



Joint Rapid Needs Assessment, 2024 ASSAM FLOODS



Inter Agency Group (IAG), Assam



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Executive Summary

The state of Assam has faced severe floods, worsening the region's challenges due to their timing, intensity, and size. Continuous heavy rain since May 2024 caused these floods, leading to widespread damage across the state. Sadly, over 109 people have died due to storms, landslides, and flooding, affecting 30 out of the 33 districts in three waves of flooding.

The floods have caused significant destruction and disruption to infrastructure, communication networks, and access to institutional facilities and relief camps. Despite the Government of Assam's efforts to provide relief through establishing relief camps and distributing dry rations, safe drinking water, and shelter materials, the distribution has been uneven, necessitating additional support in many areas.

The Joint Rapid Needs Assessment (JRNA), conducted by the Inter-Agency Group of Assam, aims to provide a comprehensive assessment of the situation. While we get the quantitative figures of impact and damage in the ASDM Sitreps, the JRNA Report captures the qualitative elements raised by the community. This report compiles the voices of the community across seven thematic chapters: Water, Sanitation, and Hygiene (WASH); Shelter; Food Security & Nutrition; Health; Education; Protection & Inclusion; and Livelihood & Social Protection. This collaborative effort highlights the urgent needs of affected communities.

Findings by Sector:

Food, Nutrition, and Livelihood: The floods have posed a significant challenge to food security and livelihoods, with many families struggling to meet their basic nutritional needs. Only 12% of respondents have food stock for more than one month, while 22% have stock for less than 24 hours. Government support has reached 73% of the affected population, but food scarcity and livelihood disruptions remain critical issues. Recovery of livelihoods, particularly for agricultural farmers, people engaged in livestock rearing, small and marginal farmers, and agricultural laborers, is essential.

Shelter: The floods have damaged many houses, forcing people to take shelter in makeshift camps without proper sanitation facilities, leading to safety and hygiene concerns, particularly for women and children. The shelter sector has been heavily impacted, with 12% of houses fully damaged and 66% partially damaged. Many affected people are taking refuge in relief camps with limited space. Recovery will take time, with 24% of respondents believing it will take at least a month and another 27% estimating 2-6 months to rebuild their houses or recover from the disaster.

Health: The floods have also led to a public health crisis, with 19.6% of respondents suffering from respiratory issues, while others are dealing with skin-related and diarrhoeal diseases. Physical illnesses are prevalent, and 10.2% of respondents reported facing psychosocial issues such as stress, trauma, and fear due to the unprecedented situation.



Water, Sanitation, and Hygiene (WASH): The WASH sector is critical during any disaster, and the findings indicate significant deficiencies. Sanitation facilities are inadequate, with 53% of respondents defecating in open areas. The flood-affected areas lack proper sanitation resources, and toilets are often makeshift and difficult to use, providing inadequate privacy and protection. Menstrual hygiene is also a major concern, with 54% of women still relying on unsafe cloth practices and only 6% having sufficient menstrual hygiene items for at least one month. Sanitary napkins are not disposed of properly, with 64% disposed in open areas. Safe drinking water availability remains a significant issue, with only 43% of respondents having access to safe drinking water.

Education: The floods have impacted the learning environment for children. While the schools are having summer vacation, with 15.88% of respondents reporting that they are concerned about the children's education as the schools are underwater, being used as relief camps, or non-functional due to operational issues. The loss of study materials, as 63.8% of respondents reported partial house damage and 11.1% reported complete damage, has heavily impacted the continuity of education. Furthermore, 16.29% of respondents indicated that their children's schools were completely submerged, while 12.7% noted that teachers could not attend school during the floods. Additionally, 4.6% reported that mid-day meals were not served in their children's schools due to a lack of food materials, communication disruption, and waterlogged kitchen areas.

Protection: Protection concerns have escalated, with 11.4% of respondents witnessing theft, while 9.4% have raised concerns of the probability of child abuse and exploitation, and. Although only 1.1% reported witnessing domestic violence and 0.1% trafficking, the actual numbers could be higher as 69.3% of respondents were reluctant to report protection issues. Additionally, 1.6% reported losing or damaging essential documents, hindering access to services.

Urgent Provision of Needs:

1. Food, Nutrition, and Livelihood: Ensuring food security, supporting livelihood recovery, and implementing relevant government schemes.
2. Shelter: Repairing and rebuilding damaged houses, and providing adequate space and resources in relief camps.
3. Health: Enhancing healthcare services, addressing respiratory and diarrhoeal diseases, and providing psychosocial support.
4. WASH: Improving sanitation facilities, ensuring proper menstrual hygiene management, and providing safe drinking water.
5. Education: Immediate distribution of study materials, restoration of school infrastructure, and ensuring mid-day meal provision.
6. Protection: Strengthening protection measures, improving sanitation facilities, and providing safe shelter.



Assam Floods 2024

This year the state of Assam faced a series of devastating floods, compounding the challenges posed due to the timing, intensity, and extent. These floods, triggered by continuous precipitation since May, have caused widespread devastation across the state. Over 109 lives have been lost due to storms, landslides, and floods, affecting 30 out of 33 districts in Assam across the 3 waves of floods since May.

Flash flooding has been witnessed, which is more dangerous for people in the impacted area than a normal flood and newer areas of inundation have been witnessed. The flash flooding in the Subansiri was caused by heavy rainfall in Arunachal Pradesh, where the river flows steeply into Assam. The increased extreme rainfall and occasional cloud bursts in Arunachal Pradesh, Meghalaya, and Bhutan's hills are responsible for flooding in Assam and the state's rainfall.

The situation has been exacerbated by the destruction and disruption of infrastructure and communication networks and difficulty in accessing institutional facilities and relief camps. Despite efforts by the Government of Assam to establish relief camps and provide dry rations, safe drinking water, and shelter materials, the distribution has been uneven across districts, with the intensity and scale there is a requirement for additional support in many areas.

The Joint Rapid Needs Assessment (JRNA), conducted by the Inter-Agency Group of Assam, aims to provide a comprehensive assessment of the situation. This report is an effort to compile the voices of the community across seven thematic chapters, namely: Water, Sanitation, and Hygiene (WASH); Shelter; Food Security & Nutrition; Health; Education; Protection & Inclusion; and Livelihood & Social Protection. This collaborative effort highlights the urgent needs of affected communities and serves as a critical resource for civil societies and the government to coordinate effective response measures.

This year the disaster has claimed lives, impacted livelihoods, and caused damages to houses, livestock and common assets, creating a complex emergency situation, demanding coordinated action to mitigate the suffering of the affected populations and facilitate a robust recovery process. Immediate attention to the identified urgent needs across sectors is crucial for effective disaster response and recovery efforts.

(Enakshi Dutta)

Chairperson, Inter-Agency Group, Assam / Director , Roots To Branches Foundation

1. Introduction

Assam has witnessed floods and erosion almost as a two-yearly devastating phenomenon. Climatologically, the state falls under "Tropical Monsoon Rainforest Climate" and has a temperate climate (summer max. at 35–39 °C and winter min. at 5–8 °C) characterized by heavy rainfall and high humidity. Endowed with rich water bodies through a network of 48 major and 128 small rivers originating from the hills and mountains nearby, the exposure to hydro-meteorological disasters particularly flood is high. Assam represents 9.40% of the flood-prone land in India. In this scenario, where flood exposure is very high, the expansion of population and human settlements in the areas exposed to flood, coupled with other anthropogenic interventions, the vulnerability of flood in the state has increased manifold. In recent years, it has been observed that the spread of flood is throughout the state with almost all districts getting affected. New areas are getting affected while the flooding pattern in traditionally flood prone areas is also changing. Even the best local coping mechanisms are being put to test with these changing patterns.

In Assam this year several phases of hazards created situations that demanded attention and action from humanitarian actors. The 1st in the series was multiple incidents of hailstorms in different districts of Assam damaging shelter and crops. The 2nd was a flood caused by heavy rainfall brought in by Severe Cyclonic Storm Remal in late May 2024 as it crossed Northeast India. Since then, floods have been occurring at vivid scales till date. The 3rd phase was the occurrence of floods landslides and landslips at multiple locations. This has not only displaced many households but has also caused immense damage to the local ecosystem.

With the onset of monsoon, this time too, Assam is witnessing flood in almost 30 districts. ASDMA report on flood indicates that severe situation with extensive damage of live and properties. The total number of lives lost in this year's flood, landslide, storm, and lightning has increased to 109 so far.

Starting the week of the 8th July, the floods have affected nearly 12,33,236 lakh people across 24 districts of Chachar, Dhubri, Nagaon, Kamrup, Dibrugarh, Golaghat, Nalbari, Barpeta, Dhemaji, Sivasagar, Goalpara, Jorhat, Morigaon, Lakhimpur, Karimganj, Darrang, Majuli, Biswanath, Hailakandi, Bongaigaon, South Salmara, Chirang, Tinsukia and Kamrup Metro. The total number of revenue circle affected is 75. Dhubri district remains the highest affected area with 272 villages affected followed by Goalpara with 264 villages affected. Dhubri district is particularly hard hit, with 3,18,326 affected residents.

