



Sphere India

National Coalition of Humanitarian Agencies in India

Joint Rapid Need Assessment Report

Noida Fire

November 2022



Noida Fire JRNA Report

Noida

November 2022

Sphere India Secretariat

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Acknowledgment

A fire broke out in Noida on 20 November 2022. Therefore, it was decided to conduct a joint needs assessment. This Joint Rapid Needs Assessment (JRNA) would not have been possible without the cooperation and constant support of IAG Delhi, IGSSS, Save the Children, HCL, Agrogrami, Mamta, Rasta, 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.

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

Sphere India

23rd November 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 fire-affected areas of Noida sector 74; 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 fire 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.

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1. EXECUTIVE SUMMARY

1.1. Background

Noida, short for New Okhla Industrial Development Authority, is a planned city located in Gautam Buddha Nagar district of the Indian state of Uttar Pradesh. Noida is a satellite city of Delhi and is a part of the National Capital Region (NCR) of India. As per provisional reports of Census of India, the population of Noida in 2011 was 642,381. The city is managed by New Okhla Industrial Development Authority (NOIDA). Noida was ranked as the Best City in Uttar Pradesh and the Best City in Housing in all of India in "Best City Awards" conducted by ABP News in 2015.

In summer (March to June), the weather remains hot and the temperature ranges from a maximum of 48 °C to a minimum of 30 °C. Monsoon season prevails from mid-June to mid-September. The cold waves from the Himalayan region make the winters in Noida chilly and harsh. Temperatures fall to as low as 3 °C to 4 °C at the peak of winters. Noida also has fog and smoke problems. In January, a dense fog envelops the city, reducing visibility on the streets.

A massive fire broke out in a slum cluster in Kalaam basti, Sarfabad village, sector 73 of Noida on Sunday (20/11/2022) 4:15PM. It is claimed that firstly the fire broke out at the garbage lying in the community, then the tent house nearby and finally starts spreading in the slums and several LPG cylinder also blast where there are around 200 people are residing around 40 slums got burnt completely turned to ash along with their, Documents, Clothes, Food and Utensils and leaving the people without any of their belongings. Most of the people escaped with only their lives intact. As of now, the local people arranged a temporary space in the community to provide shelter to all the affected families in nearby the camp.

Out of 200 affected people 120 are children (average age between 0 – 14), which is a major concern to the local community, they have asked for support to the children specially food, clothes and shelter. Though there are no physical injuries, it is a sudden shock to those children. They also find it difficult to receive emotional support as they are staying in groups without shelter and proper care.

Nature of the work of People from the community doing garbage segregation. They are not able to afford to buy anything and their money and all belongings burnt in fire. They collect garbage from the nearest societies and colonies. After segregation of plastic, paper, and other materials, they sell

out to the Thekedaar or contractor of local residents. Most of them belong to the rag picking community mainly from West Bengal. And most of them earn above 10,000 in a month.



FIGURE 1: SITUATION IN SARAFABAD (PLACE OF FIRE INCIDENT)

Key Findings of JRNA

Water, Sanitation and Hygiene (WASH):

Non-availability of safe and adequate drinking water is a key concern among the affected households (93%) in Noida. Water supply infrastructures (71%) and **storage containers** (86%) have been damaged due to the fire as reported by the households. Treated **tap** water and **bottled water** was the major source of drinking water prior to the disaster by the community. After the fire situation, the community is largely (86%) dependent on bottled water for **their** drinking purposes.

It is recommended to distribute water storage containers and WASH kit/ dignity kit in risk areas.

Shelter, Settlements and Non-Food Items:

Due to the outbreak of fire, shelters were damaged in the colony with minor and complete damages. The affected communities are staying in temporary shelters. Around 93% reported shortages of clothing, and 93% did not have adequate provisions of bedding/blankets. Non availability of cooking utensils and cooking stove were also stated as a concern by 71% and 75% respectively.

As the people lost all their belongings like utensils and dry rations, cooking at home is not possible hence for every meal they have to look from outside. So for they have receive food from few organization on random basis. Giving 3 meals a day has high priority. Children under 5 years of age need nutrition.

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

Health

The community reported 25% of family members are facing pre existing health problems. Out of the 25% of respondents who reported pre-existing health problems faced by their family members, 50% suffered from communicable diseases, and the rest suffered from mental trauma and required psycho-social assistance. 89% of respondents reported that the nearby health facility is functional.

Education

67% respondents reported that Accessibility towards Educational Facility has not changed due to Fire incident. 26% of the HHs reported damage to educational materials of the children due to fire.

Among them 46% requires support for education in the form of books, uniform and shoes for children.

Food Security & Nutrition, Livelihood

Majority of affected households (57%) have monthly income less than 10000. 100% of respondents reported that no cooking facilities, and 96% of respondents report that not enough food.

68% respond that fire impact on daily labouring work.

Protection

At temporary house, availability of toilet, washroom, electricity and security are some common issues that most people are forced to suffer. As per the assessment findings it is clear that key concerns regarding protection of fire affected families are access to relief camps. It was found that that 79% families have no access to relief camps. 25% are women and girls and they have limited access to menstrual hygiene. 39% displaced families have no privacy for toilet and bathing facilities. 14% families living in relief camps have limited privacy for women and girls.

2. OVERVIEW OF JOINT RAPID NEEDS ASSESSMENT REPORT

2.1. Timeframe

TABLE 1: TIMEFRAME - JRNA NOIDA FIRE 2022

Timeline	Activity
20 th Nov, 2022	There was a fire in Noida
21 st Nov, 2022	Emergency coordination meeting
21 st Nov, 2022	Orientation of volunteers on Kobo tool and JRNA process
22 nd Nov, 2022	Data Collection in the field
22 nd Nov, 2022	Data analysis
23 rd Nov, 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 Noida. 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 various media sources to verify observation and facts.

2.3. Rational behind the Sampling for Assessment:

The sampling sizes were determined based on secondary data information available from media sources. The site for assessment was selected based on impact data, vulnerability and thorough discussion with local NGOs. The households for the survey were selected randomly and who ever present at the same time.

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: CURRENT SITUATION IN FIELD

Samples Collected and Respondents Profile –

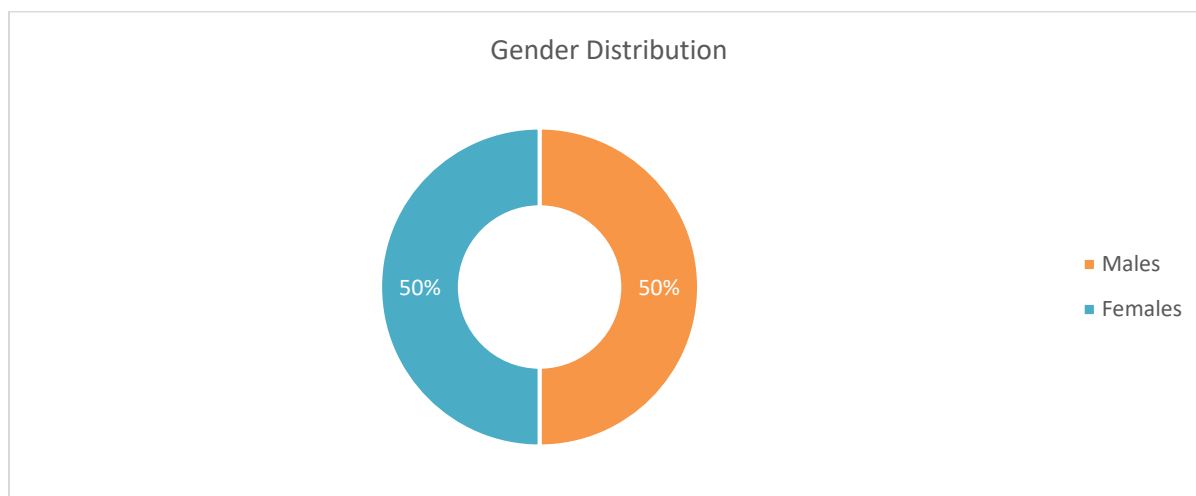


FIGURE 2: GENDER DISTRIBUTION

A total of 28 households participated in the survey. All the respondents were from Sector 73, Noida. Sarafabad, Ramzan Ji ki jhuggi, and Kalam Hussain jhuggi were covered in the survey. 50% of males and 50% of females participated in the survey. 25% of respondents were between 18-25 years, and 75% of respondents were between 26-59 years. All the respondents were from the Muslim community, of which 93% were OBC. Average HH size was 3.82 persons per household.

