27: MAIN CONCERNS REGARDING LIVELIHOOD** 

#### Concerns related to livelihood

- Impact on daily laboring work 57%
- Impact on artisan related work 13%
- Market not functioning 16%
- Loss of properties due to crisis 1%
- Loss of fishing tools -1%
- Damage to fisheries -3%
- Fodder not available -60%
- Loss of livestock/cattle -32%
- Loss of agricultural tools -24%
- Damage to agricultural land 54%
- Damage to agricultural crop 90%

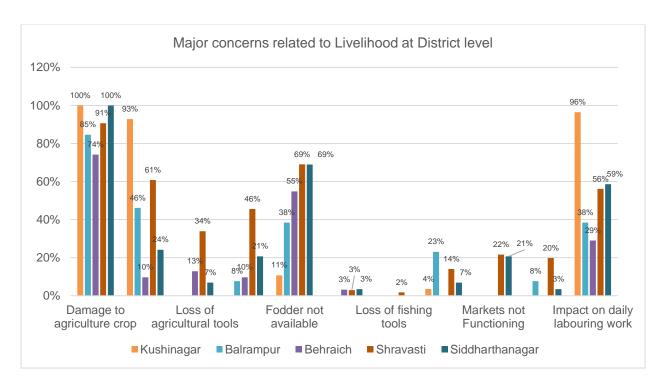
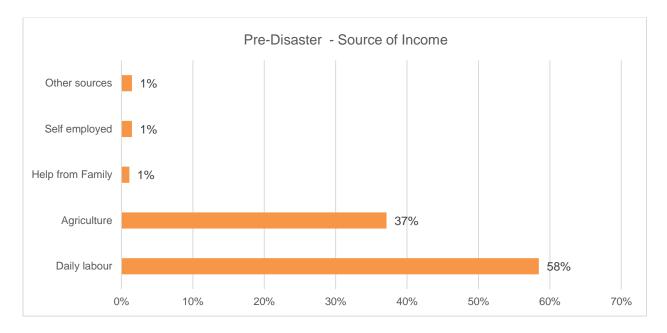


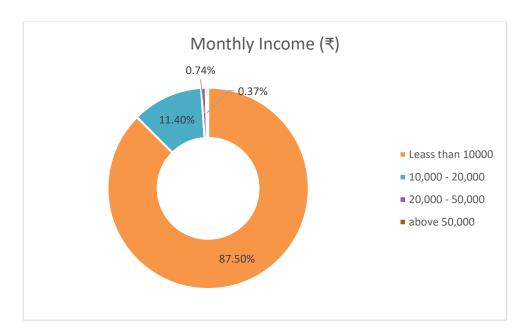
CHART 28: MAJOR CONCERNS RELATED TO LIVELIHOOD - DISTRICT LEVEL

In the district Siddharthnagar, 100% of respondent's agricultural crop is damaged by flood. However, in Kushinagar loss of agricultural crop (100%), impact on daily laboring work (96%) and damage to agricultural land (93%) is very high, Similar picture is coming from Shravasti, where agriculture crop (91%), land 612%) and fodder shortage (69%) is reported. is also showing mix picture of heavy losses both to agriculture and fodder shortage. Immediate response from agricultural department is required for all five districts.



**CHART 29: PRE-DISASTER - SOURCE OF INCOME** 

Before the disaster, 58% of the respondents depended on daily income and 37% of the respondents depended on agriculture.



**CHART 30: MONTHLY INCOME (₹)** 

#### **Recommendations**

#### Short term for immediate response

- a. Distribution of ready to eat/cooked/raw food for the families affected by flood, may or may not displaced.
- b. Identify pregnant lactating and under five children mothers for appropriate diet immunization and care.
- c. Follow up with anganwadi workers for weight of the children as per height and age. So that care be taken at the earliest sign of wasting and stunting.
- d. Provide cash support to daily wage workers who do not have means of livelihood and have to struggle in buying essential items. Unconditional cash to beneficiaries' accounts would help the HHs to purchase their choices of item.
- e. NFI like utensils, clothes and bedding will be an immediate need apart from the HHs who have lost their shelters.
- f. Immediate focus on areas more prone to water contamination and scarcity as those areas will have high risk of diarrhea which may result in sever undernourishment and future illness.