Large areas remain submerged although water levels have begun to recede in several regions, 25,367 hectares of agricultural land have remained submerged. A total of 1,342 villages are still underwater and 6,67,175 domestic animals are impacted and 4 were washed away by flood. The floods have also caused significant damage to infrastructure such as roads, bridges,

and homes, number of homes damaged is 2,550 with Darrang being the highest fully damaged (kuccha) 2,515, and partially damaged (Pukka) 5,198.

Kaziranga National Park has been severely affected, with 196 animals, including 10 rhinos, reported dead and many of the park's forest camps remain underwater. Rescue operation is ongoing, with 143 animals rescued so far.

As on 12th July 2024, rivers flowing above the danger level are Brahmaputra (Neamatighat), Brahmaputra (Tezpur) Brahmaputra (Dhubri), Burhidihing, Chenimari (Khowang)), Disang (Nanglamuraghat), Kushiya (Karimgani)

Overall, 1.2 million people are affected across 24 districts, and 316 relief camps have been set up to house 39,203 displaced people. While the situation shows some signs of improvement, it remains critical, with sporadic rainfall expected in the area.

Rationale for the JRNA

Inter-Agency Group Assam is a network of organizations working in the humanitarian domain. The network promotes Sphere Standards among members and works towards improved coordination among humanitarian organizations as they respond to emergencies in the state. Since the current flood (in reference) has been very severe affecting almost the entire state. It became imperative that any response mulled by the humanitarian organizations must be guided by a ground zero assessment (rapid) to give a realistic picture of the existing situation and emerging needs. The Joint Rapid Needs Assessment is a designed assessment process for emergencies to understand the extent of the impact of the emergency/disaster, current situation, and existing and emerging needs of the affected communities through rapid screening and interview process. This is a process where members of the Inter-Agency Group come together to assess from a multi-sector humanitarian perspective, guided and inspired by the Sphere Standards. The assessment is not only a tool to frame response and early recovery actions by non-government agencies but also serves as an alternative perspective to the government response mechanism for improving existing/planned response/recovery actions. It is expected that the JRNA in the current context will be highly useful.

Objectives of the JRNA

- To understand the overall impact of the flood in Assam upon the vulnerable communities;
- To understand various thematic/sectoral issues, concerns, and existing and emerging needs in assessed areas;
- To outline the major areas of improvement for sector strengthening.

Broad Framework

The Joint Rapid Need Assessment by the Inter-Agency Group is being planned to supplement the efforts of the government in identifying key vulnerabilities which are amplified during the current disaster. An assessment tool was designed by IAG with a special focus on some important components of consideration during any disaster. Special focus was given to vulnerable populations including women, children and persons with disability. Parameters of assessment were designed to assess the situation holistically. Special care was also given to the code of conduct and all IAG nominated enumerators, surveyors and officials engaged in the assessment were asked to follow the humanitarian code of ethics during the assessment. Since the assessment was also a part of the strategic intervention, the assessors engaged in constant coordination with the government stakeholders and IAG headquarters in Guwahati to provide services to the people in need. Special focus was given to identifying the vulnerabilities in areas which are otherwise not reachable. Assam State Disaster Management Authority was informed and consulted regarding the JRNA process. The Assessment was carried out through both quantitative and qualitative perspectives focusing on the most important components to be addressed during a disaster. The IAG team members engaged in the assessment would also observe the scenario and provide their insights into the situation to supplement the missing elements of enquiry. The quantitative and qualitative evidence was also backed by photographs to help readers understand the situation better.

2. Methodology

The Joint Rapid Needs Assessment is carried through using a mixed-method approach. It used primary and secondary sources to examine and triangulate observations and facts. The assessments were conducted using predefined village-level tools through interviews and focused group discussions. Further, secondary data/literature, including media reports, Circle/District level Government SitReps were used to do substantive analysis.

The quantitative assessment was carried out with the help of a schedule which comprised of

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1. **Demographics:** In this section, questions focused on mortality, injury and missing population. Along with this information on displacement and accessibility was also asked for.
2. **WASH:** In this section, respondents were asked about the availability of clean and safe drinking water along with the duration of such availability. Specific emphasis was also being laid on gender-sensitive safe sanitation practices with a specific focus on menstrual hygiene.
3. **Shelter:** One of the most affected components during disasters is houses. Hence effort was being made to understand the dynamics of effect on the shelter and accommodation of the affected population.
4. **Food and Nutrition:** As the most basic need, especially in the event of disasters such as flood, the respondents were asked about their access to Govt. support , and how long would they be sustained by the stock of food they have if any.
5. **Livelihood:** Since livelihood is one of the major aspects impacted during the first wave of floods, it becomes imperative that the population is being asked about the sustainability of their livelihood options in the event of the occurrence of a subsequent wave of floods. This section also focussed on agricultural loss faced by the affected communities.
6. **Education:** This sector is one of the worst affected during floods and yet remained unnoticed. A special focus was given to the period of learning loss and the reasons for the discontinuance of education during the current floods.
7. **Health:** Two important questions were asked to the respondents on health issues. Firstly, on the type of diseases suffered by the affected population and secondly on the nature of health services received by them. This is an effective way to visualise the continuity of health services and challenges faced by the relevant stakeholders

8. **Protection:** During disasters, vulnerable groups of the population often are exploited and discriminated against. This section is designed to bring to light the prevalence of various social evils which gets surfaced during floods. This includes domestic violence, sexual abuse, child labour, theft, loot, robbery and inaccessibility of services due to loss of documents which might amplify the existing vulnerabilities.

Steps Followed

- **Finalisation and orientation of the Tool** – The Pre-Monsoon meeting " of IAG-Assam was held on 31st May & 1st June 2024 at Shishu Sarothi, Guwahati. This process has been led by RVC and UNICEF. It saw the active and engaged participation of 78 NGO representatives from as many as 24 districts, working in diverse areas, underscoring the importance of collaboration across locations in responding to meet the needs of communities. A draft JRNA Format was presented which was collectively finalised by members. The same was then translated to Assamese and shared with all the IAG Members.
- **A planning meeting of the IAG Core Group**- A planning meeting of the IAG Core Group took place both in online and offline mode on 5th July 2024 hosted by UNICEF, Guwahati, where detailed deliberations were made on the evolving flood situation based on remarks made by members located in the affected districts. Based on these deliberations, the core group decided to undertake the JRNA exercise. During the meeting worst affected districts based on ASDMA's daily Situation report for the day were decided and accordingly members' agencies divided the responsibilities.
- **Conduct of data collection**- Followed by the planning meeting, the JRNA tool was revisited and shared. The data collection process was initiated by 15 organisation. The data collection was done manually using the following methodologies between 6th July to 12th July:
 - **Focused Group Discussions**- This involved structured exchange of views with the groupsof affected households taking shelter in camps and/or other safe places.
 - **Interviews**- Further, interviews of key local leaders including Gaon Burahs, government frontline workers and responders were done including government functionaries
 - **Literature reviews**- Report writing organizations also did a review of literature through media reports.

The organization involved in the data collection were as listed below:

Table 1 : Organisations involved in data collection

Sl. No.	Districts	Organisation
1	Cachar	Deshabandhu Club, Seva Kendra Silchar, CARITAS India
2	Darrang	Bal Raksha Bharat, SATRA
3	Dhemaji	Rural Volunteers Center (RVC),
4	Dhubri	Eco System Protection Trust
5	Dibrugarh	ADRA, Seva Kendra Dibrugarh, CARITAS India
6	Goalpara	Ajagar Social Circle
7	Jorhat	Bal Raksha Bharat
8	Kamrup	Bal Raksha Bharat, Diya Foundation
9	Karimganj	Deshabandhu Club
10	Majuli	Rural Volunteers Center (RVC)
11	Morigaon	Morigaon Mahila Mehfil, The East
12	Nagaon	Eureka Samaj
13	North Lakhimpur	Women Development Center (WDC)

- Data Entry tool development and Virtual Orientation** - The Data analysis sheet to collate the data was developed and an orientation for the data entry was done by the Roots To Branches Foundation team on the 13th July. The Data entry has been done by 6 organisations RVC, ADRA, Deshabandhu Club, Bal Raksha Bharat, Ajagar Social Service Society, and Coordinator IAG. The data entry was completed by the 16th July 2024.
- Report Drafting Committee:** The IAG core committee and the Roots to Branches Foundation along with RVC and UNICEF team did the data analysis and developed the first draft of the report. The draft report was completed by 19th July 2020, which was then circulated for feedback and the final report was developed with inputs from IAG and SPHERE India Member insitutions based on the organization expertise.

Sample Details

The JRNA was conducted in 11 districts in 114 different areas which included affected villages, relief camps, markets areas, schools and various other public spaces. 66 Focused Group Discussions were being organized with members ranging from 10 - 150 in a group. 17 individual interviews with various individuals were conducted by the IAG representatives conducting the JRNA. 48 open-ended community-level discussions were also being organized.