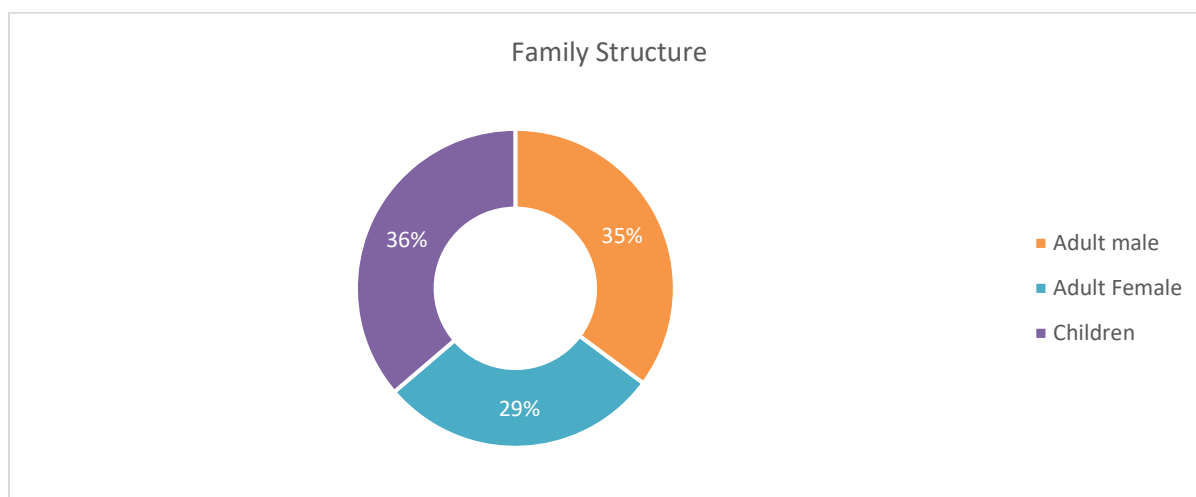


FIGURE 3: FAMILY STRUCTURE OF THE RESPONDENTS

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 fire incidence, 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-disaster events



FIGURE 4: LIMITED AVAILABILITY OF WATER AND UNSANITARY CONDITIONS

Assessment Findings

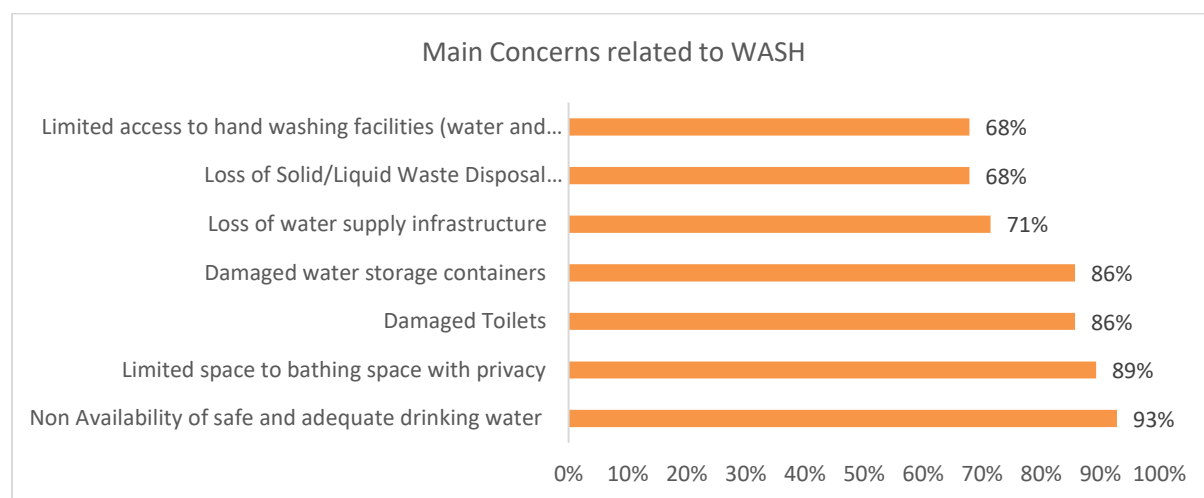


FIGURE 5: CONCERNS ON WASH REPORTED BY HOUSEHOLDS

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

- Non-availability of safe and adequate drinking water – 93%
- Limited space to bathing with privacy – 89%
- Toilets damaged – 86%
- Damaged water storage containers – 86%
- Loss of water supply infrastructure – 71%
- Limited access to hand washing facility – 68%
- Loss of solid/liquid waste disposal system – 68%

There has been a significant change in the source of drinking water after the crisis. Earlier, 79% of the respondents were using bottled water for drinking, 7% of the respondents used water from treated tap water, 4% of the respondents used water from untreated well water, and 4% of the respondents were using water from tanks for drinking purpose. After the fire, 86% of the respondents using bottled water for drinking, 7% of respondents using water from untreated tap. Some respondents also shared that they do not have access to clean water and are using the polluted water for drinking purposes.

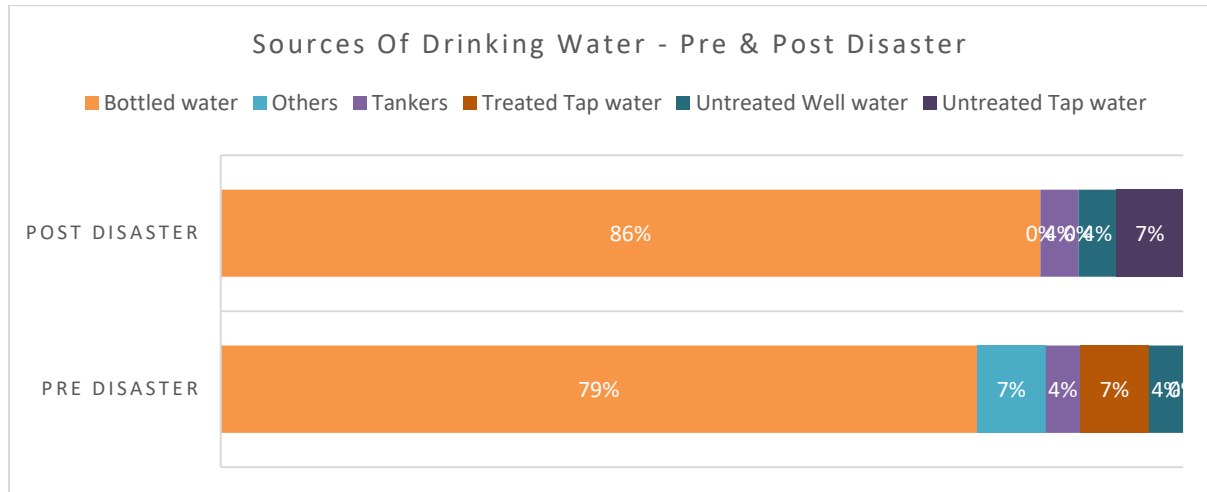


FIGURE 6: SOURCES OF DRINKING WATER - PRE & POST DISASTER

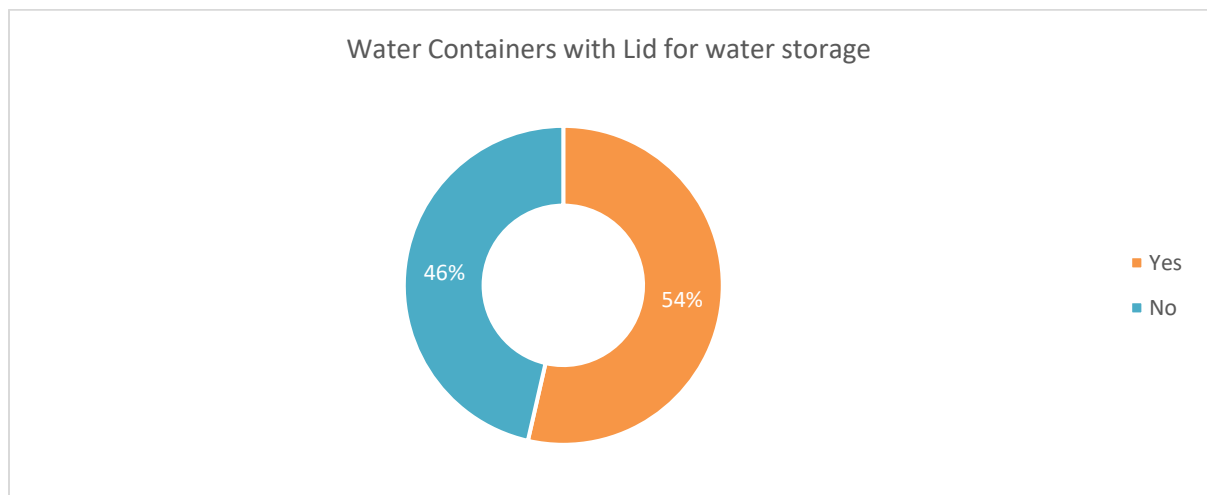


FIGURE 7: WATER CONTAINERS WITH LID FOR WATER STORAGE

46% of respondents reported that there do not have water containers with lid

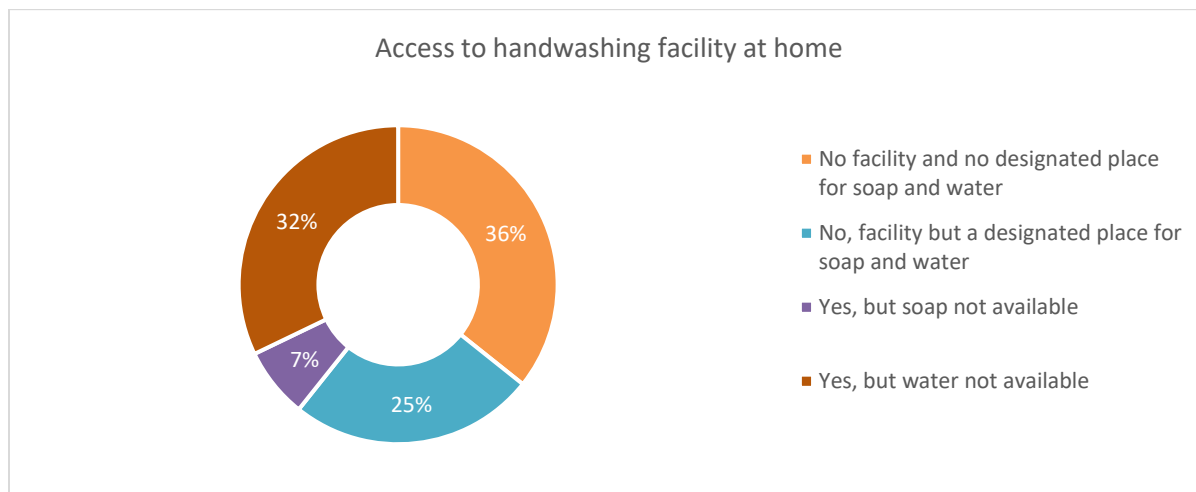


FIGURE 8: ACCESS TO HANDWASHING FACILITY AT HOME

36% of respondents reported that there is no facility and no designated place for soap and water. 25% reported that there is no such facility for hand wash but there has designed place for soap and water. 32% of respondents reported that there has facility for hand wash but water is not available.

