Rights in Crisis Analysis Report
Assam Violence 2014

By
Inter Agency Group Assam & Sphere India
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CONCLUSION

ANNEXURE -I
1. Background on the Joint Needs Assessment on Assam Conflict

The brutal killings of women, children and men on 23rd December 2014 and thereafter in Assam in the four districts of Sonitpur, Udalguri, Chirang and Kokrajhar in which 85 people lost their lives drew severe condemnation from all sections of the society. The Government and Non Governmental Organizations particularly humanitarian organizations started responding to the crisis. The Inter Agency Group-Assam in collaboration with Sphere India carried out Joint Needs Assessment on the Assam conflict. The Joint Needs Assessment Report was released shortly thereafter. Some humanitarian organizations have been involved in responding to the crisis accordingly as per their limited resources.

In an effort to normalize the situation and send the people to their respective villages the government agreed to provide ration to the people at their respective villages. The government promised security arrangements as well as compensation for the deceased, for the affected people whose houses were fully and partially burnt or destroyed. Eventually the government started closing down the relief camps. As per information received from ASDMA on 25th January 2015 that only 4 camps were in operation in Kokrajhar, and the camps in Chirang district were all closed down. Strong reactions came from organizations working in these two districts i.e. Kokrajhar and Chirang. While in Kokrajhar the members reported that 17 camps were still in operation and government had stopped supply of rations to these camps. Severe food crisis were reported from organizations based in these districts. While making visits to these camps the organizations were informed that security in their respective villages and compensation as promised by government to the victims had not reached. Those who returned to their villages from their camps also expressed security concerns and threats from militants to leave their villages.

2. Objective of the exercise: “Rights in Crisis Analysis”

The primary objective of “Right in Crisis Analysis” is to identify key issues and gaps in disaster response for collaborative advocacy with the government /key stakeholders. Post disaster, ‘Right in Crisis Analysis’ during disaster response seeks to identify key issues and gaps on access to basic life saving needs like Food, Water, Shelter, Health, Education and Protection as per Sphere Minimum Standards. Based on the needs, collaborative advocacy with government and key stakeholders will be carried out to address those gaps and ensure the basic services with dignity of the people affected by any humanitarian crises.
3. **Current Situations & Practices/efforts on Peace and harmony Building /Conflict Management:**

It has been established that there is no concrete Conflict Management System in place with Assam Government at State, District, Block or Panchayat level. However, Anchalik Shanti Committees have been set up at District level which continues to function particularly during the onset of any impending conflicts or post conflict for containing or managing spread of violence and for building trust between warring communities. The *shanti* committees which exist are primarily in the BTAD areas of Assam and with little reference to Karbi Anglong District. There is also the existence of Good Will Mission headed by the Deputy Commissioners in the District, with members of literary societies from respective communities, student unions, cultural organizations and members of civil society actively involved in the mission. Visits to the camps are carried out along with the deputy commissioner of the respective districts. Often peace rallies and good will visits are organized during conflict times involving parties involved in conflict. The peace committees comprise of members of the Bodo and Adivasi and Muslim communities who preside over the position of Chairperson and Secretary. The traditional village headman and the revenue village headman are members in the Shanti Committees. Meetings are held with the Deputy Commissioner at the district level. But there are no established systems at the state and block levels.

However many peace committees do exist led by religious bodies and civil society organizations. One such is committee is known as Joint Peace Mission Team. Indian Red Cross also has a conflict management system of its own at district levels. Lower Assam NGO Forum is actively involved in peace building in Lower Assam districts. In BTAD peace committees are formed at VCDC/Panchayat level which comprise of 5-6 villages. The VCDC presidents are also members in the peace committees. Trust and confidence building measures are taken between communities at village level.

4. **Introduction**

In the two districts of Kokrajhar and Chirang a total of 18 camps were assessed. Of these 14 are in Kokrajhar and 4 are in Chirang. These included camps belonging to both *Bodos* and *Adivasis*. In the 18 camps which were assessed it was found that 19,519 inmates were still living. Of these 10,745 are male and 8774 are female. In these camps inmates of 67 villages are taking shelter. It is estimated that 2376 households are taking shelter in these camps. With respect to the information which was available from the designated camps 2191 are children. Based on assessments carried out by some of the local organizations during the same time showed that 6709 population were below the age group of 18 years.