Table 2: Details of Respondents for the JRNA, 2024

Focused Group Discussion	67
Open ended community level discussion	48
Interviews	17
Others	4
Details of Respondents	Number of Respondents
Men	1048
Women	1306
Children (assisted by parents)	332
Persons with Disability	22
Total	2708

Figure 1: Selected Districts for JRNA

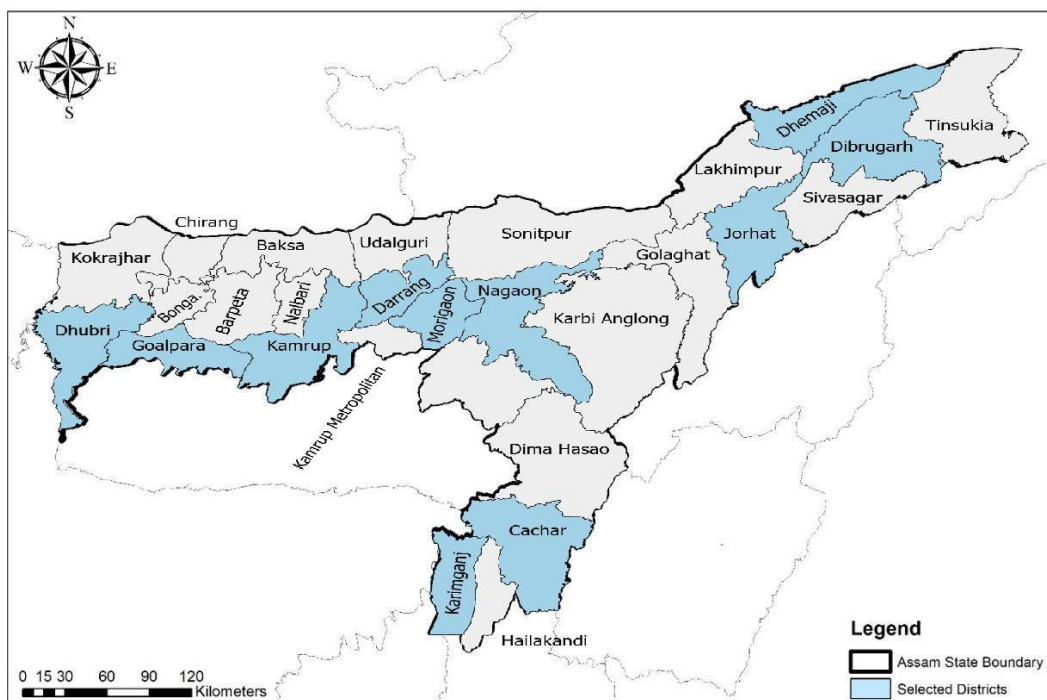


Table 3: District, Revenue Circle, and Village wise Sample details

Districts	Respondents	Villages visited for JRNA	Revenue Circle/Block
Cachar	133	Dhonhori Pt-1, Dungripar Pt-1, Tinghori Gaon, Harinagar Pt-2, Harinagar Pt-1, Bihara Pt-4, Naraincherra, Niz Pulbari Pt-1	Sonai, Lakhipur, Katigorah, Silchar
Darrang	828	Bogachala, Bhakanmeth / Chakormukh, Durduriya, Haldha, Jayantipur, Maijali, Malibari, Nowging, Bishnupur, Tengera, Aparia, Cherengchapor, No1 Baralekhaity, No 1 Bhokelikanda, No 3 Boralakhaity	Pathanghat, Mangaldai
Dhemaji	423	Bera Nagaon, Boginadi, Malbhug, Rabha Sonowal, Rankob, Malbhug Santipur, Medhipomua, Sonarighat, Ajarbari, Nepalipathar, Burisuti Deorigat, Sirkali NC, Na Ali Bhojugaon, Hesuli Pam Jalbhari, Bahir Jamichuk, Bhalukaguri	MSTD (Jonai), Sissiborgaon, Dhemaji, Machhkhowa
Dhubri	26	Kazipara Part-III	Chapar
Dibrugarh	180	10no Wilton Grant 2.Basmatia TE, 1noEkarani, 2 no Ekarani, Ghutung Bongali gaon, 1 no Bamunikuria, Telpani Bongaon, Digholia Hulla, Nandanbon TE, Lahoal Bari,Hati Ali, 1. no Borbam, Ghumtal, Hamukoni, Dihinghulla, Nahoronia Basmatia, 2,no Nahoronia, 11 No Wilton Grant, 2no Basmatia Grant, Lajoni, Nakhongyia Bongali, Deobil, Kodomoni Tamulikhat, 1NO Hatibandha, 2no Hati Bondha, Tengra bali, Greenwood T.E 40 No Line, 2 No Ranguwal, 2 No Sungi pathar, Nakhatia Sonowal, Tamulikhat, Tarajan T.E, Tengakhat	Tengakhat, Naharkatia, Dibrugarh
Goalpara	97	Bhatipara, Bhatipara Notun bosti, Motiipara, Baladmari chor	Balijana
Jorhat	308	Hidalguri, Kawoimari, Koibortogarh, Kumar Gaon, Phukanbari, Sagunpara, Turamari, Bejorsiga, Bormathauri, Hatisaal,	Jorhat East, Teok

Kamrup	109	3no Bagta, Bihdia, Deharkuriha, Hirajani, Kaibartatola Milanpur, Kaibartatola(1), Kalitakuchi, Nadia 1, Nadia, Niz Hajo, Saniyadi, Guimara	Rampur, Hajo, Ujanpuri
Karimganj	81	Manikkuna, Jarapata, Kalachara, Mukandapur, Nayabilerpar	Karimganj
Majuli	299	2No Major Chapori, Bhimpara, Borjan, Chamoguri, Charigharia, Koliaguli, Missamora, Sriram Puria, Ukhalchuk, Ulupam Pokimoni, Lachon Chapori, Major Chapori NC, Eri Chapori (Saroati)	Majuli
Morigaon	24	Duruladubi	Moyong
Nagaon	200	Patiyapam, Kathkatiya	Kampur

Limitations of the Assessment

- In a few districts such as Dhubri, Dibrugarh, Morigaon, Karimganj, Nagaon and Goalpara, the assessment team were able to cover only 1 revenue circle with limited number of respondents.
- The team has tried best to triangulate the findings. However, the analysis is completely based on responses from the respondents.

3. Findings from the Assessment Sectors affected during the current Floods

Education

Regarding education, 15.88% of the respondents have school-going children who are concerned about the school education as either their school is underwater, being used as a relief camp, or is non-functional due to various operational reasons. Others stated that as most schools were closed anyway due to summer vacations, the children are not missing classes as there is summer vacation, but their education is being affected by the floods. A few of the most prominent reasons that emerged out of the JRNA process was the loss of study materials during floods. It is evident from the fact that 63.8% of the respondents had their houses partially damaged due to the floods. And 11.1% who had complete damage, also reported that study materials were damaged and could not be protected. This has heavily impacted the continuity of education.

Apart from this, 16.29% of the respondents have reported that the school of their wards was completely submerged by water. Another 12.7% reported that teachers have not been able to come to school during floods. 4.6% have reported that due to various operational issues, mid-day meal was not served in the schools of their wards because of which they didn't send their child to school. The reasons associated were mostly lack of availability of food materials, communication disruption and the kitchen area of the school being affected due to water logging. Although the administration in different districts had pre-identified Relief camps, there was not much space. Hence new schools were being notified as relief camps as per need. During the JRNA respondents were asked about their perception of the time required for the continuity of education after the current wave of the flood (1st wave), and 18% replied that they were expecting to hope their children go to school within a month and another 7% hoped that regular classes would continue within three months.

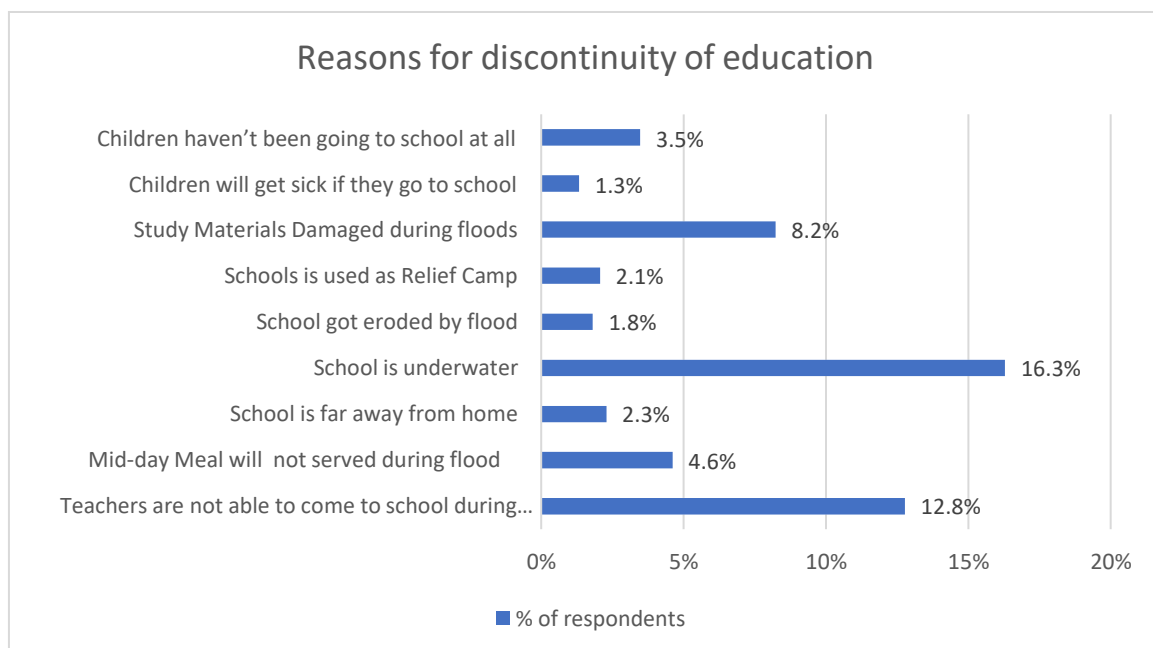


Figure 2 : Reasons for discontinuity of education

Protection

11.4% of respondents stated having witnessed theft during the current disaster. 9.4% have shared concerns about the possibilities of child abuse and exploitation, while only 1.1% of respondents reported having witnessed domestic violence, and 0.1% reported witnessing incidents of trafficking, the actual numbers could be much higher as 69.3% of the respondents were reluctant to report any protection issues they might have witnessed. 1.6% of the respondents also reported that people were unable to access essential services having lost or damaged their documents to the flood. Many are having to resort to open defecation to relieve themselves. The toilets available are makeshift and 'kutcha', they are difficult to use and do not provide adequate privacy or protection. There aren't separate toilets for men and women. Women reported that having to resort to open defecation, or even in using these makeshift toilets made them feel unsafe and vulnerable.