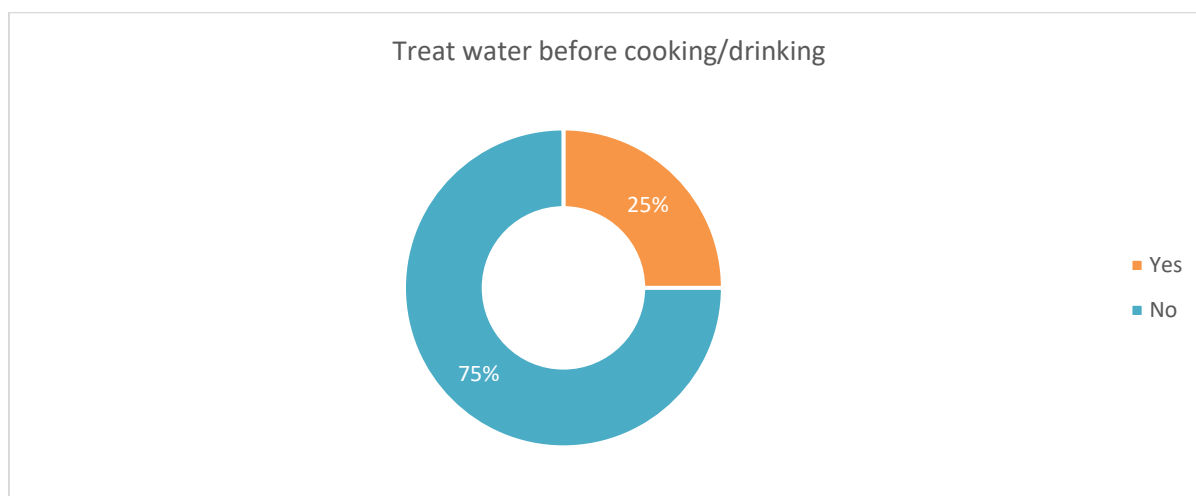


FIGURE 9: TREAT WATER BEFORE COOKING/DRINKING

75% people do not purify water before cooking/drinking

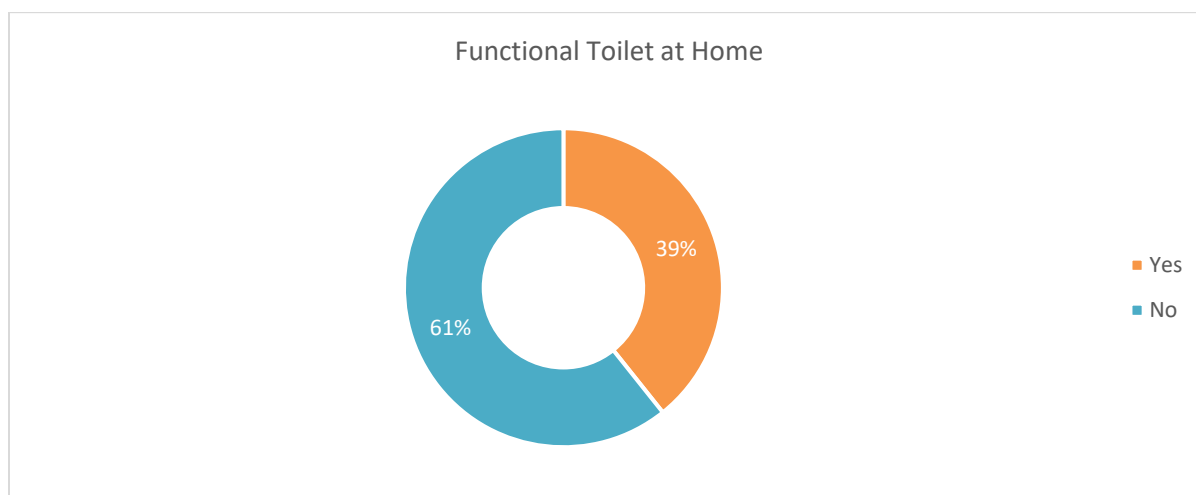


FIGURE 10: FUNCTIONAL TOILET AT HOME

61% of those surveyed said the toilet was not functional after the accident.

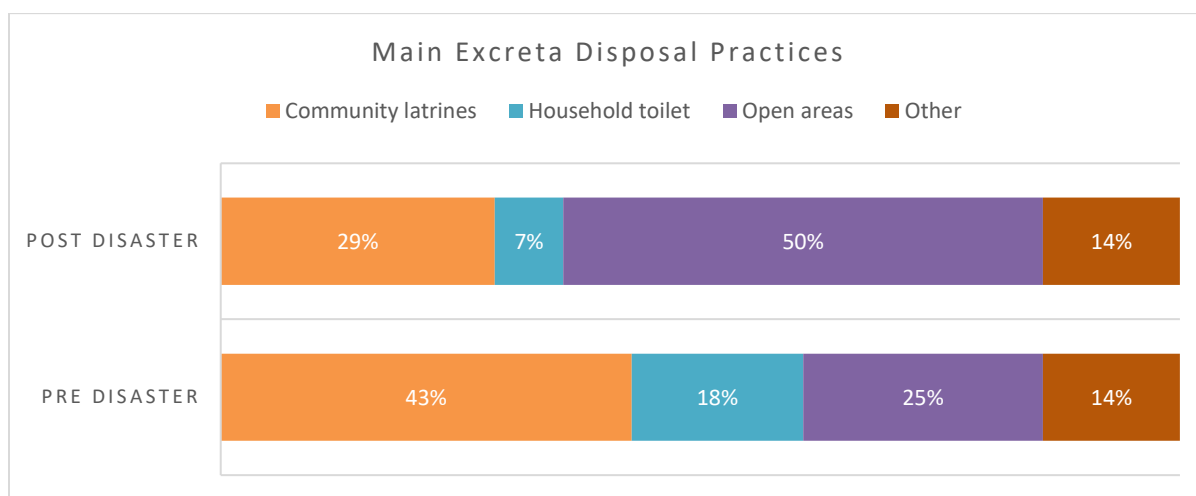


FIGURE 11: EXCRETA DISPOSAL PRACTICES - PRE AND POST DISASTER

According to the report, only 07% of respondents still use HH toilets after the incident, down from 18% previously. The percentage of people defecating in public has increased from 25% to 50%. Additionally, the number of usable community temporary latrine has dropped from 43% to 29%.

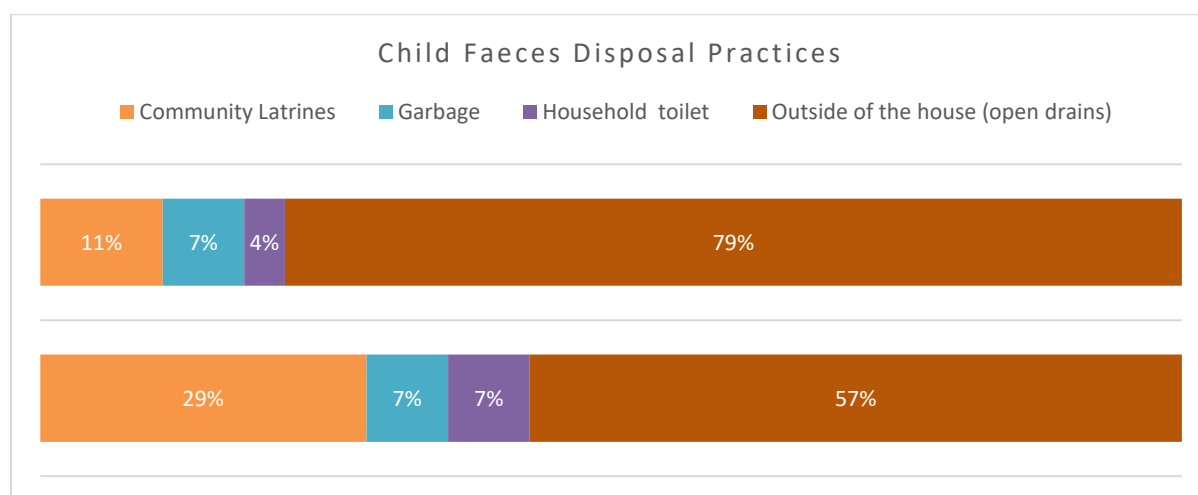


FIGURE 12: CHILD FAECES DISPOSAL PRACTICES

According to the survey, 4% of respondents still use household toilets after the incident down from 7% previously. The number of people disposing of children's excrement in open drains has increased from 57 percent to 79 percent.