4.1 **Demographic Profile**

*Kokrajhar District* is one of the twenty-three districts of Assam and can be described as the gateway to the northeastern region of India. Both road and rail touches this district at Srirampur before they go on to other districts in Assam and the other northeast states. The district has a
total area of 3,169.22 sq. km. and a total population of 9,30,404 according to the Census-2001. Kokrajhar district is located on the north bank of the river Brahmaputra that slices the state of Assam into two, identified as north and south banks. The district lies roughly between 89.46° E to 90.38° E longitudes and 26.19° N to 26.54° N latitudes. The district is bounded on the north by the Himalayan kingdom of Bhutan, by Dhubri district on the south, Bongaigaon district on the east and the Indian state of West Bengal on the west. The Bodo community comprises the majority in Kokrajhar district. It also has a sizeable Rajbongshi, Santhal and Muslim population. Kokrajhar is also the Headquarter of the Bodoland Autonomous Council which was created in 1993.

**Chirang District** is one of the four districts of Bodoland Territorial Area District (BTAD) under the Govt. of Assam created vide notification No. GAG (B). 137/ 2002/ Pt/ 117 dtd. 30/10/2003 within Assam under Clause 6 of Article 332 by the 90th Amendment Act, 2003 of the Constitution of India under the provision of the Sixth Schedule. The district has been functioning with effect from 04th June, 2004. It was carved out of the districts of Kokrajhar, Bongaigaon and Barpeta. Kajalgaon is the district Headquarter. It covers an area of 1468.42 sq km. According to the 2011 census the population of the district is 4,81,818, Male:2,44,673, Female: 2,37,143. The literacy rate of the district is 55.28%. Different communities belonging to Bodo, Adivasi, Rajbongshi and Muslims live in the district.

### 4.2 Context Analysis

The demand for self rule as enshrined in the 6th Schedule of the constitution, the Bodos have asserted their demand for statehood. To achieve this goal ethnic militant groups have also adopted violent means.¹ Ethnic violence has resulted time and again in past years with different communities over land and resources in these areas. The denial by the central government and the policy adopted by the state government has perpetuated their demand for self rule. Fulfillment of their long standing demand might reduce the intensity of violence. The recent spate of violence which occurred on 23rd December 2014 in Assam which led to the death of 85 people in the four districts of Sonitpur, Udalguri, Chirang and Kokrajhar most of who belonged to the Adivasi community of which majority were women and innocent children.

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¹ Please note that the study does not contradict with ideological barriers that emerge within the intellectual discourse over the riot history in Assam. There is substantial ideological conflict amongst various contesting communities and within academic disciplines on inter-ethnic violence in the region. So, the assessment has a limit in justifying claims over the prima-facie of the violence that is been ascertained boldly as the context of the study.
5. Methodology

5.1. Problem Statement
The violence triggered by NDFB (S) on 23rd December 2014 left trail of bloodshed. There was internal displacement of people. Some were affected directly while others had taken shelter fearing further attack from the militant outfits. By 28th December 2014, a total of 136 relief camps had come up in the affected districts of Sonitpur, Udalguri, Kokrajhar and Chirang. In an effort to normalize the situation the government promised security in the villages and insisted that people return to their respective villages where they would be provided ration and compensation benefits as declared. The government provided rations in the villages only for a period of one week. Thereafter the people had to face severe hardships with regard to food, nutrition, WASH, shelter, health, education and protection. To find out and take note of the gravity of the situation and to address these needs through collaborative advocacy with government and donor agencies the need for carrying out Rights in Crisis Analysis study arose.

5.2. Justification/Rationale
The reason for carrying out Rights in Crisis Analysis arose as many gaps were identified in provision of basic life saving areas among the affected population. While the government had officially declared that most of the camps were closed down, there were 17 camps still in operation in Kokrajhar and 8 camps in Chirang District. On verification of facts from the ground the IAG-Assam felt necessary to determine facts on the ground. In Kokrajhar many affected people had not received compensation as promised by the government. Adequate security in their respective villages was not provided. There was sense of insecurity in the people who returned to the villages. The presence of security forces did not bring confidence among affected people as reports of threats experienced by people were reported.

5.3. Hypothesis
‘Rights in Crisis Analysis’ was based on the presumption that at least 25 number of camps were still operational in the two districts of Kokrajhar and Chirang. The benefits as promised by the state government had not reached the victims. Rations were not given in the villages on a regular basis. Security arrangements were insufficient and people were afraid of returning to their own villages citing security concerns. ‘Rights in Crisis Analysis’ was done on the premise that there were large number of people still in the camps who were not provided adequate food grains. It was also presumed that basic life saving areas like WASH, Shelter, Health Education and Protection were beyond accessibility of the affected communities.

5.4. Research Tools
5.4.1 Sample size
Rights in Crisis Analysis had a sample size of 18 camps of these 11 were inhabited by the Adivasis and 7 are inhabited by Bodos.
5.4.2 Criteria for selection of samples
The two districts of Kokrajhar and Chirang were selected as field area for the study. Kokrajhar and Chirang Districts were chosen as most of the camps were operations in these two districts. The criteria adopted for selection of camps was primarily based on the operational area of the organizations involved in humanitarian efforts. The second criterion was based on inclusion of camps inhabited by both the Adivasi and Bodo communities. Thirdly, the worst affected camps were chosen as maximum data could be collected from them.