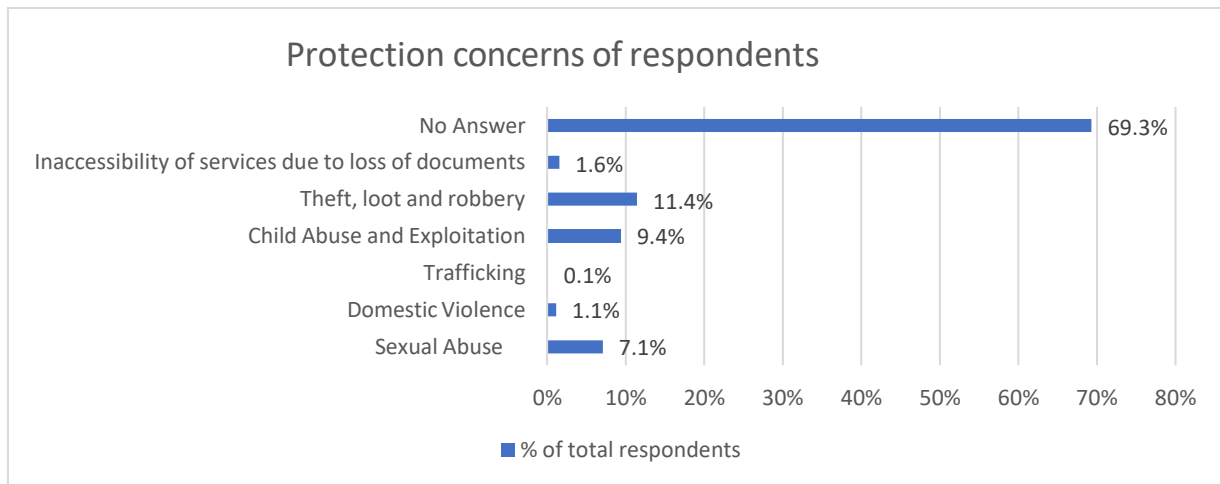


Figure 3: Protection concerns of respondents

Access to crisis-affected people:

Affected households in the targeted districts living in CHAR, riverine, and tea garden areas are excluded, isolated, and inaccessible due to difficult and isolated terrain. These most hard-to-reach areas include vulnerable communities/groups such as Scheduled caste, Scheduled Tribe, Other Backward Caste (OBC - Muslim minorities), and communities who remain specifically vulnerable due to their proximity to aid, access to Government support and are difficult to reach because of the inundation.

The people from socially excluded communities living below the poverty line face a triple burden of floods and multifold challenges.

1. Low literacy may become a barrier and major impediment to accessing technological innovations in their daily livelihood.
2. People living in joint families are impacted more during and post natural calamity due to challenges vis a vis shelter and maintaining livelihood for big families
3. The major share of the livelihood of excluded communities depends on daily labour which is disrupted during floods rendering them vulnerable and without livelihood options.
4. The socially excluded communities mostly depend on livestock rearing and the impact on livestock during natural calamities negatively affects their means of livelihood.
5. Low resilience to climate-related natural disasters and inadequate management of natural resources.

Health

As per the information collected from various districts, it was found that most of the respondents had their family members suffering from cough, fever, and other breathing-related issues. As per the information received from the JRNA assessment, **19.6% of the respondents were suffering from respiratory issues.** On the other hand, 14.4% respondents

have reported that they were struggling with skin-related diseases. With most surrounding environments water-logged and cramped shelters there is a high chance of fungal infection and further investigation may be required. Diarrheal disease is always a concern and to be flagged during floods and it was found that 12.2% of respondents were suffering from diarrhea diseases. While Physical illness was a major issue, some of the respondents also reported having faced psychosocial issues, particularly stress, trauma, and fear. 10.2% out of the total respondents have undergone stress and fear of being in an unprecedented situation.

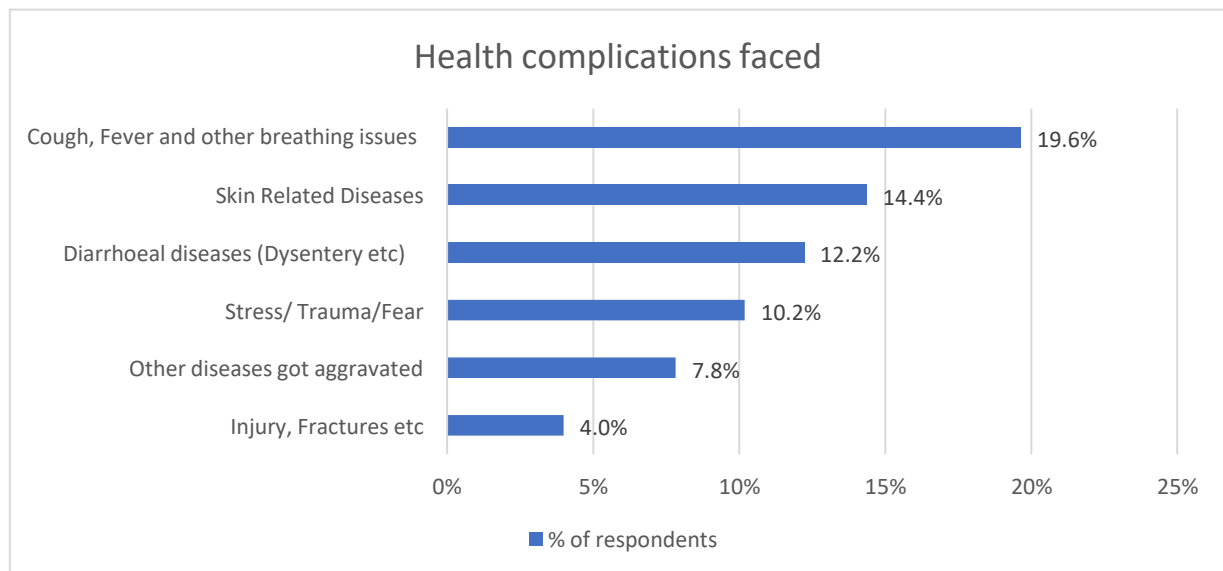


Figure 4 : Health complications faced by respondents

By 12th July, there were 112 medical teams deployed in 9 districts including Cachar, Dhemaji, Dhubri, Dibrugarh, Morigaon and Nagaon. 13.4% of the respondents had accessed to basic health services in the health camps which were organised by the districts as per need. Routine Immunization and Anti natal checkups were immensely impacted during the flood situation. Only 1.2% had access to Routine Immunization. This situation may be alarming as many children will not receive timely vaccination thus prone to preventable diseases. Ante Natal Checkups (ANCs) are mandatory for pregnant women and at least 4 ANCs are required for during the pregnancy period. It was found that only 0.1% were availing the ANCs checkups. Dependency upon traditional healers was found to be more during the flood situation and 11.9% have responded that they were dependent upon traditional healers. Support from ASHA was found to be 20.7% and from ANM it was found to be 13.5%. Primary Health Centers and Sub centers were not functional in many places either because they were submerged, or they were inaccessible to the current set of respondents. However, 17.8% of respondents could access sub-centers and 23.2% could receive services from the Primary Health centers in their vicinity.