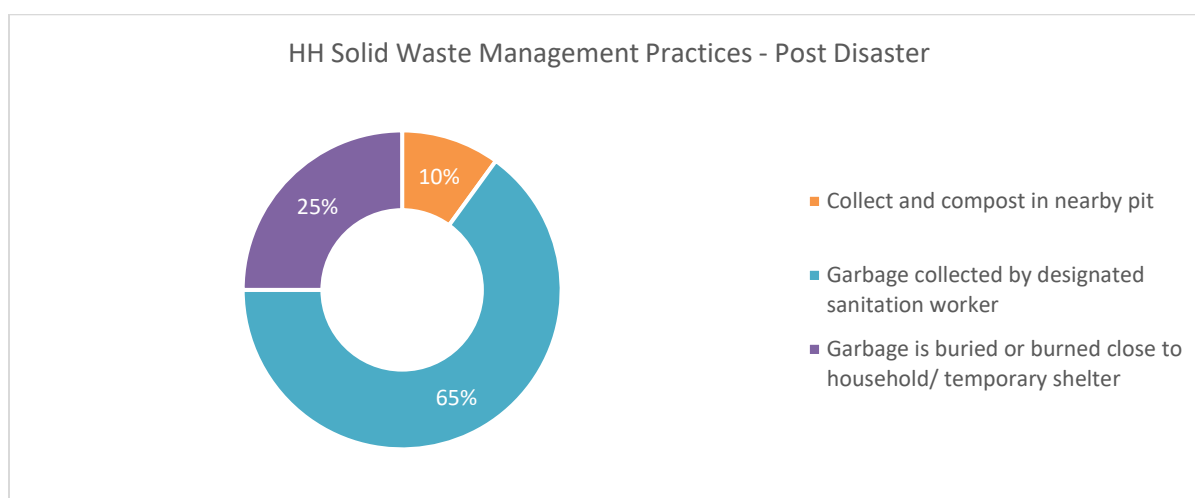


FIGURE 13: HH SOLID WASTE MANAGEMENT PRACTICES - POST-DISASTER

Solid Waste management: 25% reported that they bury or burn their waste near home/temporary accommodation and 65% reported that waste is collected by designated sanitation workers.

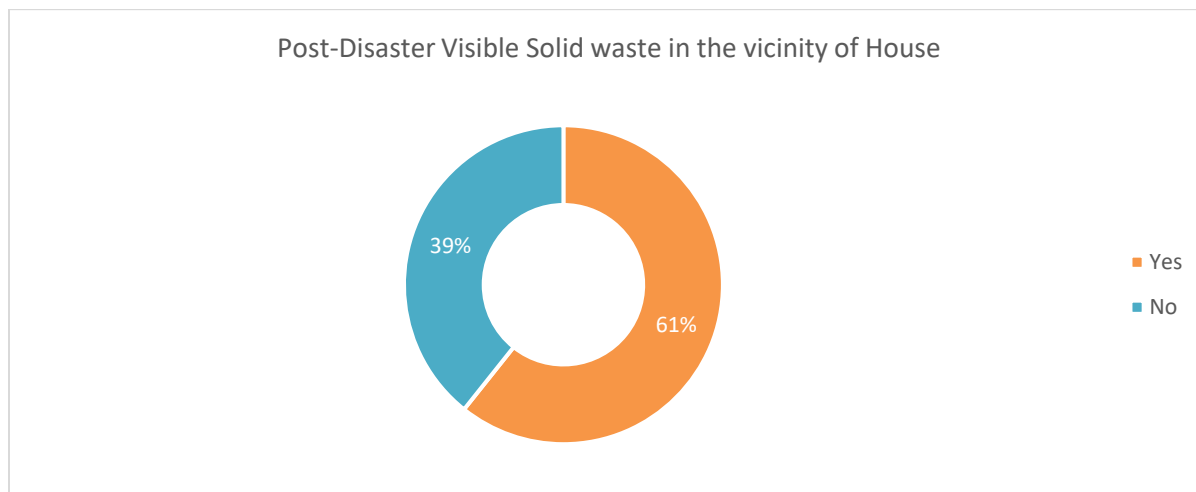


FIGURE 14: POST-DISASTER VISIBLE SOLID WASTE IN THE VICINITY OF HOUSE

Visible solid waste: 61% of the respondents reported seeing solid waste around the house after the disaster.

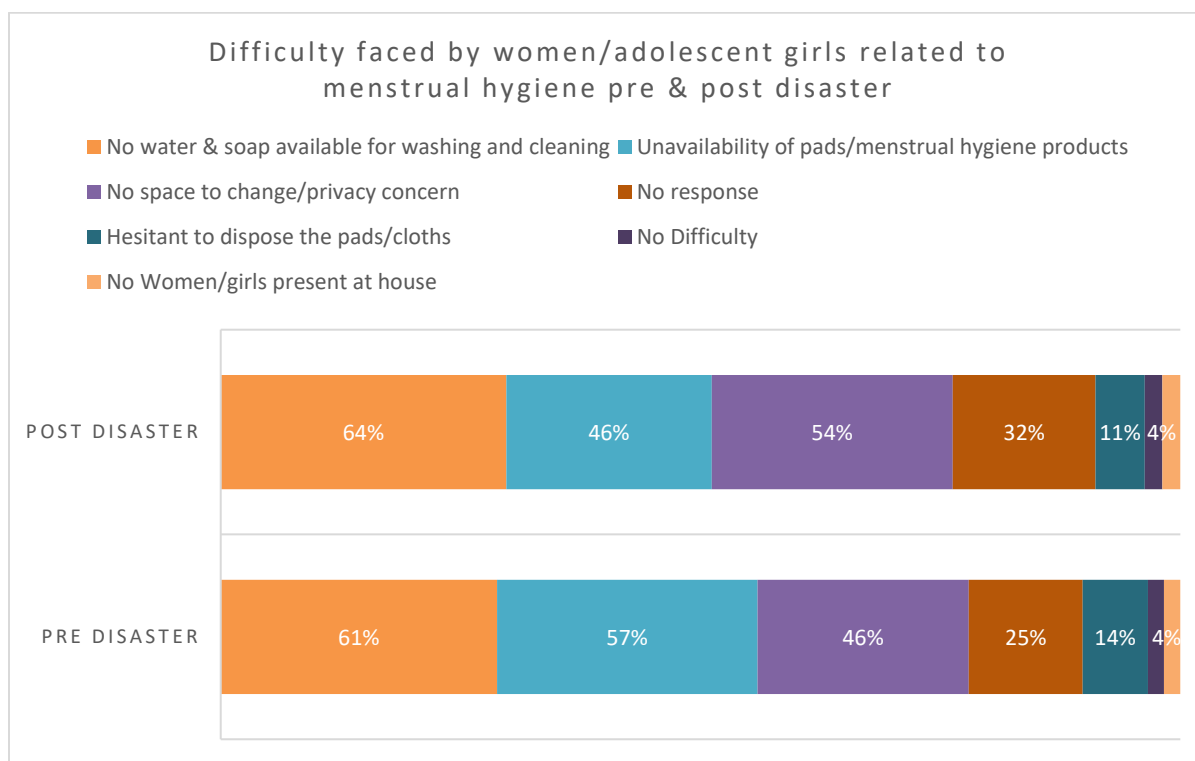


FIGURE 15: DIFFICULTIES FACED BY WOMEN RELATED TO MENSTRUAL HYGIENE

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 area.

Recommendations

- a) Conduct a training on WASH programs (cleaning of toilet, hand wash, garbage disposal)
- b) Removal of the remaining garbage so that firing can be avoid
- c) Awareness on key hand washing practices
- d) Awareness on water and vector borne diseases
- e) Urban Local Body Gram Panchayat, needs to clean community drains and dispose sludge regularly especially in the low-lying areas,
- f) Distribution of Bleaching powder, ORS packets, Chlorine Tabs, Soap, mosquito nets, etc
- g) Hand pump and it's platform maintenance
- h) Cleanliness of community toilets

3.1. SHELTER

Overview



FIGURE 16: TEMPORARY SHELTER

Joint Needs Assessment has shown that there has been widespread damage to jhuggi and people are in need of basic shelter items like clothing, bedding, etc. Majority of the surveyed households live in poor temporary shelter center which are prone to rain, and not cold protected.