### Medium term recommendations for recovery

- a. Provision to incorporate the vulnerable communities in food and nutrition schemes of the government.
- b. Facilitate to avail the Ration cards, ID proof to get their rights and compensation.
- c. Provision of ration card who either do not have it or lost due to flood. So that access to food security and nutrition.
- d. Appropriate seed procurement and distribution for holistic health and nutrition support to flood affected community {agriculture, horticulture}.
- e. Relaxation in criteria of beneficiary, so that maximum number of flood affected families gets supported.
- f. KCC and cooperative farmers should get waiver of additional interest due to delay in payment.
- g. Provision of livelihood opportunity for the laborer and others who have lost their livelihood.
- h. Establish the GO-NGO coordination to facilitate to avail the rights and compensation declared by the govt.

## Long term recommendations for recovery

- a. Develop community resilience action plan by strengthening PRI as part of local resource group.
- b. Promotion of disaster stress resilient cropping.
- c. Waiver of loan to farmers crop loss due to disaster.

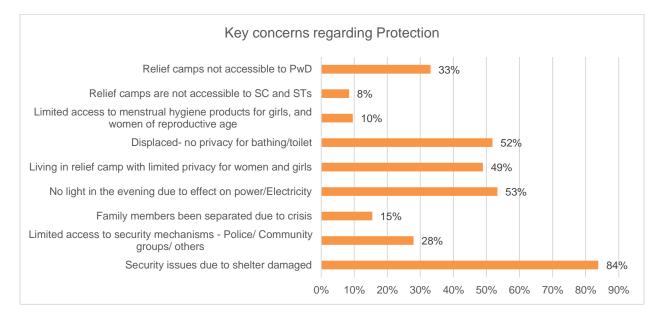
#### 3.6. PROTECTION

The issue of protection is of grave concern particularly when any sort of disaster hit the people. Protection in terms of safety of women, children especially adolescent girls as they come under the category of most vulnerable people. Traffickers become active during such situation as they know families are likely to get dislocated during flood, therefore it is utmost important to ensure their safety during disaster.

The floods damaged family homes, destroyed crops and livelihoods, and ravaged infrastructure. Due to recent flood in the state of Uttar Pradesh many people were affected and many are living in camps in worst affected districts. The impact of flood is devastating as many of the blocks and villages have lost the connectivity of roads. In order to assess the situation a survey was conducted. The assessment was conducted in 5 districts of Uttar Pradesh. The severely affected districts are-Kushinagar, Balrampur, , Shravasti, and Siddharthnagar

### **Assessment Findings**

Protection methods are used to reduce or prevent the detrimental effects of flood waters. At relief camps, availability of toilet, washroom, electricity and security are some common issues that most people are forced to suffer? Protection methods are used to reduce the effects of flood waters. Flooding can be caused by a mix of both natural processes, such as extreme weather upstream, and human changes to waterbodies and runoff.



**CHART 31: CONCERNS RELATED TO PROTECTION** 

As per the assessment findings it is clear that key concerns regarding protection of flood affected families are access to relief camps. It was found that that 33% families have no access to relief camps. It was also found that out of total families 8% belong to SC & ST category. 10% are women and girls and they have limited access to menstrual hygiene. 52% displaced families have no privacy for toilet and bathing facilities. 49% families living in relief camps have limited privacy for women and girls. Power supply/electricity was affected due to flood as a result 53% families have no access to electricity in evening time. 15% families were separated due to crisis and 28 % families have limited access to security mechanisms by police. 84% families face security issue due to damage of shelter caused by flood.