5.4.3 Method of data collection
Some of the methods used for data collection were the readymade five page questionnaires on life saving needs like Food, Water, Shelter, Health, Education and Protection as per Sphere Minimum Standards. Focused Group Discussions (FGD)s, personal interviews, observation and participation were also used for data collection.

5.4.4 Data Analysis
The data analysis and interpretation have been given with respect to the specific sectoral areas of WASH, Food, Shelter, Health, Education and Protection.

6. Findings/Data Analysis

6.1 Water Sanitation and Hygiene (WASH)

6.1.1 Situation Analysis:
- People have access to water from tube wells but shortage of water is reported.
- People have shortage of water storage containers
- There is shortage of toilets lacking separation provision for women.
- The hygiene condition is not health friendly.

6.1.2 Findings/Data Analysis:
- 61.11% of assessed village by the team reported that tube well is the current source of water though in one village there is report of water collection from stream.
- 22.22% of the assessed village report that they have water less than 7.5 l/day, 5.5% have 7.5-15 l/day, 50% have more than 15 l/day.
- 16.66% of the assessed village report that they have less than 7.5 l/day water available per day for basic hygiene practices, 11.11% reports that 7.5-15 l/day is water available per day for basic hygiene practices, 50% reports of more than 15 l/day water availability for basic hygiene practices. Though 16.66% reports of only 25 l/day water availability for basic hygiene practices.
- 22.22% of the assessed village report that they have less than 7.5 l/day water available per day for cooking needs, 5.5% reports that 7.5-15 l/day is water available per day for cooking needs, 44.44% reports of more than 15 l/day water availability for cooking needs. Though 22.22% reports of only 25 l/day water availability for cooking needs.
• 107 numbers of people take water from tap/well/tube well/ hand pumps/piped water supply.
• 12.33 meters on an average is the distance of the water point from the camp which is quite ok.
• Less than 5 minutes is the queuing time at water source.
• 38.88% of the assessed village reported that water is palatable and of sufficient quality to be drunk and used for cooking and personal and domestic hygiene.
• 22.22% of the village reported that there may be possibility of contamination at source, during collection, storage and distribution.
• 27.77% of the assessed village reported of outbreak of water borne or water related diseases like Diarrhea, cough, Malaria, Dysentery and fever.
• 61.11% of the assessed village reported that community store the drinking water in buckets whereas 22.22% report of water storing in Jugs and 16.16% reports of water storing Hundi and plastic port.
• 16.66% of the assessed village reported that they have appropriate container to collect and store water.
• 55.55% of the assessed village reported that they don’t practice anything for water treatment whereas 27.77% reports of boiling water as community practice for water treatment.
• 27.77 % of the assessed village reported that community practicing Hand Washing whereas 77.22% reported that there is no such practice in the community.
• 88.88% is the present defecation practice in the community whereas 27.77% reported of defecation in community toilets. There is no report of any individual toilet in the community.
• 50% of the assessed villages have reported of community toilet presence.
• 33.33% of the assessed village reported that there is no practice of daily cleaning and the toilet are torn/broken whereas 16.66% reports of toilets being in good condition because they practice daily clean and 16.66% reports of toilet being in very bad conditions.
• In the assessed village, all the toilet and bathing areas have no proper draining facility. So, the community is in need and demanding for more toilets both for male and female having proper drain.
• In the assessed village, only 21 number of toilet is for female/male.
• In the assessed 18 villages, only 3 villages could report of ratio per male/female as 244, 223 and 99.
### 6.1.3 Recommendations