Assessment Findings

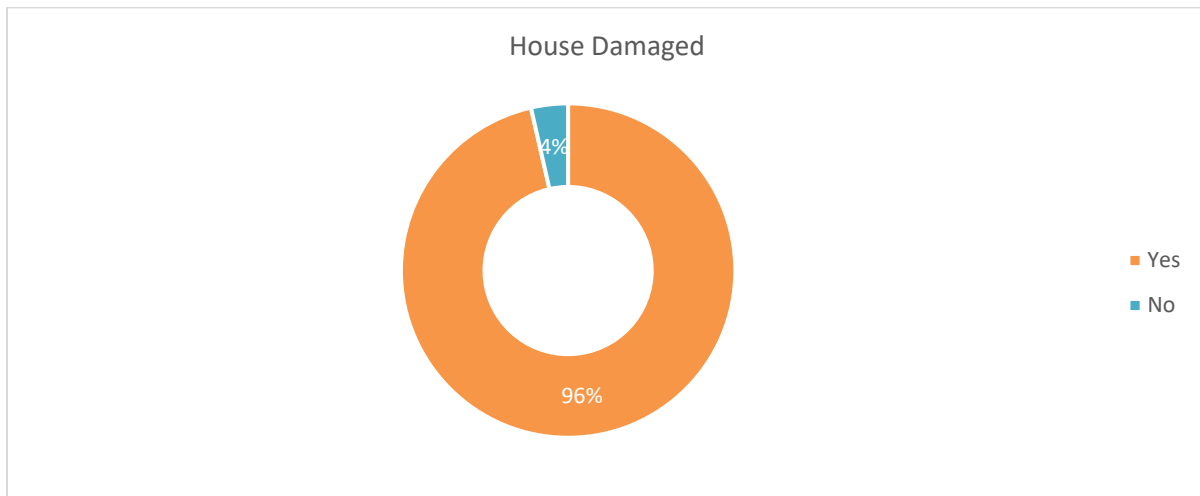


FIGURE 17: HOUSES DAMAGED

Houses damaged - 96% of the respondents reported that their jhuggi is burnt and all of them need assistance for repairing their house.

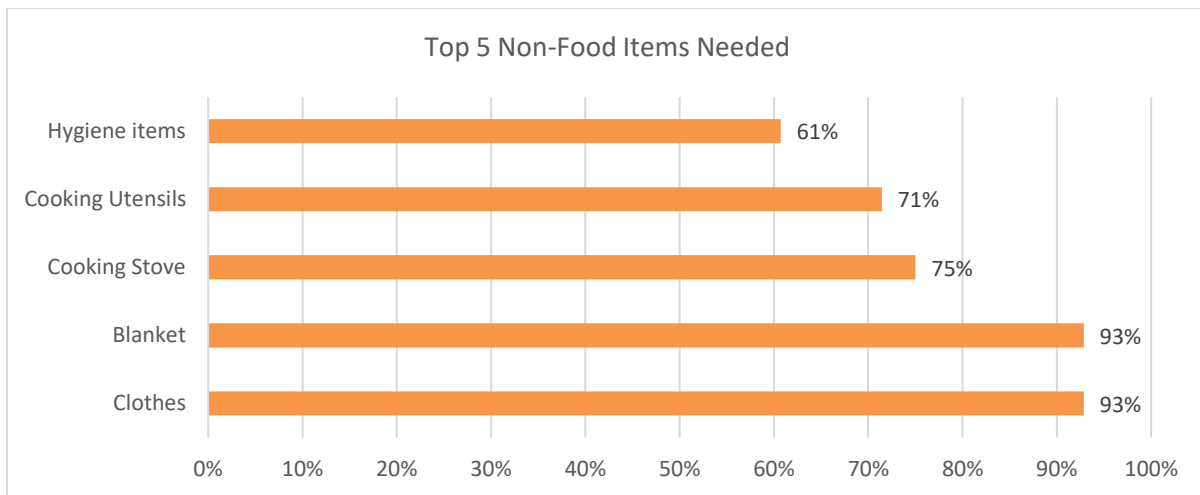


FIGURE 18: TOP 5 NON-FOOD ITEMS NEEDED

The concerns related to non-food items needed

- Clothes – 90%
- Blanket – 93%
- Cooking stove – 75%
- Cooking utensils – 71%
- Hygiene items – 61%

Recommendations

- a) jhuggies collapsed, displaced families should be provided proper temporary shelter arrangements
- b) Providing tarpolyne, ground sheet, rope and poles
- c) Providing kitchen utensils, and cooking stove
- d) Awareness program for saving their life from future fire
- e) Awareness programs for mid to long term support to rebuild multi hazard resilient shelter.

3.2. HEALTH

Assessment Findings

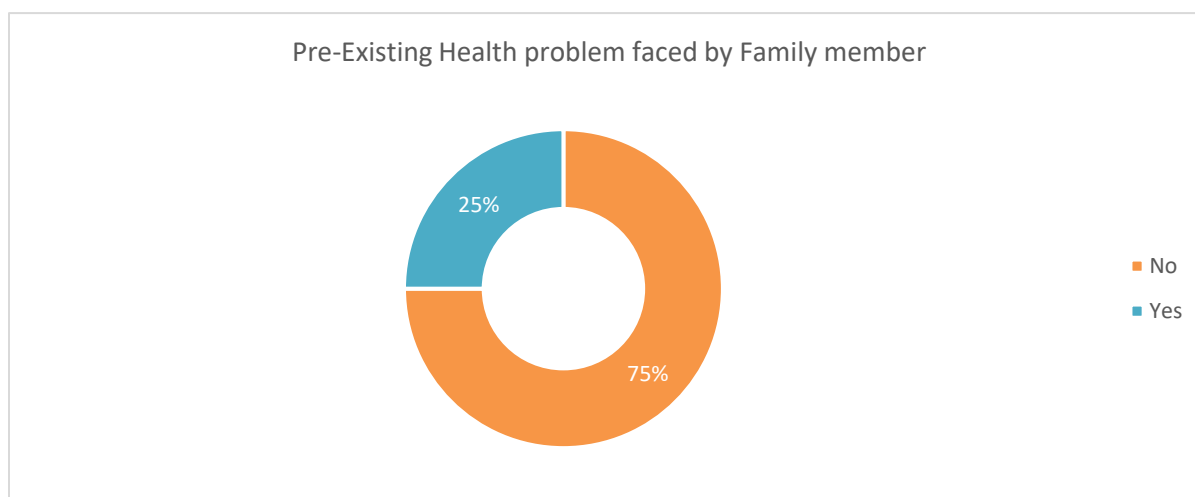


FIGURE 19: PRE-EXISTING HEALTH PROBLEM FACED BY FAMILY MEMBER

Out of the 25% of respondents who reported pre-existing health problems faced by their family members, 50% suffered from communicable diseases, and the rest suffered from mental trauma and required psycho-social assistance. 89% of respondents reported that the nearby health facility is functional.

Recommendations

- a) Medical attention/ referral for the people undergoing physical and mental sickness
- b) Psycho social counseling for women and children
- 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) Prioritizing the reproductive health needs of the women and adolescents.
- e) As per the assessment report 25% 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.
- f) Psychological support to affected families and individuals through psychological assessment and counselling.

3.3. EDUCATION

Overview

All respondents have reported that the education of children have disrupted. Damage to educational materials have also been reported in some of the surveyed areas. These families use to manage their daily needs through laboring, hence during pandemic most of children of this area were unable their study in absence of facilities and lack of awareness among parents.



FIGURE 20: CHILDREN IN FIRE-AFFECTED AREAS

Assessment Findings

Education of children of affected community has disrupted. Moreover, there are reports of damage to learning materials and damage to infrastructure due to fires. Many school buildings have now been destroyed.

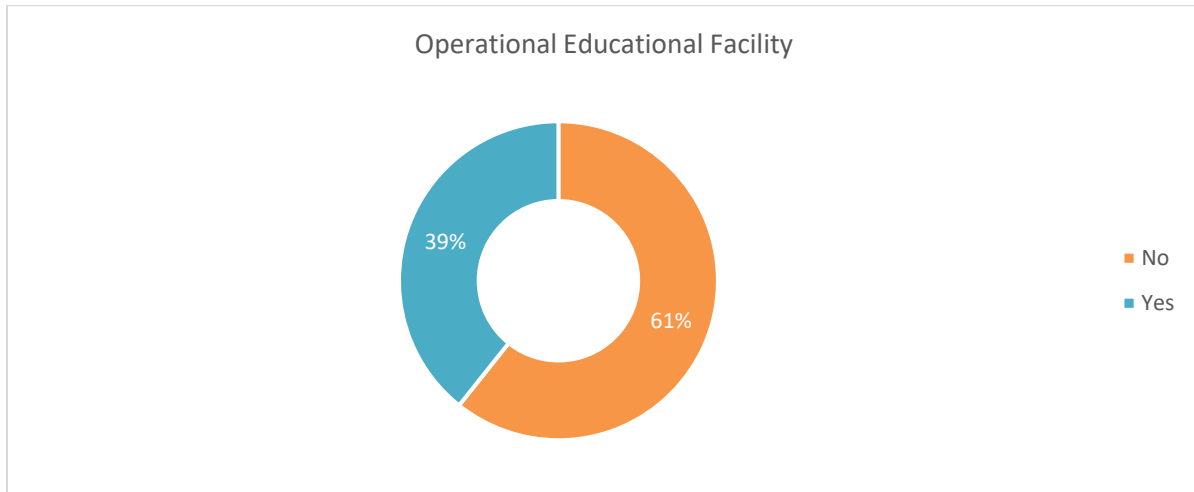


FIGURE 21: OPERATIONAL EDUCATIONAL FACILITY

According to the data received, 39% of the schools are functional.