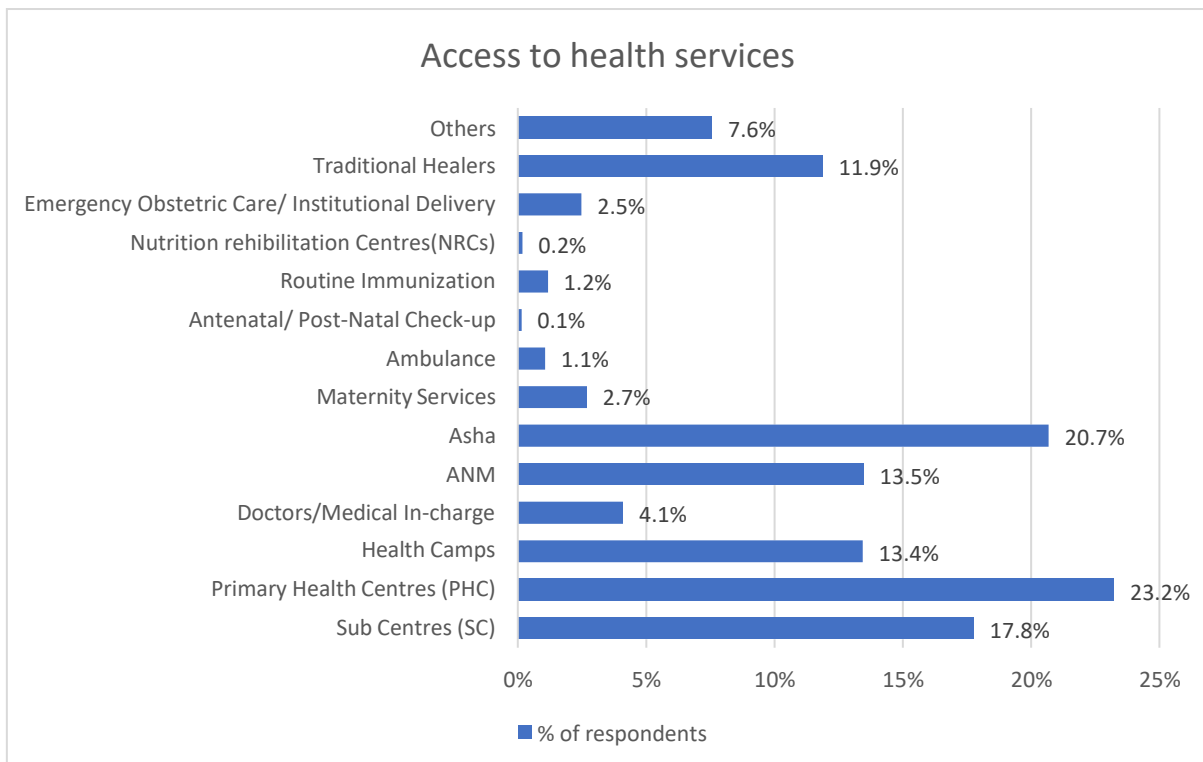


Figure 5 : Respondents access to health services

Water Sanitation and Hygiene (WASH)

Water, Sanitation and Hygiene are critical components during any disaster which need special focus and attention. The findings from JRNA WASH section below indicates that there is significant lack of proper sanitation facilities. The effected areas have a major concern of WASH, it has been noticed that the toilet facilities are open pits adjacent to the water bodies which again the population uses for drinking and day-to-day use.

Safe Drinking water

There are no adequate hand pumps or toilets installed in the camp sites or in village locations and no WASH activities has been conducted by the district administration. People are either drinking water directly from the limited functional hand pumps or drinking flood water by just boiling it. Moreover, the assessment identified a gap in the WASH needs of women and adolescent girls.

The availability of safe and clean drinking water is also a significant area of concern. Only 32% of the respondents have at least one bucket and access to safe drinking water, which would last them for less than 24 hours. While, 54% are using soap for hand washing, the community has a very limited stock of

drinking water. The figure below shows availability of drinking water with the community. 24% of the community had drinking water for up to 3 days, which is a great concern.

However, safe and clean drinking water availability remains a bigger issue during the crisis as evident from the fact that only 14% of the respondent have drinking water for only one week. In some places packed drinking water given by the Government and NGOs. More and more awareness and community reach during the flood are required to strengthen departmental coordination and multi-stakeholder involvement in providing safe drinking water facilities to the flood-affected households.

People have no choice than to consume contaminated water either directly for the flood running water or from the contaminated water sources (Handpumps). During the assessment, affected communities expressed the need for safe, potable water, which could be in the form of water purification, cleaning water sources and water storage facilities.

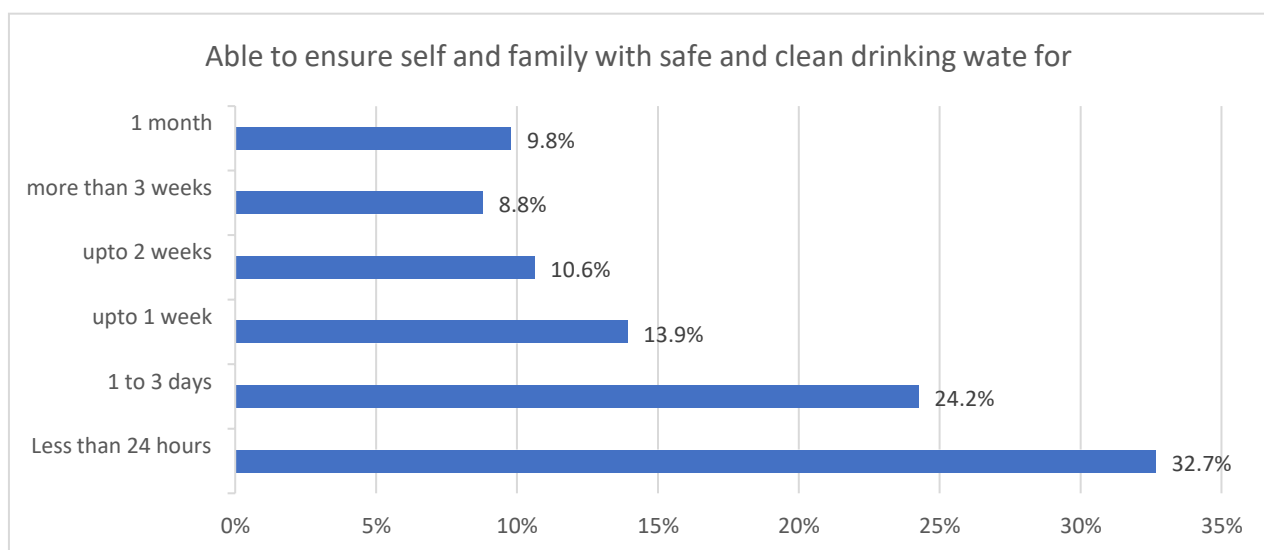


Figure 9 : Access to Safe and Clean Drinking Water

Sanitation Facility

53% of the respondents practiced open defecation, while only 10% and 12% used temporary pits and community toilets, respectively. In the flood-affected area of Dhemaji, open defecation was prevalent. Many residents also share their toilets with others due to damage sustained during the floods. 53% of the respondents defecated in open area, temporary pit and community toilet is very less with only 10% and 12% respectively. Most of the community in flood affected area of Dhemaji were defecating in open area. Many residents

also share their toilets with others as most of them the toilets have been damaged during flood. The absence of adequate sanitation and hygiene resources worsens the hardships faced by the community, highlighting a critical area in need of urgent attention and support.

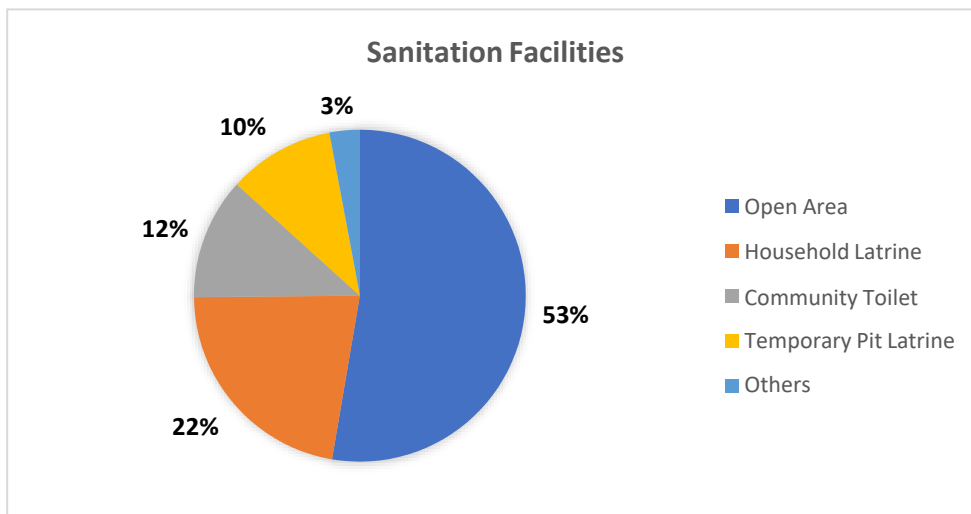


Figure 6 : Respondents access to sanitation facilities

Hygiene

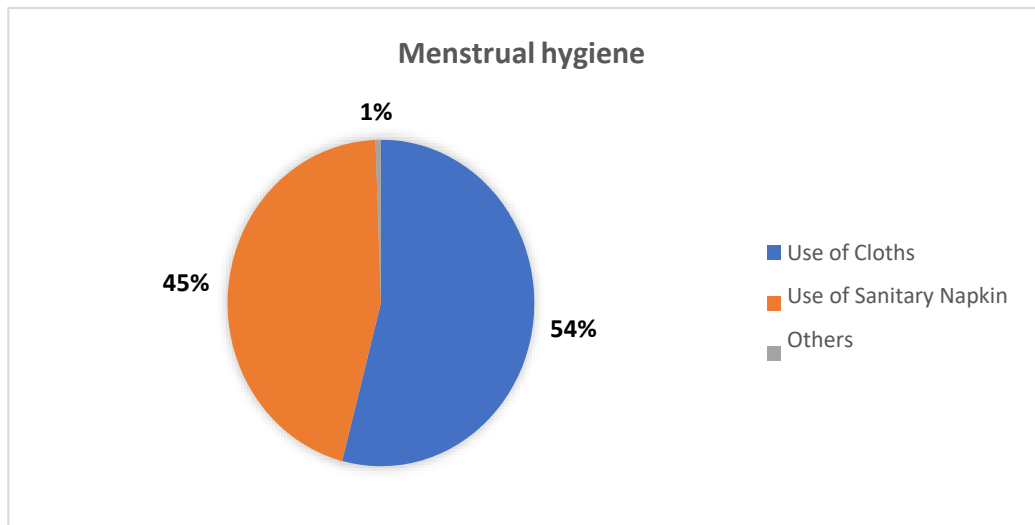
Sanitary items and soap:

A key finding of the assessment was the need for sanitary items like menstruation/sanitary cloth, soap, antiseptics liquids. While these are needed to ensure family hygiene these items would also be effective against other infectious diseases within the targeted vulnerable communities. Affected population also put forth a need for bleaching powder (for disinfection of commonly touched surfaces, surroundings post floods, disinfection of drinking water sources).