<table>
<thead>
<tr>
<th>Immediate</th>
<th>Mid term</th>
<th>Long term</th>
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<tbody>
<tr>
<td>Collaborative Advocacy with PHE Department for distribution of safe</td>
<td>Collaborative Advocacy with Community / Local Govt./DRDA/PHED/NGOs for</td>
<td>Collaborative Advocacy / Linkages with Govt. schemes on WASH like NBA,</td>
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<td>drinking water to the community.</td>
<td>Construction of community toilet and bathing facilities with separate</td>
<td>Swajal Dhara, and Rajiv Gandhi National Drinking Water Mission And CSR</td>
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<td></td>
<td>provision for women.</td>
<td>fund for toilet constructions.</td>
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<td>Preparation and distribution of IEC materials and awareness on personal</td>
<td>Advocacy and capacity building with Govt./CBOs/NGOs to ensure effective</td>
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<td>and community hygiene and disposal of solid waste</td>
<td>implementation of WASH schemes</td>
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<td>Collaborative Advocacy with PHED Department for low cost sanitary</td>
<td>Collaborative Advocacy with PHED/UNICEF and enforce Testing and treatment</td>
<td>Advocacy with PHED/UNICEF to technical support for water quality: In the</td>
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<td>marts construction and Community for Solid Waste Management specially in</td>
<td>of water at community water points</td>
<td>areas of water-safety planning, water-quality monitoring and quality</td>
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<td>the villages</td>
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<td>mitigation programming.</td>
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<td>Advocacy with UN organization and local NGOs emergency response</td>
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<td>programmes for Community Led Total Sanitation.</td>
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<td>Collaborative Advocacy with District Administration / NGOs for</td>
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<td>distribution of water containers for storage and handling in camps and</td>
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<td>affected villages.</td>
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<td>Collaborative Advocacy with Health Department / NGOs for distribution of</td>
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<td>Family Hygiene kit and dignity kit for women and adolescent girls.</td>
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<tr>
<td>Collaborative Advocacy with PHED/Health Department/DRDA/NGOs for</td>
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<tr>
<td>Awareness/training on sanitation and hygiene practices</td>
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6.2 Shelter
6.2.1 Situational Analysis

Shelter is an issue of concern for the inmates staying in the relief camps of BTAD for the killings that took place in the month of December 2014. In the 18 camps where the assessment is done it was observed that the inmates are taking shelter in tents which is shared by more than 1 family. Leading life in such situation is not healthy and also the matter of privacy comes in. The assessment also indicates that most of the houses hold of the inmates staying in these camps were affected in 1996 BTAD violence. And this brings fear and negative psychological impact towards the inmates.

6.2.2 Findings/Analysis

- It was found that the 100% of the inmates taking shelter in the relief camp were living in tents.

- With respect to ownership of land in their respective villages the inmates in the camps the findings shows that 45 % house hold of these camps were staying in forest area, 26% of the house hold were staying in own land and 26% of the house hold were staying in govt. land.

- The findings show that under a single tent there were more than one family taking shelter. This highlights the fact that the individual households living in the camps have not been provided tent on household basis. The inmates are in fact sharing tent in the camp. Hence it can also be presumed that the camps are overcrowded with insufficient amenities for shelter.

- 57% of the inmates taking shelter in camps were affected in the previous conflict and 43% of the inmates reported that they had received compensation.

- On being asked about the potential risk due to further crises situation to vulnerable group such as women, children, Persons with disability, old persons, the findings show that 73% have expressed the risk of danger to their life.

- 20% are not aware about the IAY scheme and 20% don’t have identity proof and supporting documents.
The findings also show that the inmates staying in the camp are in immense need of items like mosquito net, toothpaste, sanitary clothes, food, medicine, blanket, washing and bathing soap, housing materials etc. Also some of the concerning issues that were highlighted by community for not returning back to their villages are: no money to rebuild their houses, life security measures is not tight, minimum option for livelihood, delay in receiving compensation etc.

**Recommendations**

1. NGO’s should do advocacy with Government regarding the present scenario of the inmates of the camps.
2. NGO’s willing to work in these camps should provide support on need base (tarpaulins, bamboo, etc).
3. Advocacy to be done with government regarding the resettlement of the inmates with proper security which is the main concern of the inmates regarding returning back to their villages.
4. Advocacy to be done with proper government department for releasing their compensation so that the inmates can rebuild their houses.
5. Advocacy can also be done with government for availing the affected house hold IAY support.
6. If government is taking too long for their resettlement then the inmates should be shifted to proper makeshift camps.
7. Advocacy to improve conditions at camp and need to request NGOs and government to give their support towards improving camp condition.
8. Advocating for giving compensation to inmates with some kind of shelter guidance can be given so they can improve their current shelter practices to provide more secure shelter.
9. People without any identity might face more problems NGOs can facilitate process for them to get identity cards.
6.3 Food, Nutrition and Livelihood

6.3.1 Findings/Analysis

- 66% of the population agreed that the consumption of food in the family was affected due to the crisis.

- 50% of the family living in the camp reported that they received free ration from the government while 50% reported that they did not receive free ration from the government.

- 27% of the people staying in the camp reported that they received 600 grams or ration per adult and 400 grams per child for two days only.

- 23% of the people received less than 600 grams of ration/adult while 50% of the camps did not receive any ration.

- 28% of the camp inmates had pregnant and lactating mothers who were enrolled under ICDS services while 72% were not enrolled under ICDS services.

- 50% of the camps reported that the ICDS service centers were not functional.

- Only 5% of the pregnant and lactating mothers took rations from Anganwadi centers while 95% of the inmates in the camps reported that children between the ages of 3-6 years do not receive cooked meals from the Anganwadi centres.

- It was found that the inmates had reduced consumption of food due to insufficient quantities of food in the camps.