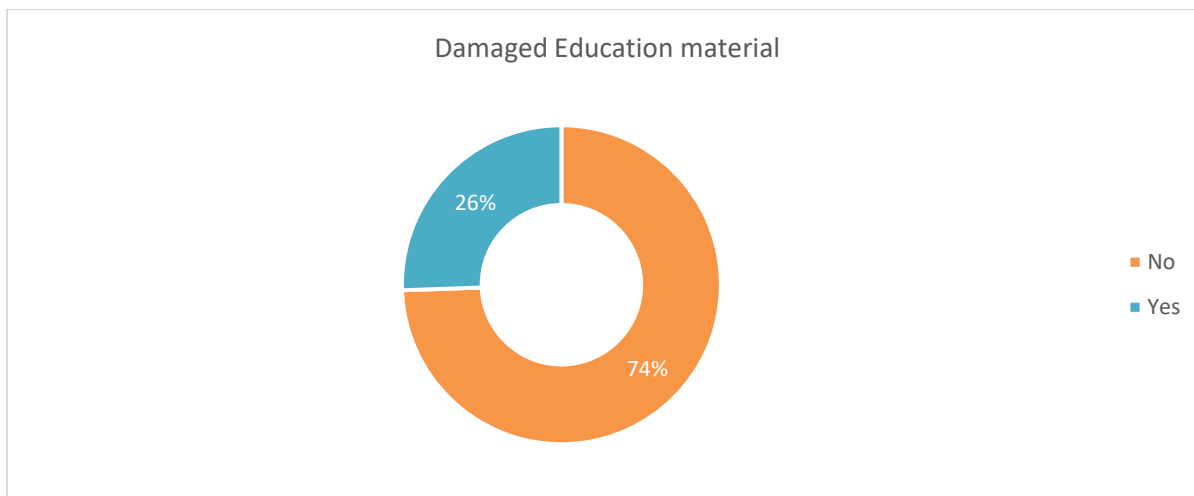


FIGURE 22: DAMAGED EDUCATION MATERIAL

26% of respondents reported that educational materials are damaged due to fire.

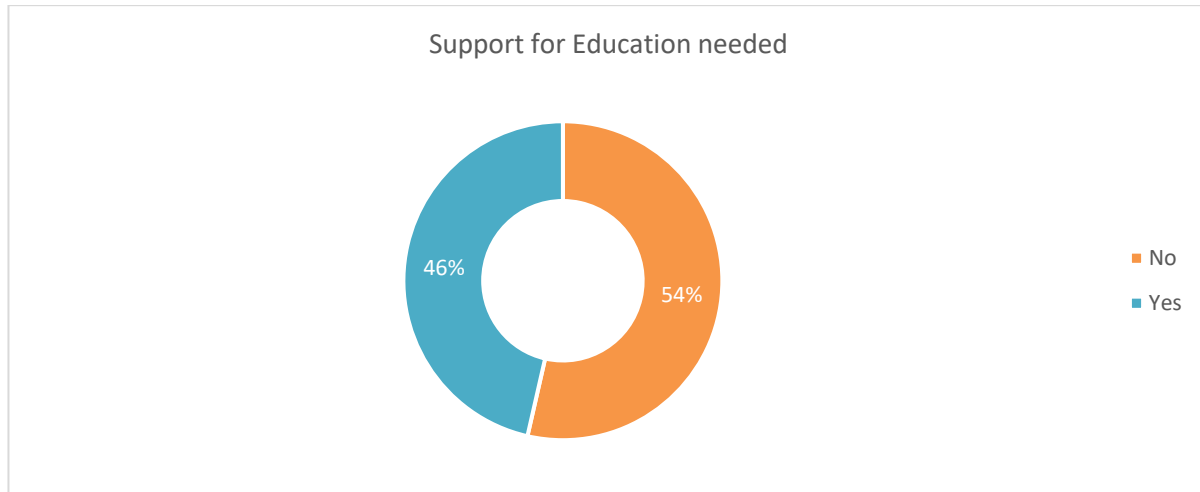


FIGURE 23: SUPPORT FOR EDUCATION NEEDED

46% of the respondents in the fire affected area agreed that support is needed for children's education.

Recommendations

- a) Creation of child space in the fire affected area for engaging children and relieving the stress of disaster from their mind.
- b) Provide Children engaging activities
- c) Providing textbooks, notebooks, and other educational materials
- d) Conduct motivational classes to send children back to school
- e) Distribution of flash meal, drink, nutrition for the children who suffering from the crisis
- f) Developing safety map for the community surrounding the school.

3.4. FOOD SECURITY & NUTRITION, LIVELIHOOD

Proper nutrition is important for a human being to conduct day to day activities effectively and to stay maintain immunity. These affected families have lost most of their stored dry ration, utensils, kitchen and cooking facilities. 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.



FIGURE 24: LOST THEIR CASH AND DOCUMENTS

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 96% of the people living in at risk areas do not have any stored food grains for use in emergency.

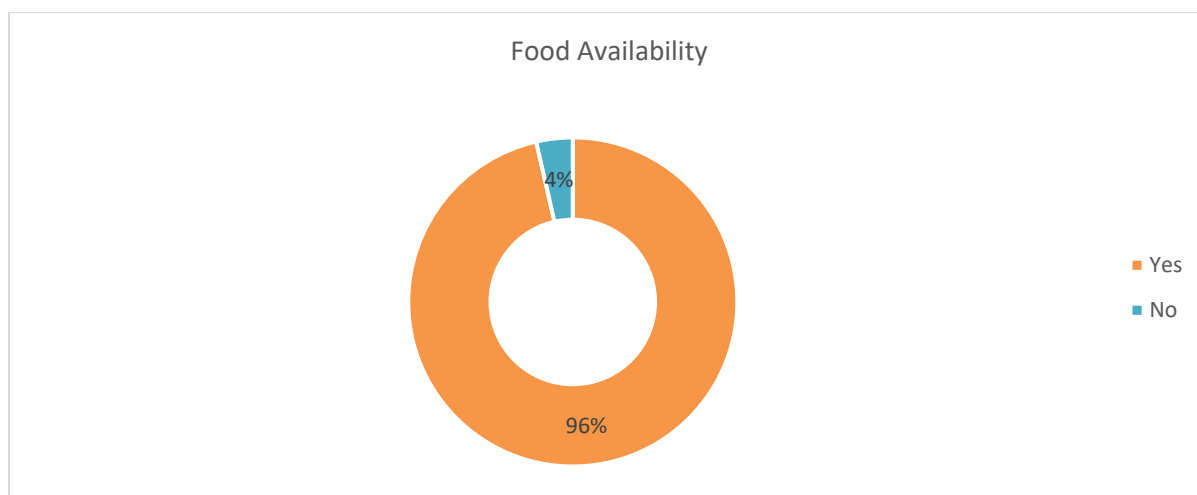


FIGURE 25: FOOD AVAILABILITY (STORED FOOD GRAINS)

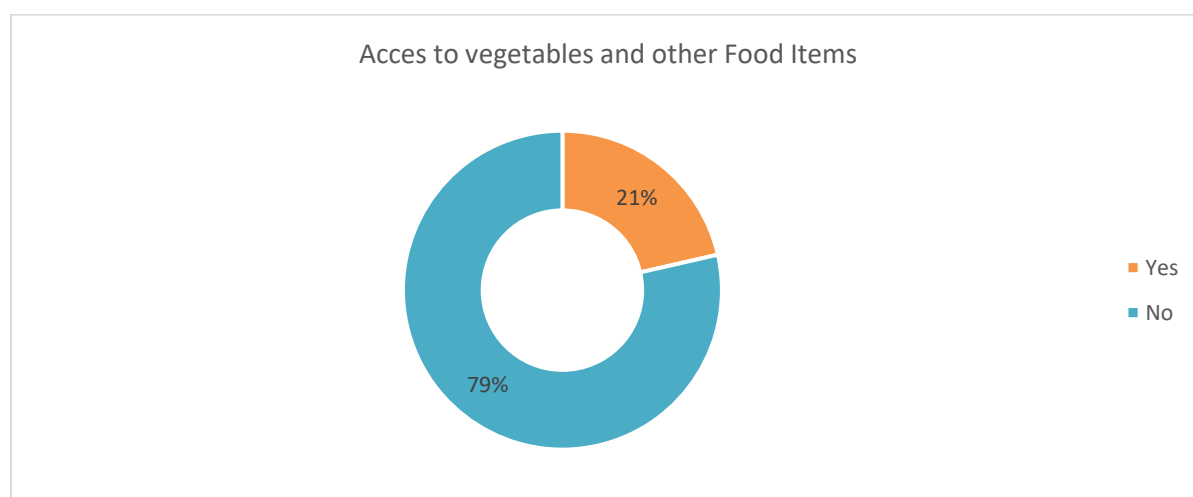


FIGURE 26: ACCESS TO VEGETABLES AND OTHER FOOD ITEMS

79% of respondents do not have access to vegetables and other food items. This shows the urgent need for food in the affected area.

The major concerns brought to light by this survey are that 96% of the population is not getting enough food and 100% responded that they do not have cooking facilities. About 14% of the people were deprived their access to markets, and their means to purchase their daily bread. 89% of respondents report that they do not have enough money to purchase food items.

68% of the people mentioned that they do not have enough utensils. On the other hand, about 07% of respondents report that the markets are non-functional. To acquire the ration that is distributed by PDS, about 32% will not be able to access the same as they have lost their ration cards or ID cards.