The key concerns related to protection are as follows: -

- Security issues due to shelter damage 84%
- No light in the evening 53%
- Displaced- no privacy for bathing/toilet- 52%
- Relief camps are not accessible to PWD 33%
- Family members have been separated due to crisis 15%
- Limited access to security mechanism 28%
- Living in relief camps with limited privacy with limited privacy for women and girls 49%
- Living relief camps are not accessibility to SC and STs -8%
- Limited access to menstrual hygiene products 10%

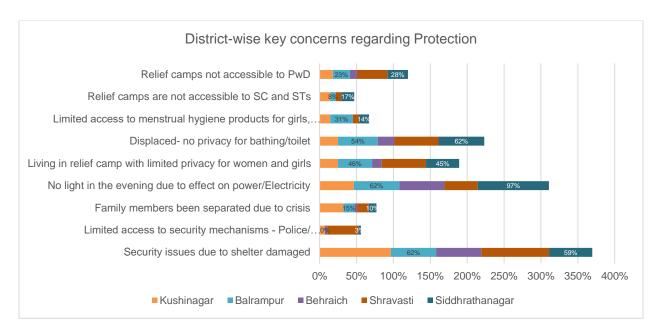
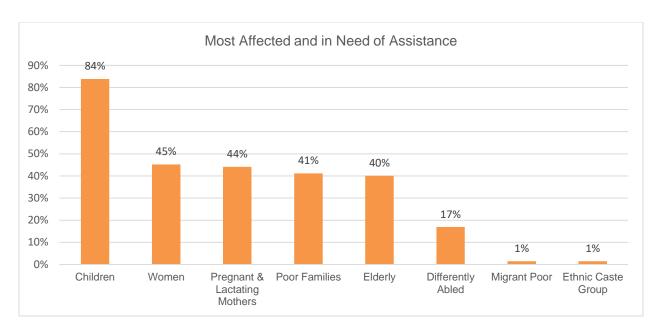


CHART 32: DISTRICT-WISE KEY CONCERNS REGARDING PROTECTION

Major concern related to protection as per assessment is that the majority of survey covered district Balrampur and Siddharthnagar and it is denoted that relief camps were not accessible to 23% families in Balrampur districts and 28 % in Siddharthnagar districts, 8% of SC & STs in Balrampur and 17% of STs in Siddharthnagar have no access to relief camp. 31% women and girls in Balrampur and 14% in Siddharthnagar have limited access to menstrual hygiene products and 54% displaced families in Balrampur and 82 % in Siddharthnagar have no privacy for toilet and bathing facilities. 49% families in Balrampur and 45 % families in Siddharthnagar were living in relief camps have limited privacy for women and girls. Power supply/ electricity was affected due to flood as a result 82% families in Balrampur and 97 % families in Siddharthnagar have no access to electricity in evening time. 15% families in Balrampur and 10 % in Siddharthnagar were separated due to crisis and 3 % families in Siddharthnagar have limited access to security.



**CHART 33: MOST AFFECTED AND IN NEED OF ASSISTANCE** 

Heavy rainfall in the state of Uttar Pradesh in northern India has caused severe flooding in at least 5 worst affected districts, affecting more than lakhs of people. As per assessment it is clear that most affected are children. Due to heavy rain and flood 84% children are affected and have no access to education due to school closure. 45% women, 44% Pregnant & Lactating mothers, 41% of poor families, 40% of elderly, 17% of disabled, 1% of migrant poor families and 1% of ethnic caste group were in need of assistance. They will not get any government support neither get benefits of any schemes.