- 100% of the lactating mothers having children below two years of age reported that they breastfed their babies. 39% of the women breastfed their babies 3-4 times daily while 61% of the women breastfed their babies as per the child’s needs. Many of these have cited weakness problems.

- 50% of the women reported that frequency in breastfeeding their babies had decreased. 22% of the women said that post violence the frequency in breastfeeding had increased whereas 28% of the women reported that there was no change in frequency in breastfeeding.

- 50% of the breastfeeding women cited decrease in the quantity of food, stress, non availability of private space as the reasons for change in frequency of breastfeeding.

- 39% of the women have reported that they receive baby food for children below 6 months while 61% of the women having children below 6 months did not receive baby food. 39% of the women said that they received lactogen from the government.
• 33% of the families reported that their current source of income was through daily labour. 5.5% of the families reported that their current source of family income came from selling firewood. 39% of the families were found to have no current source of family income. 22.5% the population were self employed in fishing under NRLM.

• 28% of the inmates reported that they were enrolled under MGMNREGA whereas 72% have reported that they are not enrolled under MNREGA. 5% of those enrolled under MGMNREGA have reported that they received Rs. 500 for 100 days work.

• 50% of the inmates interviewed reported that MGMNREGA scheme was non functional. 22% of the people have pointed out corruption by officials, job cards have been taken away by chairperson of VCDC and other malpractices by the officials concerned. Some others also suggested lack of awareness regarding the scheme itself.

• 100% of the respondents have said that no livestock of fodder support have been received from government or NGOs.

• 100% of the inmates reported that no seedlings or sapling support for kitchen garden cultivation has been received either from government department or from any NGOs.

6.3.2 Recommendation

• Pregnant and Nursing mothers need immediate support of food supply from ICDS. According to the inmates immediate implementation of MGNREGA for their livelihood support is required.

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<tr>
<th>Immediate</th>
<th>Mid Term</th>
<th>Long Term</th>
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<tbody>
<tr>
<td>The preferred immediate collaborative advocacy under food, nutrition and livelihood would be;</td>
<td>The mid-term collaborative advocacy under food, nutrition and livelihood can be;</td>
<td>The long term advocacy under food, nutrition and livelihood for the affected population including future such situations can be;</td>
</tr>
<tr>
<td>• Food: Deputy Commissioner’s Office, Department of Food &amp; Civil Supplies, Cooperative Societies for ensuring PDS</td>
<td>• Food: Divisional Commissioner’s (Lower Assam and North Bank) responsible for zone wise administrative control for appraisal of the situation; State Minister &amp; Director – Food &amp; Civil Supplies for generating instructions to district officials for ensuring immediate PDS functioning</td>
<td>• Advocacy with concerned state Ministers, Chief Secretary, Additional Chief Secretary’s including Principal Secretary’s for Revenue &amp; Disaster Management, Social Welfare, Agriculture &amp; Horticulture, P&amp;RDD, ASDMA towards reviewing of the Assam Relief Manual</td>
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<tr>
<td>Demanding preventive malnutrition under child protection</td>
<td>Nutrition: To apprise the Minister for Social Welfare and Director the status of nutritional supplements and displaced situation of mother and child due to conflict, and ensure necessary instructions to district officials for malnutrition assessment of mother and children including arranging additional supplements.</td>
<td>including comparative analysis as per the provisions of the Disaster Management Act 2005, State Disaster Management Plan, etc. An analysis of compilation of the disaster management plan components of different departments to track the synergies and establishing coordinated strategies for developing response mechanism.</td>
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<tr>
<td>• Livelihood: Deputy Commissioner’s Office for sharing the assessment and bringing insight into the situations; Department of Agriculture &amp; Horticulture for seeds and support services; PD-DRDA &amp; Concerned BDOs for MGNREGA and ASRLM; District Veterinary Officer for livestock support and services</td>
<td>• Livelihood: Appraise the Minster’s for Agriculture &amp; Horticulture, Panchayat &amp; Rural Development, and Veterinary on the status of livelihood needs of the affected population in the camp/habitations. Request for joint planning meet with the Commissioner (P&amp;RDD), MD – ASRLM, Director – Veterinary &amp; Diary Development, Director – Agriculture &amp; Horticulture, Project Director – Employment Generation Mission for creating a package of support services for the affected population towards rehabilitation in habitations.</td>
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6.4 Health

6.4.1 Findings/Data Analysis

- Health camps are organized in 8 (44.4%) blocks out of total 18 villages across 2 affected districts.

- In 9 (50%) villages out of 18 villages, there is threat of diarrheal disease outbreak particularly during rainy season.

- Only in 3 (16%) camps held across 3 villages, immunization services are included in health camp as one of the health service package.

- ANC services are covered as one of health care services in 3 camps held in 3 villages.