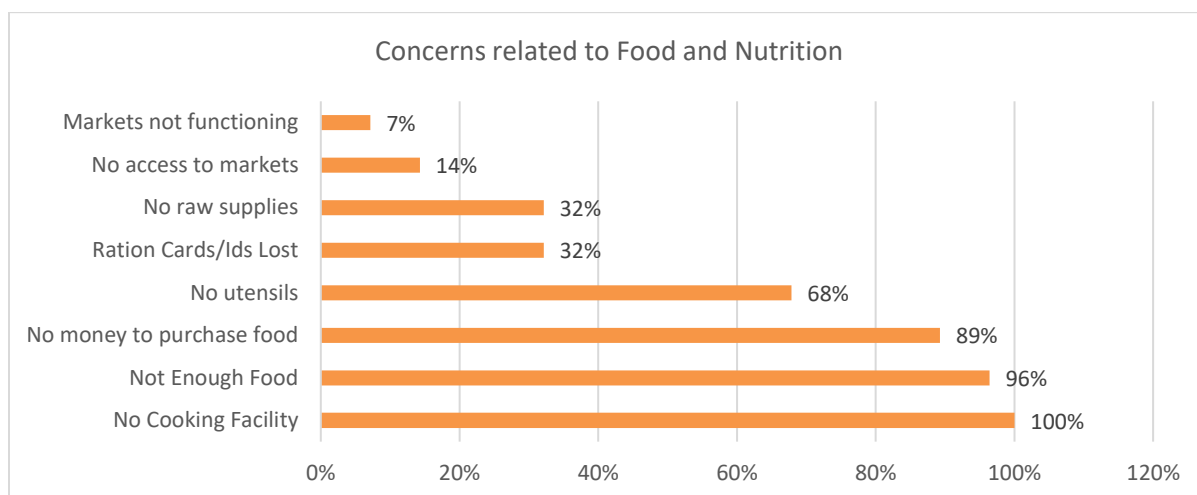


FIGURE 27: CONCERNS RELATED TO FOOD SECURITY AND NUTRITION

Concerns related to food security & nutrition

- Not enough food -96%
- No cooking facility- 100%
- No access to market- 14%
- No money to purchase food- 89%
- Market is not functioning- 07%
- Loss of ration cards/IDs – 32%
- Absence of utensil – 68%

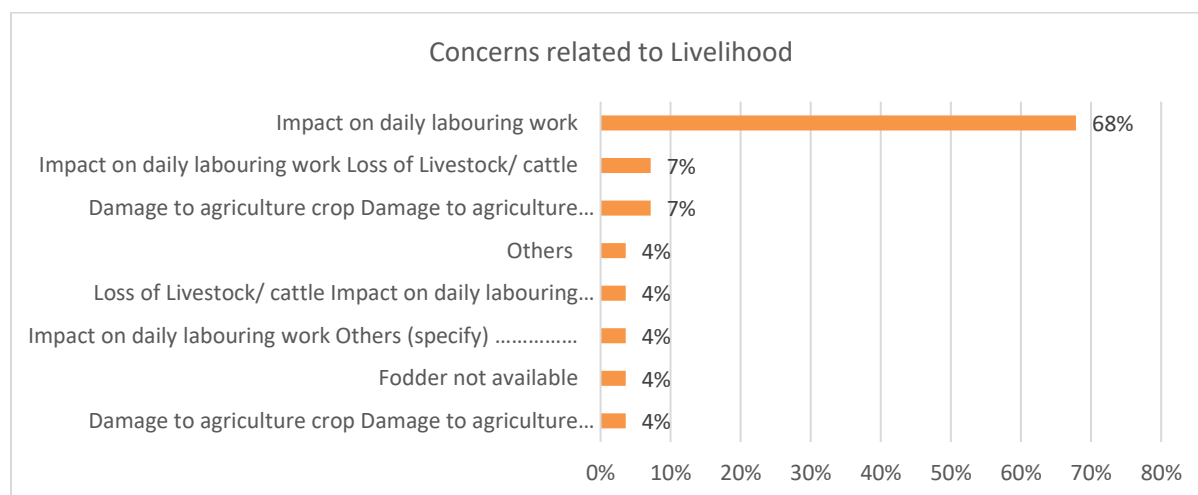
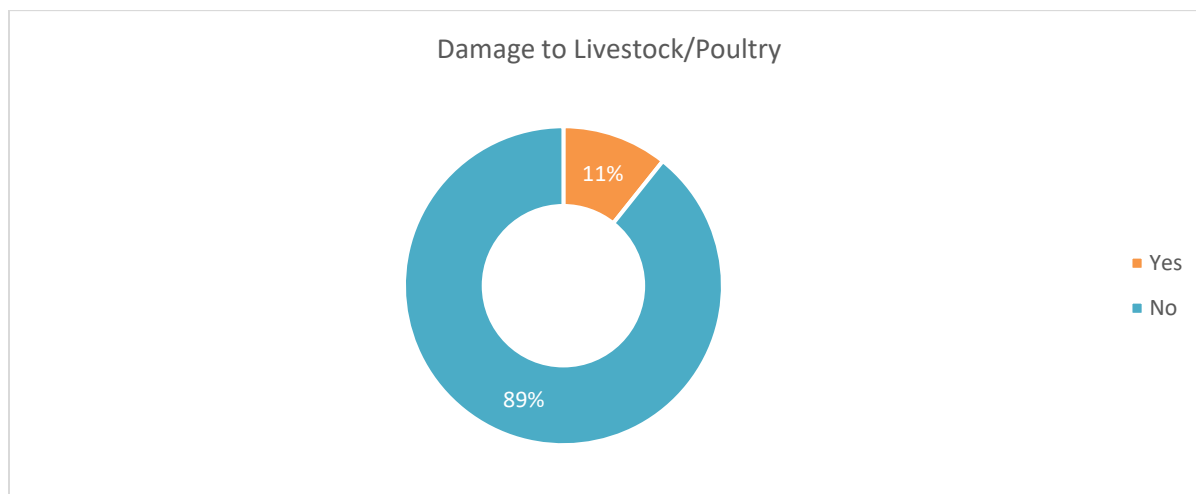


FIGURE 28: MAIN CONCERNS REGARDING LIVELIHOOD

Concerns related to livelihood

- Impact on daily laboring work – 68%
- Loss of livestock/cattle – 11%
- Damage to agricultural crop – 11%
- Fodder not available – 4%

**FIGURE 29: DAMAGE TO LIVESTOCK/POULTRY**

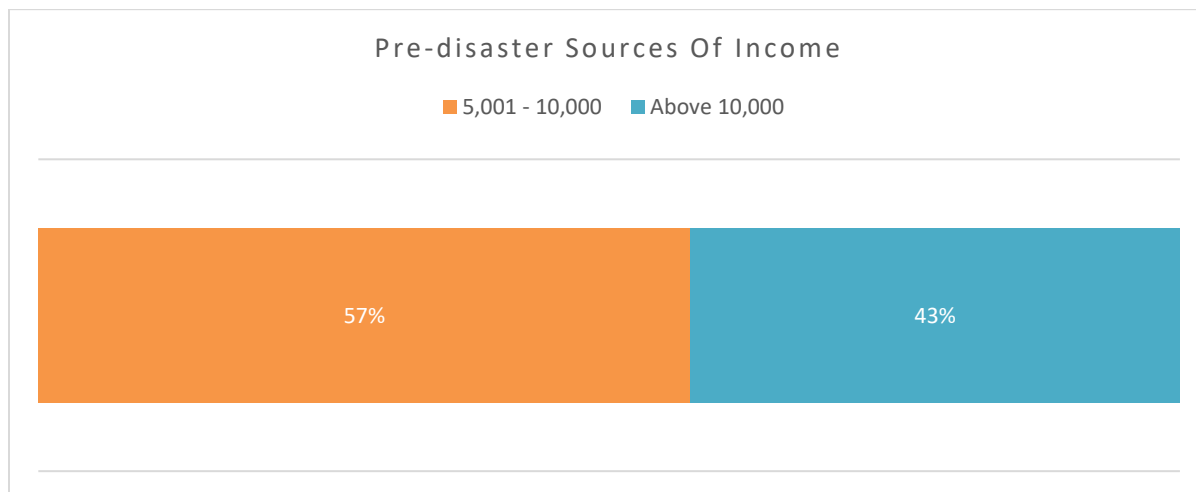


FIGURE 30: PRE-DISASTER SOURCES OF INCOME

Majority of affected households (57%) have monthly income less than 10000 rupees whereas 43% respondents have monthly income above 10000 rupees

Recommendations

- Distribution of ready to eat/cooked/raw food for the families affected by fire, may or may not displaced
- Continue supply of dry ration for at least two months
- Provide cloths and utensils to the affected people
- Identify pregnant lactating and under five children's mothers for appropriate diet immunization and care.
- 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.

3.5. 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 fire damaged juggies, livelihoods of the affected communities. These families are living in unorganized setting without basic facilities and not availing the benefits of various welfare schemes due to absence of required documents.

Assessment Findings

Protection methods are used to reduce or prevent the detrimental effects of fire. At temporary house, availability of toilet, washroom, electricity and security are some common issues that most people are forced to suffer.