Menstrual Hygiene

Menstrual Hygiene is major concern area of concern, Discussions revealed a significant lack of awareness about menstrual hygiene among women and inadequate hygiene practices within the population. During flood situation, there is no environment for women to maintain proper menstrual hygiene. 54% rely on clothes, an unsafe practice, and only 6% women and girls have a sufficient quantity of menstrual hygiene items to last one month.

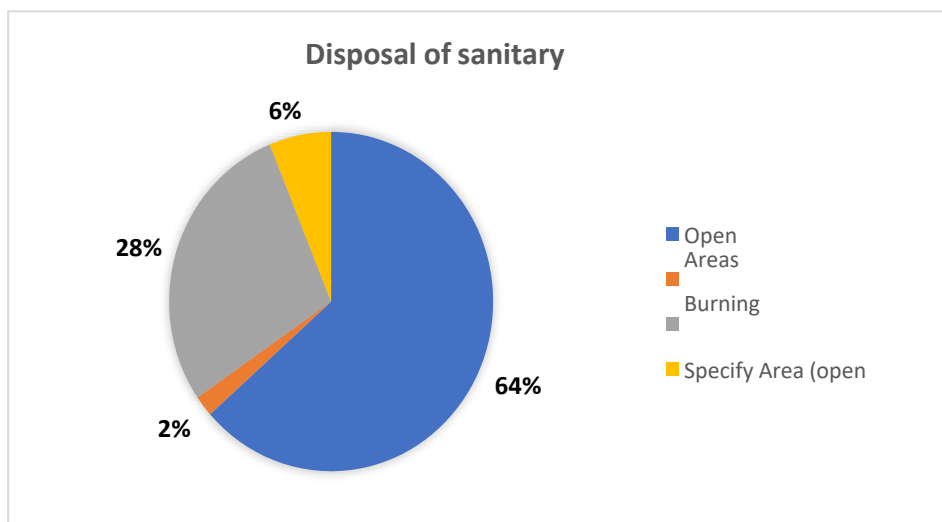
Figure 7: Menstrual hygiene practices



Disposal of Sanitary Napkins

Sanitary napkins are not being disposed of properly with 64% of the population disposing of them in open areas, 28% burying them and 2% burning them. There is a pressing need to raise awareness about the proper disposal of sanitary napkins.

Figure 8 : Disposal methods for sanitary napkins



Shelter

The floods have damaged many houses, and people are taking shelter in makeshift camps on embankments without proper sanitation facilities. The shelter is also one of the impacted sectors where out of the 2,593 respondents, 300 houses (12%) are fully damaged and 1,721 (66%) houses are partially damaged. The chart below shows the status of houses due the current flood. The government data also shows that, there are 316 Relief camps with 39,203 affected people taking refuge in these camps. There are also Relief Distribution centers operating in various districts of Assam.

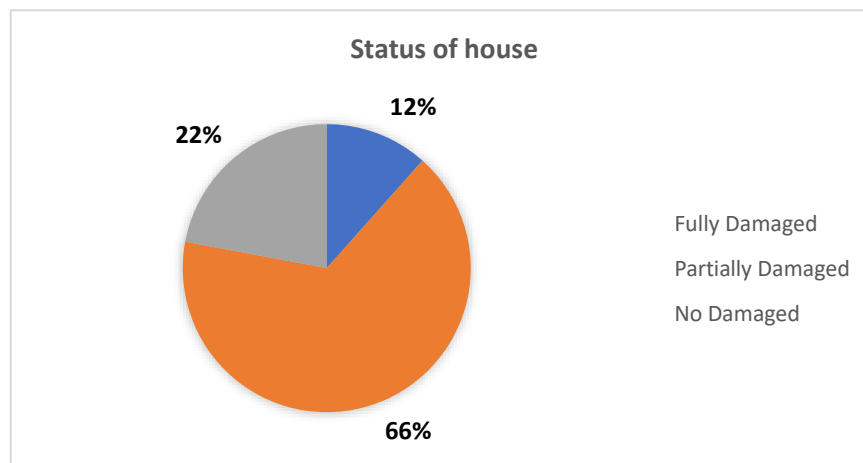


Figure 10: Respondents whose houses were damaged by floods

Given the intensity of the damage and the economic condition of the Households the time required to get back to adequate shelter is an area of concern. While 31% of the respondents said that they could get back to their homes within a week of the water receding, 24% of the respondents reported that it would still take at least one month for them to recover from their loss and get back to their homes.

Another 27% reported that it would take 2-6 months, followed by another 10% saying they would need a year and 6% said that they might never be able to rebuild their house or recover from the current disaster. Altogether, around 70% of households seemed to be in need of immediate shelter support, while among them some would also require long-term support to rebuild their homes.

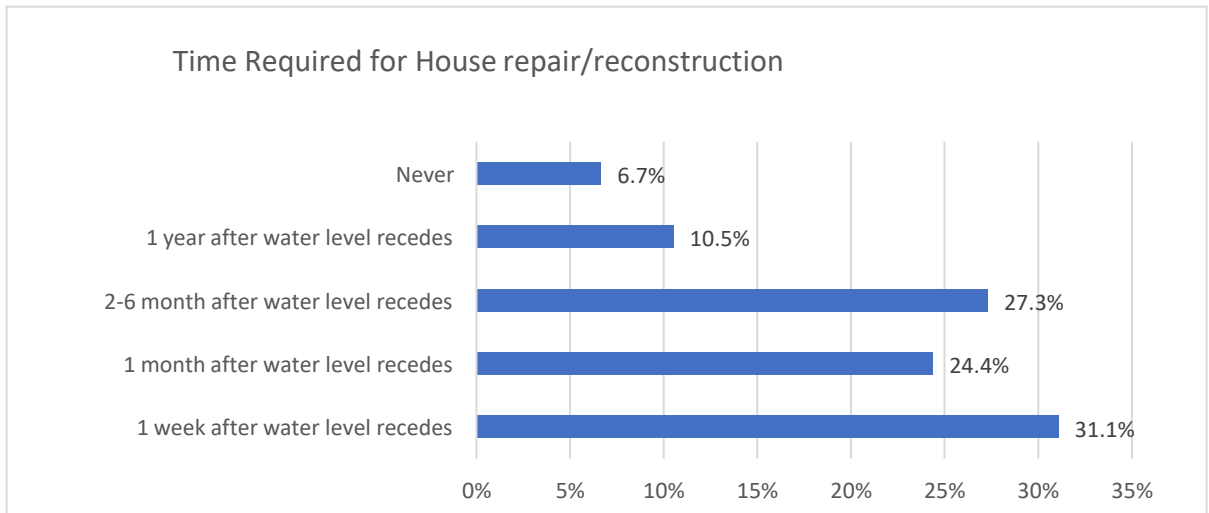


Figure 11: Time required by Respondents for repair/reconstruction of houses

With the loss of shelter, affected communities faced a shortage of food and supply of essential commodities along with other problems on a daily basis. The affected population reported that they have witnessed a sudden rise in prices coupled with a declining stock of essential goods. Around 8.8% of the respondents said they faced issues with the availability of essential items in the local market and around 14.7% said they experienced hike in price. Unscrupulous individuals engaging in fraudulent means to gain profit during the current disaster needs to be warned and awareness generation needed using an appropriate communication medium. These were people who also included those who were not living in relief camps. The fundamental reason for this could be attributed to a disruption in road & train communication and damage to food stock in the affected districts. Apart from the immediate economic impact, there are other problems faced by the affected community from mosquito bites, colds, snakebite and diseases constituting 32% of the overall problem.