- Doctors along with ANMs provide these basic primary health services in 4 camps

- There was no counselor in any of the health camp organized.

- In the camp, there were facilities for conducting routine blood tests as available in 2 camps out of 8 camps organized. Only in one camp, IFA tablets were provided to pregnant women. No counseling services and Injection T.T was given to any ANC cases in the camp.

- No clean delivery kits was provided and used for neither delivery at camp nor the emergency obstetric services was available in any camp.

- There was no facility for providing safe blood transfusion and nor was there any post natal or newborn care services available.

- There was no specialist available in camp and no referral services were in place for referring high risk pregnant cases or for treatment at higher facilities.

- Neither family planning services nor STI diagnosis and management facilities were made available in the camp.

- There were no services focusing on adolescent health and services for control of STIs/HIV/AIDS like counseling on preventive methods, provision of condoms, pre-post test counseling on HIV, PEP, referrals for CD4 test etc.

- Across 5 health camps, mental health and needs was addressed and certain support was provided.

- Though mental health needs was addressed, the mental health of affected population (based on vulnerability and pre-existing conditions) was not assessed by trained personnel like psychiatrist, psychologist etc.
• Only in one camp, certain support like social support/ tracing of missing persons, support for forming of self-help groups, support in restoring or setting coping was provided.

• As per responses from beneficiaries/communities, there was high demand for doctors, psychiatrist /psychologist and ASHA including ANMs for regular provision of primary care services.

6.4.2 Recommendations

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<tr>
<th>Immediate</th>
<th>Mid term</th>
<th>Long term</th>
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<tbody>
<tr>
<td>Collaborative Advocacy with Health for organizing medical camp on frequent and regular basis (one camp per village per month)</td>
<td>Collaborative Advocacy with Community / Local Govt. NGOs for spreading awareness on health schemes, and health education and counseling</td>
<td>Collaborative Advocacy / Linkages with Govt. schemes on Health like Morom, Mamoni, Susrusha, JSYK, JSS, RBSK etc</td>
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<tr>
<td>Full staffed should be in place in camp including medical doctors, ANMs, nurse, counselor and ASHA as well.</td>
<td>Preparation and distribution of IEC materials and awareness on health, FP, RCH, nutrition , HIV /STI etc</td>
<td>Advocacy and capacity building with Govt./CBOs/NGOs to ensure effective implementation of Health schemes under NHM</td>
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<td>Full ranges of primary health care services (immunization, ANC, delivery, PNC, management of abortion, FP etc) including referral and transport system should be in place</td>
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<td>Studies to be undertaken to understand the socio-cultural dimensions, social norms for planning and implementation towards prevention of GBV, if applicable and harmful traditional practices etc</td>
</tr>
<tr>
<td>Collaborative Advocacy with Health Department / NGOs for distribution of Family Hygiene kit and dignity kit for women and adolescent girls.</td>
<td></td>
<td>Advocacy with UN organization and local NGOs emergency response programmes for Community led health prevention programme and for enhancing community resilience</td>
</tr>
</tbody>
</table>
6.5 Protection and Education

6.5.1 Situation Analysis
- Children do not have access to safe environment.
- Women/girls are faced with security concerns and experience threat of sexual violence.
- No support systems in place for violence affected victims.
- Women/girls/families are fearful in going back to their villages.
- Women and girls living close to Adivasi camps want Police and Security forces to be deployed during night time.
- People not comfortable talking openly about the cases of abuse or sexual violence.

6.5.2 Findings/Data Analysis
- 61.11% of assessed village by the team reported that children are currently going to school.
- In 75% of assessed villages, children do not have access to safe environment.
- Almost 70% of people felt that there are security concerns for women and girls. 30% of women/girls living far away felt that they need safe security in the road while going to school and market place. 10% also felt afraid of moving around freely while a small percentage of girls felt freely.
- 35% women, girls experience threats of sexual violence.
- 40% women claimed that there are no support systems in the villages for violence affected victims.
- 65% respondents said that the types of support available in the villages are in the guise of village headman? People usually call group meetings under the leadership of the village headman in emergency situations. 5% also said that police is also perceived as a type of support.
- When asked what basic services need to improve the security situation for women and girls 45% persons felt that there is no need to improve the security situation. 20% felt that Community awareness is required. 10-15% persons want security force and police parties to be deployed at night time to disperse fear because their camp is near Adivasi Village to improve the security situation for women and girls.
- No one was comfortable to answer on been asked about whether they have seen or heard about any abuses to women and/or girls.
- 45% women/girls/families are fearful in going back to their villages. 65% are mentally disturbed, fearful, and hopeless and feel socially excluded.
- Women are not represented in camp management committees.
### 6.5.3 Recommendations