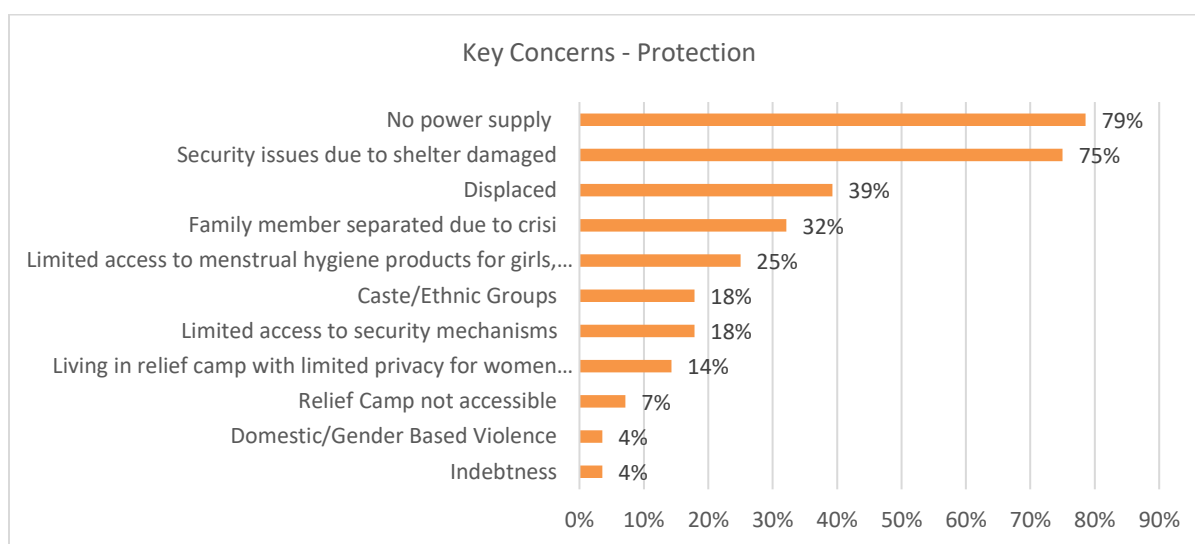


FIGURE 31: CONCERNS RELATED TO PROTECTION

As per the assessment findings it is clear that key concerns regarding protection of fire affected families are access to relief camps. It was found that that 79% families have no access to relief camps. It was also found that out of total families 18% belong to caste/ethnic group. 25% are women and girls and they have limited access to menstrual hygiene. 39% displaced families have no privacy for toilet and bathing facilities. 14% families living in relief camps have limited privacy for women and girls. Power supply/electricity was affected due to fire as a result some families have no access to

electricity in evening time. 32% families were separated due to crisis and 18 % families have limited access to security mechanisms by police. 75% families face security issue due to damage of shelter caused by fire.

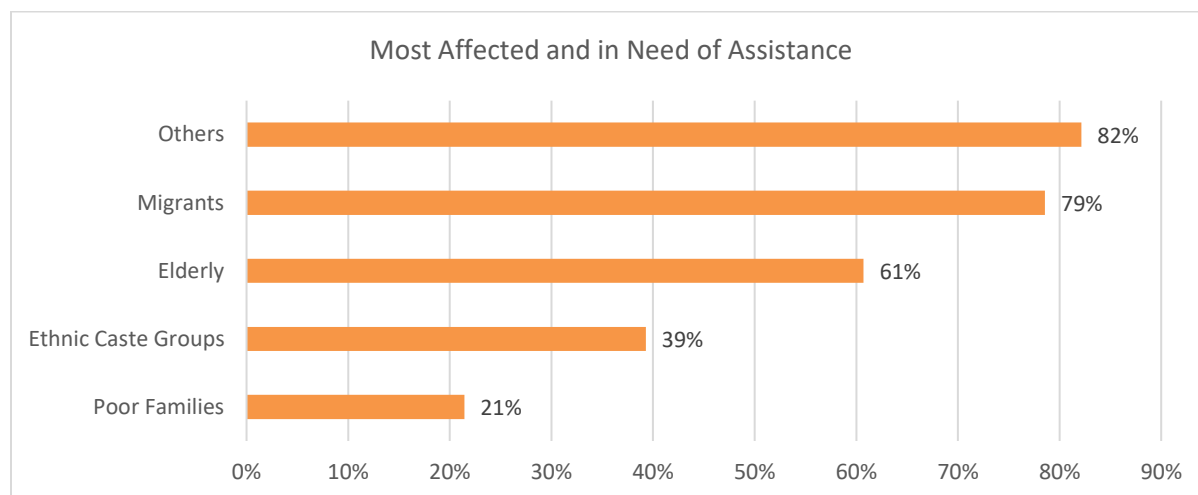


FIGURE 32: MOST AFFECTED AND IN NEED OF ASSISTANCE

As per assessment it is clear that most affected are migrants and elderly people. Due to fire 79% migrants are affected. 61% of elderly people, 21% of poor family and 39% of ethnic caste group were in need of assistance.

Recommendations

- a) Ensure safety from repeated fire hazards
- b) Address security measures through urban legislative body and local people
- c) Arrangements of proper shelters with functional toilets and washroom to ensure safety, privacy and health & hygienic of women and girls.
- d) Report the problem of their basic structure like toilets to concerned officials through line departments
- e) 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
- f) Ensure availability of electricity/ solar panel in shelters so that people avail electricity facilities at night.
- 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 affected areas.
- h) Ensure availability of Blankets for old age person.
- i) Ensure availability of Mosquito net or mosquito repellent to safeguard them against the disease caused by mosquitoes like dengue, Malaria etc.

3.6. Relief and Recovery Needs

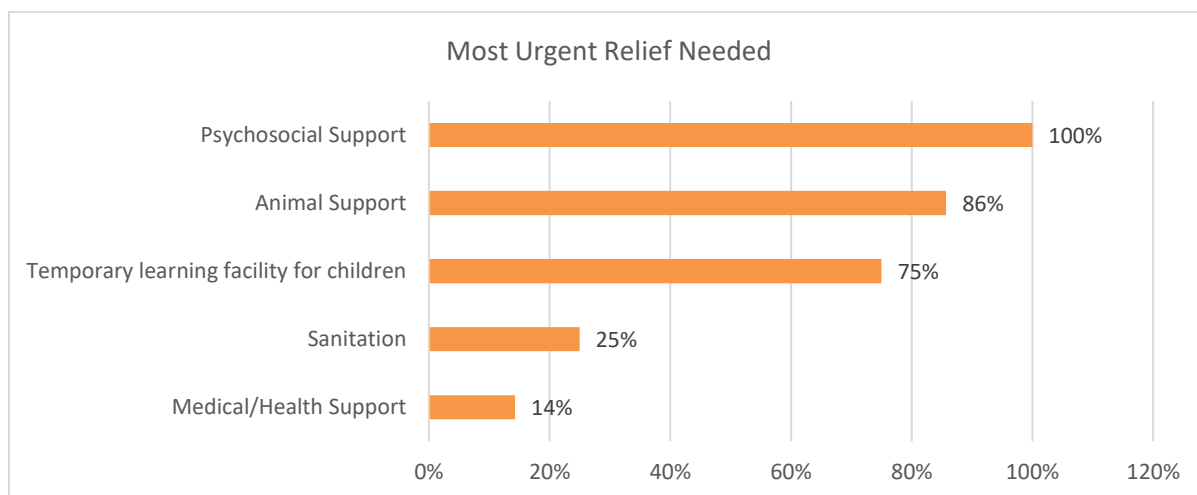


FIGURE 33: MOST URGENT RELIEF NEEDS

The key concerns related to relief needs are as follows.

- Psychosocial support – 100%
- Animal support -86%
- Temporary learning facility for children – 75%
- Sanitation – 25%
- Medical support – 14%

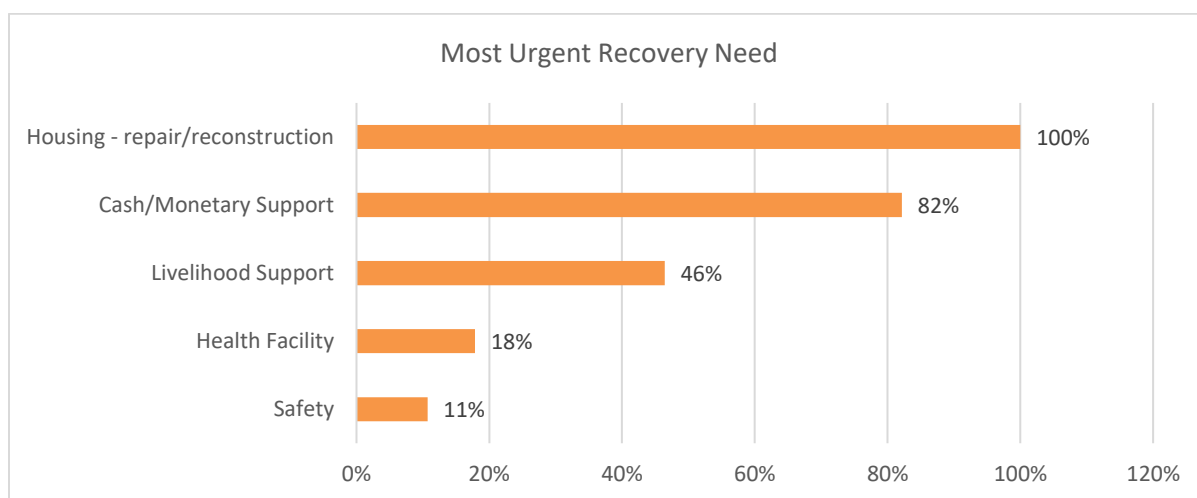


FIGURE 34: MOST IMPORTANT RECOVERY NEEDS

According to reports from the field, the most important recovery needs are house reconstruction and cash support. 100% of respondents required reconstruction of houses. 82% of respondents required cash support.

86% of respondents reported that the phone services are operational in the area, and 68% said there is no power supply in the affected area.

Annexure

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JRNA Questionnaire

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Delhi IAG

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