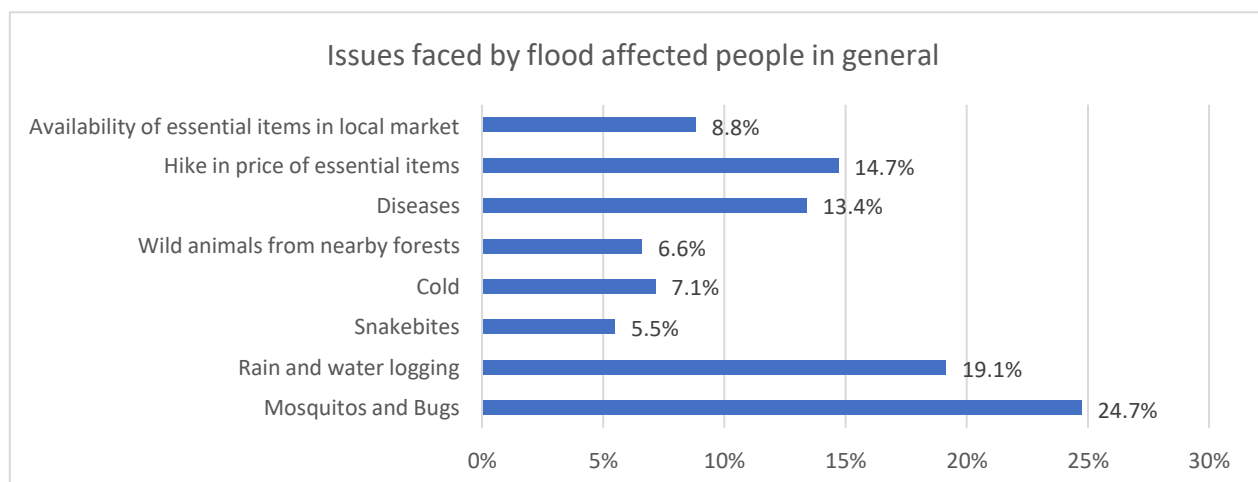


Figure 12 : Issues faced by flood affected people

There are also reports of damages of non-food items due to the disaster as shown in the chart below. The number of respondents who reported damage to Cooking Fuel 14%, Blanket, Bed sheet, Mattress and Mosquito Net 20%, Basic Kitchen Appliances 15%, Cloths 20%, Hygiene items 17%. These damages add more problems to the people affected by flood lacking necessary requirements other than food and shelters.

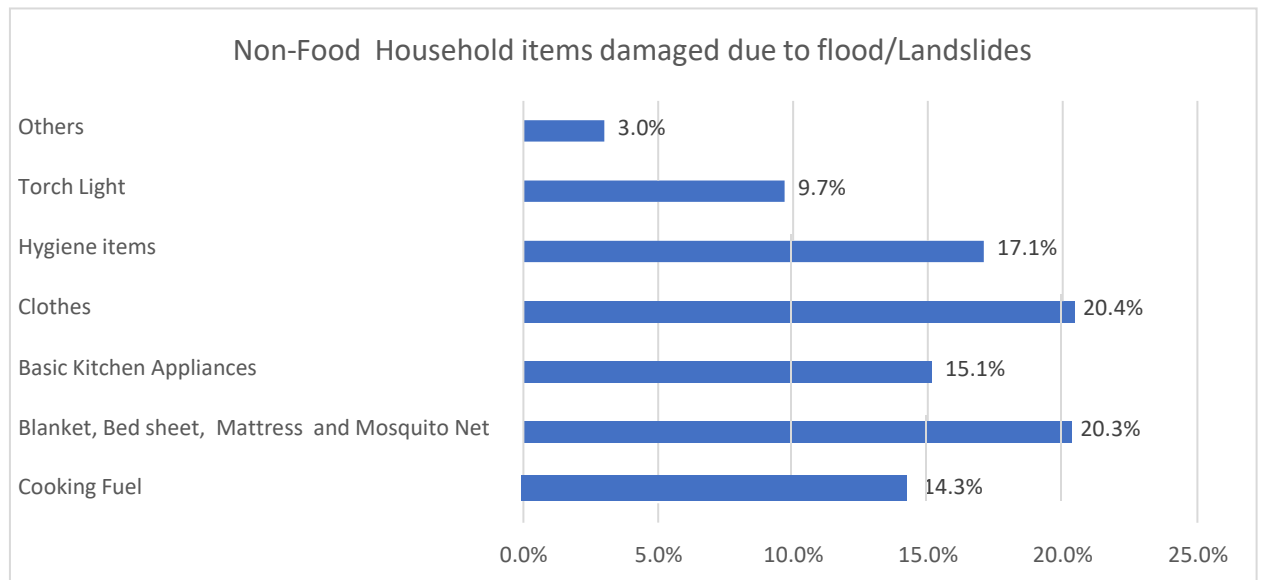


Figure 13 : Non-Food Household items damaged due to flood/Landslides

Food, Nutrition and Livelihood

The demographic vulnerabilities in the flood-affected villages have made it challenging for the people to access three meals a day. Most families have been surviving on just one meal daily, struggling to meet their basic nutritional needs. The floods have posed a challenge for people's ability to travel to work and earn their livelihoods. As a result, their access to food and proper nutrition has been severely compromised. This disruption not only threatens the immediate well-being of the villagers but also poses long-term health risks, particularly for children, the elderly, and other vulnerable groups within the community.

Only 12% people have stock of food which can last more than one month. Around 22% of people have stock of food that can last for less than 24 hours. This indicates that there is a great need to look into this urgent problem of food scarcity to prevent the affected population from hunger and malnutrition. Around 73% of the total respondents of 2,708 have received government support. As per the ASDMA data, there has been distribution of 3,621 quintals of rice, 666 quintals of lentil (dal), 6,267 quintals of salt and 11,447 litres of mustard oil. While 62% of the people have reported that their livelihood has been affected by the ongoing flood, only 15% of the respondents will be able to sustain their livelihood in case of a reoccurrence

of the flood. 55% of the respondents with agricultural land and have lost crops due to floods or erosion.

Recovery of Livelihood for sustainable village development especially in flood-prone areas should be a priority, especially for agricultural farmers (including women farmers), people engaged in livestock rearing, small and marginal farmers, and agricultural labourers. Some of the major relevant schemes that could support uplifting the situation of the farmers could include Pradhan Mantri Fasal Bima Yojan, PM Kisan, Atmanirbhar Bharat etc.

Limited movement due to disruption in connectivity have reduced their income and savings due to reduced livelihood opportunities leading to limited or no food items available other than few camps run by the Government with no plan for back to home kit.

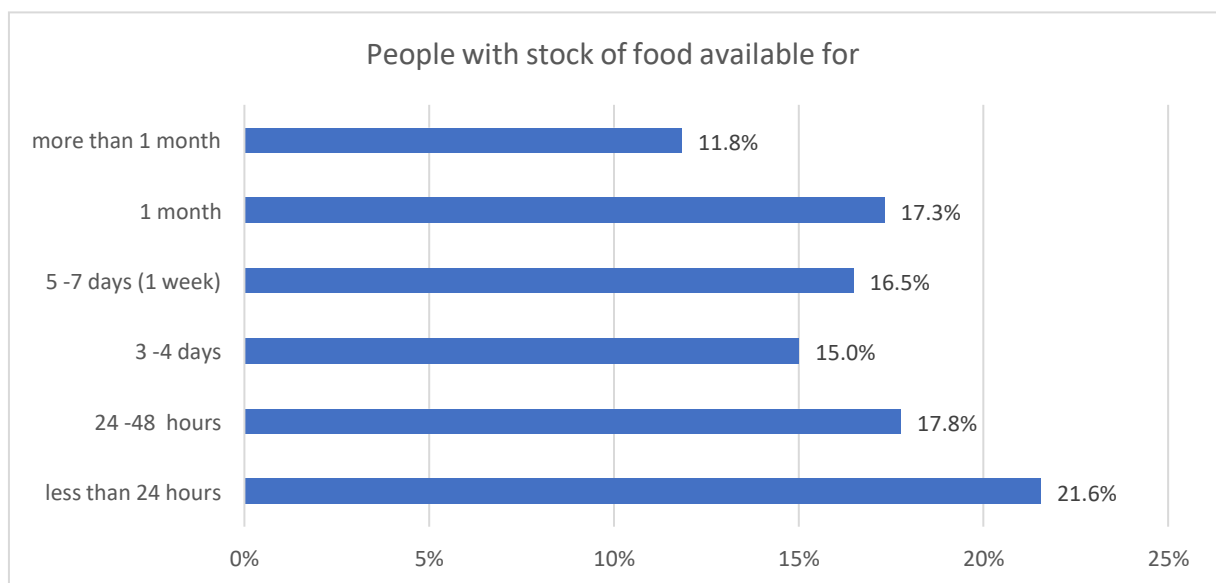


Figure 14 : People with stock of food available

4. Recommendations

A sector-wise list of the recommendations is provided below:

Education

- Implementation of the relief camp guidelines and provision for child-friendly spaces. Child-friendly spaces for children in relief camps and affected villages.
- Ensure that the Temporary Learning Centre (TLC) has adequate sanitation facilities, including separate toilets for men and women, to ensure safety and privacy, especially for girls and women.
- Conduct regular assessments and feedback mechanisms to monitor the effectiveness of educational interventions and identify areas for improvement.
- Mapping, identification, and capacity building of Facilitators for operating Child-Friendly Spaces activities.
- Ensure that the child protection mechanism should be activated at the CFS including the activity roster planned for the children and youth enrolled.
- Provision of age-appropriate learning kits (3 to 6 years & 6-14 years) for the children containing textbooks, notebooks, writing materials, and other necessary supplies.
- Provision of psychosocial first aid counseling for the affected children and families.
- Disaster preparedness as part of the school curriculum.