<table>
<thead>
<tr>
<th>Immediate</th>
<th>Mid Term</th>
<th>Long Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Advocacy with the health department in identification of women/girls/victims who are suffering from fear, anxiety, social exclusion and similar symptoms. Emphasis should be on the Psycho social support to the women, children and adults. Collaborative Advocacy with the Police, Security Forces to ensure Safety in camps during the night time.</td>
<td>Collaborative Advocacy with Education Department and School Teachers and NGOs working for Child Protection for provision of child friendly spaces. Collaborative Advocacy with Camp Management committees to make available proper electricity facility in the camps to avoid risk of sexual violence.</td>
<td>Collaborative Advocacy with Policy makers and political leaders for Short term and long term measures for peace building. Peace building and collaborative advocacy with spiritual leaders, clerics and through inter-religion talk with community.</td>
</tr>
</tbody>
</table>
• Ration, clean Drinking water and Safe shelter at their respective villages with security needs to be provided to the affected people.
• Educational Support to children of the affected population.
• Health care services needs to be provided by the health department on regular basis
• Compensation to all the victims needs to be provided.
• Implementation of MGMNREGA in the affected areas needs to be expedited.
• Sustainable livelihood options for the affected communities in the villages for long term basis should be taken up by the government as well as by developmental agencies.
• Food and nutrition support for a period of six months to the affected people should be provided on a regular basis.
• Solution to the long standing demand of the people should be given priority by the government.
• Government should ensure safety and security of the people in sensitive areas and in areas which are prone to violence.
• Government should come out with clear cut strategy in dealing with underground militant outfits.
• Conflict management systems should be established by the government in the state.
Recommendations for Peace and harmony Building /Conflict Management systems

Conflict management systems need both bottom-up as well as top-down approaches. Some of the suggestions which could be essential in reducing the chances of conflict are as follows:

**Bottom-Up Approaches**

- Identification of sensitive areas.
- Identification of smaller areas/villages of one community which are surrounded by majority villages of another community.
- Setting up of peace committees at village levels, Panchayat levels, block levels, Sub-divisional levels, district levels, state levels and national levels.
- Involvement of women in these peace committees.
- At the village level initiatives for trust and confidence building should be taken up by peace committees through conduct of events such as cultural exchange, food festivals, sports and games, tournaments, discussions, seminars on history and culture of parties involved.
- Discussions on understanding provisions of the constitution on the right to self rule, human rights, rights of vulnerable communities, understanding on the concept of global community, understanding on the concept of living in peace and harmony with divergent socio ethnic cultural religious and indigenous groups,
- Joint Livelihood activities for parties involved, such as horticulture initiatives, learning trades of the other community,
- Encouragement to student organizations for taking up peace initiatives through financial support and strengthening student organizations at district levels.
- Involvement of literary societies for peace building initiatives and joint press conferences in times of tension.
- Financial support to each of these committees to organize such events from time to time.
- Financial support /grant to civil society organizations/NGOs for work on conflict management or peace building initiatives.
- At the state level Assam government should incorporate history, culture of different communities predominantly coming under conflict in text books and educational curriculums.
- Recognition to peace activists by state government.

**Top-down Approach**

- Clear cut policy/strategy of the centre on conflict management.
- Dissuade central government/state government or intelligence agencies of the country from using militant outfits for political and lager strategic gain.
- Dissuading religious fanatic groups from operating in the sensitive areas.
- Initiating process for genuine solution of the demands raised by conflicting parties.
- Adequate security arrangements in sensitive areas with accountability and punishment to responsible officers in localized areas.
- Removal of neutral forces or paramilitary forces.
- Avoidance of double standards on dealing with underground outfits.
### People who participated in the Orientation on the Tool

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the participant</th>
<th>Name of the Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Santawana Kundu</td>
<td>Lutheran World Services (LWSIT)</td>
</tr>
<tr>
<td>2</td>
<td>Manindranatha Sarkar</td>
<td>Lutheran World Services (LWSIT)</td>
</tr>
<tr>
<td>3</td>
<td>Nerswn Narzary</td>
<td>NERSWN</td>
</tr>
<tr>
<td>4</td>
<td>Uttam Kr. Brahma</td>
<td>NERSWN</td>
</tr>
<tr>
<td>5</td>
<td>Bibram Basumatary</td>
<td>NERSWN</td>
</tr>
<tr>
<td>6</td>
<td>Rita Brahma</td>
<td>NERSWN</td>
</tr>
<tr>
<td>7</td>
<td>Risumwi Brahma</td>
<td>NERSWN</td>
</tr>
<tr>
<td>8</td>
<td>Rabindra Murmu</td>
<td>Action Nort East Trust (The ANT)</td>
</tr>
<tr>
<td>9</td>
<td>Bruno Kachua</td>
<td>Action Nort East Trust (The ANT)</td>
</tr>
<tr>
<td>10</td>
<td>Amit Kr. Prasad</td>
<td>Tata Institute of Social Sciences (TISS)</td>
</tr>
<tr>
<td>11</td>
<td>Brojo Kr. Basumatary</td>
<td>Tata Institute of Social Sciences (TISS)</td>
</tr>
<tr>
<td>12</td>
<td>Monoj Kr. Das</td>
<td>Tata Institute of Social Sciences (TISS)</td>
</tr>
<tr>
<td>13</td>
<td>Budheswar Murmu</td>
<td>IGSSS</td>
</tr>
<tr>
<td>14</td>
<td>Ansuma Islary</td>
<td>IGSSS</td>
</tr>
<tr>
<td>15</td>
<td>Neha Khara</td>
<td>Sphere India</td>
</tr>
<tr>
<td>16</td>
<td>David Kujur</td>
<td>IAG-Assam</td>
</tr>
</tbody>
</table>