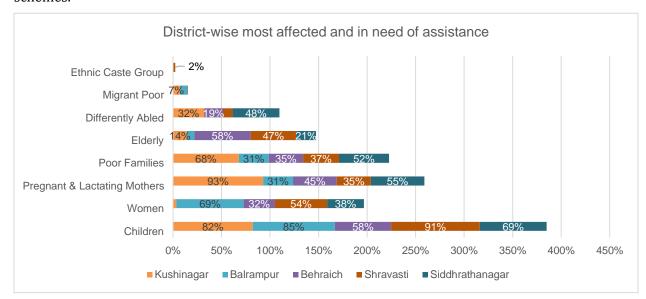


CHART 34: DISTRICT-WISE MOST AFFECTED AND IN NEED OF ASSISTANCE

Flooding is devastating in every aspect: from property and infrastructure damage to loss of life and wider health impacts. As flooding becomes increasingly common for more people in a warming world, we look at its repercussions on human beings. The survey shows that 2% of ethnic caste group in district Shrayasti, 7% of migrant poor in Kushinagar, 32% differently disabled population 19% in Behraich and 48 % in district Siddharthnagar were severely affected. Old age people are the worst sufferers in any natural calamities and during flood there problem gets more exacerbated. According to the survey- 14% people in Kushinagar, 58% in Behraich, 47% in Shravasti and 21% in district Siddharthnagar faced severe problems and were found in great need of assistance. In the poverty assessment families which were found below poverty line faced a lot of issues like damage of agricultural crops, damage of houses, unavailability of jobs causes major havoc and the assessment shows that 68% families in Kushinagar, 31% families in Balrampur, 35% in Behraich, 37% in Shravasti and 52% in district Siddharthnagar were found in BPL category. Pregnant and Lactating women have lost access to health services during flood as a result 93% women in Kushinagar, 31% women in Balrampur, 45% in Behraich, 35% in Shravasti and 55% in district Siddharthnagar face problems. Women who are home makers and doing household chores face various problem in fetching clean drinking water, collecting wood, washing and more indeed the hygiene is too a grave concern. It is clear from the survey that 69% women in Balrampur, 32% in Behraich, 54% in Shravasti and 38% in Siddharthnagar were the most affected. Flood immensely affect children's lives. The adverse impact it causes is children's well-being, their psychological, social and cognitive development. Children are unable to access clean drinking water thus they are prone to various diseases. The survey shows that 82% children are badly affected in Kushinagar, 85% in Balrampur, 58 % in Behraich, 91 in Shravasti and 69% in Siddharthnagar district.

#### Recommendations

### Short term for immediate response

- a) Hazard, Risk, Vulnerability, Capacity and Resource assessments and mapping. Identification of vulnerable groups. Preparing contingency plan. Identification of safe shelters and community kitchen for communities
- b) Arrangements of proper shelters with functional toilets and washroom to ensure safety, privacy and health & hygienic of women and girls.
- c) Ensure availability of electricity/ solar panel in shelters so that people avail electricity facilities at night.

- d) Regular health camps need to be organize to provide medical aide to pregnant and lactating women
- e) Ensure availability of first Aid kit to reduce hazards caused by snake and scorpion. During flood incidence of snake and scorpion bite increase to reduce this awareness program must be organized in shelters.
- f) Strengthening of early warning system, improving inter-agency cooperation. Cash support to affected families and ensure work under MNREGA for repairing and restoration of roads, raised platforms and embankments.
- g) Ensure availability of clean drinking water to reduce the risk of disease. Ensure availability of chlorine tablets in shelter or spread awareness to use boiled water in flood affect ted areas.

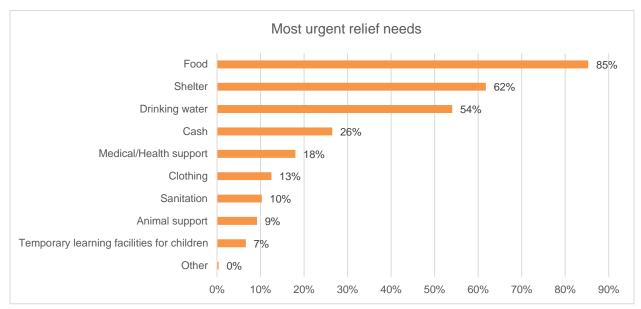
#### **Medium term recommendations for recovery**

- a) Capacity building on DRR, skill development and alternative livelihood options.
- b) Linking children affected with floods with social protection schemes so that they avail benefits of BOCW schemes, Kanya Sumangla yojna, sponsorship schemes and their chance of becoming child labor reduces.
- c) Strengthening the capacities of local stakeholders (Asha, ANM, Police personnel) to identify and address the protection needs of women, children and old age people.
- d) Safe spaces in community and creation of recreational / learning space Center to continue children education affected with flood.
- e) Ensure availability of Blankets for old age person.
- f) Ensure availability of Mosquito net or mosquito repellent to safeguard them against the disease caused by mosquitoes like dengue, Malaria etc.

#### Long term recommendations for recovery

- a) Availability of permanent shelters in each flood affected district with separate and functional toilets for men and women including Disabled persons.
- b) Awareness campaign on social protection schemes and linking affected families with them.
- c) Ensure availability of first aid in each shelter with regular visit of ANM, ASHA, Anganwadi workers
- d) Arrangement of teachers in shelters so that children will continue their education.
- e) Provision of risk informed disaster management plans at District –Block and Panchayat level. Sectoral disaster management plans for departments or emergency support functionaries.