Health

- Need for expanded and mobile clinical services through health camps and mobile medical camps at frequent intervals with the provision of medications.
- Ensure ambulance services for critical care are important and need to be restored immediately. Boats may be commissioned as Patient Carrying Vehicles if Boat Ambulances are not immediately available!
- Environment cleanliness focuses on the safe disposal of debris of dead animals; village/household cleanliness. Distribution of Bleaching powder and other Disinfectants would be essential with adequate information on usage and demonstration.
- Doctors to be deployed in the mobile medical camps, and dependency upon traditional doctors be reduced

- Ensure mosquito nets or repellent are available, as chances of vector borne disease will increase during flood.
- Adequate supplies of potable water and halogen tablets would be needed withadequate information on usage and demonstration.
- Administration of oral rehydration therapy (ORT) with adequate awareness and demonstration.
- Basic Hygiene promotion activities for the prevention of water-related diseases
- Special care of PwDs and the aged in terms of their accessibility and medical needs.
- Immunization services for children and ANC/PNC clinics for pregnant women should be prioritized and considered essential services
- Early restoration of health facilities where sub-centers and PHC have been inundatedand/or have been unable to continue the basic health care services.
- Hygiene promotion should be done using Behaviour Change Communication as a keystrategy and continued even after the water level recedes as the health vulnerability continues.
- Mental Health could be given priority as this time the stress and trauma associated with the disaster caused by the floods. Humanitarian aid workers could be trained in core psychological care skills to raise awareness and community support and to referpersons to the primary health care system when necessary
- Physical rehabilitation and reconstruction of local health facilities, and/or the required medical provision of essential equipment and supplies, especially in inaccessible flood-affected areas will also be necessary while building back better.

WASH

- Convergence within government departments/t agencies as part of systems strengthening in order the address the challenges swiftly
- Immediate provision of alternative drinking water supplies or systems, such as water tankers and protected rainwater tanks, for communities with limited water availability, especially in regions facing acute shortages.
- Immediate repair and restoration of damaged water supply infrastructure, particularly in areas heavily reliant on borewells/hand pumps and public taps.

This includes a focus on reviving household piped water supply systems and ensuring access to safe and sufficient drinking water.

- Address disparities in filtered water access by distributing filtration systems to areas with lower adoption rates, ensuring safer drinking water post-disaster.
- If necessary, consider erecting temporary pit latrines or trench toilets in designated areas, and implementing sufficient disinfection protocols.
- Establishment of handwashing stations with soap and water accessibility, particularly in areas reporting limited or no facilities. Enhanced focus on soap provision and water availability to promote proper hygiene practices.
- Restore and upkeep current toilet facilities to ensure they remain functional and hygienic.
- Reinforcement of waste disposal systems, including designated disposal areas and organized waste collection services. Separate bins to be made available to collect menstrual waste.
- Provide menstrual hygiene facilities, including the availability of disposable sanitary napkins in adequate numbers, facilities of changing rooms, and water/soap for cleaning, to support the menstrual health and well-being of women and girls.
- Provision of appropriate storage containers like jerry cans, buckets with lids, and large water storage facilities, addressing the disparities observed across districts to ensure proper water storage post-disaster.
- 15 - 20 liters buckets with lid and provision for purification of water are recommended.
- It is recommended to provide sanitary items like soap, disinfectants, and bleaching powder.
- Support for temporary toilets is recommended.
- As most of the women prepare and have traditional practice of the use of cloth for menstrual hygiene, it is recommended to support with provision of clean cotton cloth.
- Since the disposal of sanitary napkins is a major challenge, alternatives like electric incinerators need to be tested for safe disposal of used disposal nappies and sanitary napkins (Under the Swachh Bharath Mission guidelines, the norms and specifications for construction of public/community toilets has

provisions for installing incinerators in each toilet block.)

- Explore possibilities of setting up bio-gas plants at Panchayat level as a sustainable solution to organic waste management.
- Repairs and maintenance of all damaged water supply schemes with focus on incorporating features for enhanced disaster resilience
- Assessment of all surface water sources and ensuring protection from debris or contaminated flood waters
- Integrate awareness campaigns on menstrual hygiene and safe practices, and child safeguarding among communities in the recovery programmes.
- Rebuilding damaged toilets following disaster-resilient design is recommended
- Rebuilding/restoring piped water supply systems with disaster-resilient designs
- Long term intervention with raised tube wells.
- Create awareness of sanitation practices and discourage open defecation, especially in areas susceptible to epidemics and water-borne diseases
- Training of women and girls in construction of temporary toilets.
- Prepositioning of temporary toilet fitting at the panchayats which are highly prone to disasters.
- Construction of disability-friendly toilets and water supply points to be made available at all Relief Camps.

Shelter

- Provide either cash /materials incentives to repair the partially damaged houses. With the lack or loss of livelihood options due to floods, there is a need to provide support to repair their damaged houses.
- Sectoral detail assessment in the status of damages of affected peoples' houses to find out the statistical data of fully and partially damaged housing structures for long-term interventions.
- Support for Temporary shelter materials including tarpaulin, groundsheet and bamboo etc.
- Repairs and maintenance of damaged infrastructure, with a focus on building back better with disaster resilient features, in the most vulnerable villages, especially the infrastructures (roads, bridges, houses) that have been impacted in the earlier floods also.

- Engagement of the most affected individuals in the building back process through Cash for work.
- Capacity Building of Master Masons on Disaster Resilient Infrastructure.
- Training of Govt Officials on Post Disaster Needs Assessment (Shelter, Agriculture, WASH, Health, Protection & Social Inclusion).
- Provision of technical support to construct more flood-resilient houses for the houses which have been completely damaged during the flood
- Linking livelihood activities to the reconstruction/repair of damaged houses
- Establishing relief camps in the area where it is worst affected
- Immediate support of temporary shelter materials including tarpaulin, groundsheet and bamboo, etc.
- Support to rebuild the damaged schools and Anganwadi Centers
- Identify areas for temporary shelter for animals/live stocks

Food, Nutrition, and Livelihood

- Cash-for-work and Conditional Cash Transfer programs can be implemented in most affected areas immediately after the receding of flood water
- Active screening and referral for children with malnutrition
- Assessment of the stock status of IFA tablets and syrup with frontline workers.
- Assessment of the nutritional status of women, adolescent girls, and children to plan strategies for corrective action, especially in the villages faced with recurrent floods
- Replacement of lost Ration Cards
- Safety assessment of Fair Price Shops to minimize loss of materials
- Minimum standards of age-appropriate nutrition in Relief Camps to be followed.
- Supporting the Govt. in disseminating a customised and standardised Food basket
- Need for NFI including hygiene kits, medicated mosquito nets, torches/solar lamps, cooking stove, hygiene kits, utensils and bed sheets etc.
- Ensuring people continue to receive food rations through PDS, GR, and PMGKAY.
- Mid-Day Meal of Schools and SNP of AWCs like in other States and districts may be made available to all children and adolescent girls and pregnant/

breastfeeding mothers aimed towards arresting malnutrition.

- Ensuring counselling on optimal infant and young child feeding behaviour for mothers/caregivers
- Ensuring breastfeeding corners at relief camps.
- Providing support for restoration and rebuilding livelihoods would be required.

Protection

- Institutionalisation of complaint and feedback mechanisms through community accountability assessments in consultation with district IAGs. Dedicated helpline numbers for registering feedback on the services available and gaps.
- Contextualising safeguarding messages in the affected communities.
- Establishing risk communication mechanism and referral mapping of services available.
- Multi-departmental consultations at Panchayat levels for disaster mitigation and preparedness
- Integrate prevention of sexual and gender-based violence against women and children into the disaster management plan and allocate adequate resources for EVAWG.
- Dissemination of information through innovative gender-sensitive mediums on mechanisms for reducing the protection risk.
- Support community mechanism to report incidences of sexual and gender-based violence and support children and women.
- Women, girls and PwDs should have access to information related to support services for redressal of GBV, exploitation, abuse and harassment.
- Strengthening a community-based safety and security mechanism through engaging the existing structures like VDMC etc.
- Services for women, girls and children facing protection risks like short-stay homes, legal aid, and medical help should be considered essential services during and in the post-disaster situation.
- Collecting and analyzing the Sex, Age and Disability (SADD) disaggregated

data specially at the camp setting and from the panchayat onwards.

- 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
- People who have lost legal documents should be identified
- All children unaccompanied should be enumerated and information should be shared with the Child Welfare Committee for immediate action
- Identification and consultation with the children who are in need of care and protection Reunifying of unaccompanied minor children who are separated or missing children from their parents or legal guardians in the aftermath of a disaster.
- Did the relief camps of the affected displaced communities have effective redressal and feedback mechanisms? Helplines? Almost 70% persons not responding indicates that more sensitisation and awareness could have been institutionalised in the camps.”

Annexures

JRNA Report Writing Team & Contributors representing different IAG state and national member organisations.

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Rupam Kalita	Ajagar Social Circle
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