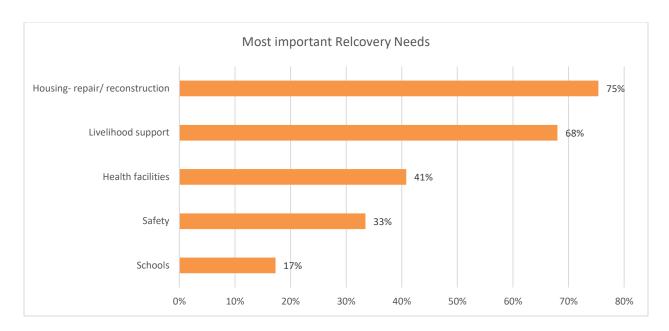
## 3.7. Relief and Recovery Needs



**CHART 35: MOST URGENT RELIEF NEEDS** 

The key concerns related to relief needs are as follows.

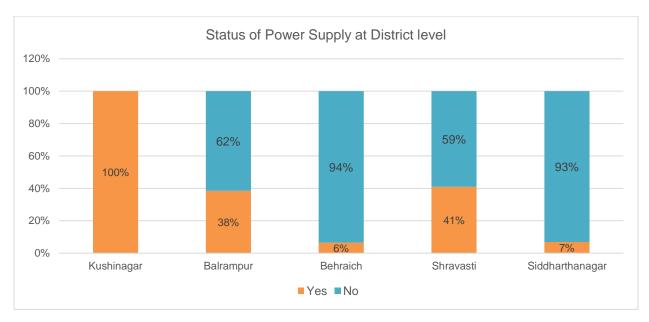
- Food 85%
- Shelter 62%
- Economic support 26%
- Clothing -13%
- Drinking water-54%
- Health support -18%
- Sanitation -10%
- Temporary learning facility for children -7%
- Animal support -9%



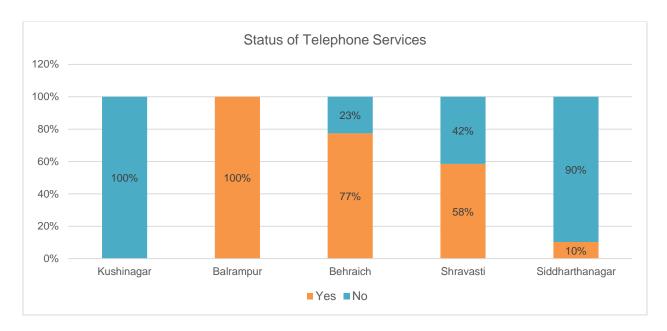
**CHART 36: MOST IMPORTANT RECOVERY NEEDS** 

According to reports from the field, the most important recovery needs are house reconstruction and livelihood support. 75% of respondents required reconstruction of houses. 41% of respondents required health facilities.

After the disaster, the condition of power supply is also very deplorable. 93% responents from Siddharthnagar district and 94% of respondents from district reported unavailability of power. But in Kushinagar 100% respondents reported availability of electricity



**CHART 37: STATUS OF POWER SUPPLY AT DISTRICT LEVEL** 



**CHART 38: STATUS OF TELEPHONE SERVICES** 

Telephone services are also affected by flood. 100% respondents in Kushinagar district and 90% respondents in Siddharthnagar district reported non-availability of telephone services.

## **Annexure**

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Dinesh Awasthi	Shiv Kumar Singh	
Anushree	Chandani	
Raju Yadav	Ravindra Kumar	
	Kashyap	
Ms. Sharda Devi	Pankaj Shrivastava	
Hansram	Sushma Kashyap	
Aditya Kumar Kushwaha	Saket Kumar Sharma	
Ram Nivas	Neelam Yadav	
Sahar Bano	Purushottam Mani	
	Tiwari	
Sanjay Kumar Verma	Suryaprakash	
Ramesh Yadav	Shudhakar Sonkar	
Laxami Verma	Sheela Devi	
Bindu Devi	Amritlal	
Pankaj Yadav	Naseer Ahmad	
Ram Kumar Dubey	Amit Kumar	

## JRNA Questionnaire

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# **Locally led by:**