### People involved in data collection

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the participant</th>
<th>Name of the Organization</th>
<th>District Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Santawana Kundu</td>
<td>Lutheran World Services (LWSIT)</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>2</td>
<td>Manindranatha Sarkar</td>
<td>Lutheran World Services (LWSIT)</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>3</td>
<td>Nerswn Narzary</td>
<td>NERSWN</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>4</td>
<td>Bibram Basumatary</td>
<td>NERSWN</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>5</td>
<td>Motilal Basumatary</td>
<td>NERSWN</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>6</td>
<td>Swmdwn Basumatary</td>
<td>NERSWN</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>7</td>
<td>Bhilipang Narzary</td>
<td>NERSWN</td>
<td>Kokrajhar</td>
</tr>
<tr>
<td>8</td>
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<td>Chirang</td>
</tr>
<tr>
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</tr>
<tr>
<td>14</td>
<td>Ansuma Islary</td>
<td>IGSSS</td>
<td>Kokrajhar</td>
</tr>
</tbody>
</table>
Way forward for IAG Assam and Sphere India at National level

Inter Agency Group at the state level in Assam and Sphere India which is the national coalition for humanitarian agencies at the centre would engage regularly with state and central government particularly with the concerned departments in addressing the gaps seen in delivery of services particularly to the affected communities post crisis situations. IAG-Assam would use the Rights in Crisis Analysis report for collaborative advocacy with the intention of ensuring entitlement to the victims and affected beneficiaries. The findings would be used for advocacy with the media highlighting the issues which need urgent attention by the government as well as by humanitarian agencies. The Rights in Crisis Analysis exercise also serves as a follow up tasks by Inter Agency Group in ensuring delivery of services to the victims of a crisis situation.

CONCLUSION

Time and again violence in Assam has led to loss of many innocent lives and large scale damage to property. Over the years many of the victims of such violence have not been adequately compensated. Minimum Standards in humanitarian efforts have not been adhered to by the government as well as by humanitarian agencies. Humanitarian agencies are faced with challenges to address these concerns especially when it concerns the rights and entitlements of the victims. In the current violence which took place on 23rd December 2014 and thereafter has left many dead and many homeless. Majority of the affected people currently living in make-shift camps fear for their lives. Security is the paramount concern for most of the affected people. With no livelihood opportunities available in the camp areas the affected people are not able to engage in income generation for the family. These have further added to their misery. Confidence building, sustainable livelihood opportunities, cash for work, security, health care and education are some of the urgent needs for bringing normalcy in the lives of the affected communities.
INDIA – Rights in Crisis Assessment Format

Phase 1 – Initial Days

(1-30 days in the immediate aftermath of a disaster)

Camp Level Assessment Format

To be Used by the

Humanitarian Agency/ NGO

To be used at the

CAMP Level

An Indian Humanitarian Collective Action

Please put data based on SADD- Sex Age Disaggregated Data

A. SPECIFIC LOCATION OF AFFECTED POPULATION

|----------|-------------|----------|------|------------|--------|--------|

8. GPS coordinates (latitude and longitude)  
   North  
   East

9. Total number of Camps? (within a village)  
10. Number of affected Villages?

Only fill out if known-(disaggregated data if possible)

11. Total population In the Camp Male/Female:  

<table>
<thead>
<tr>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

12. Total no of Boys and Girls in the Camp:  

<table>
<thead>
<tr>
<th>Total</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
</table>

13. Please provide the disaggregated data in numbers for the affected population in Camps

<table>
<thead>
<tr>
<th>Children</th>
<th>Women</th>
<th>Men</th>
<th>P/Cw</th>
<th>Women Pregnant (7th to 9th month) and nursing (0-6 months)</th>
<th>Minorities SC/ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Camp Is running From

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Total Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/ Suggestions/ Additional Information:

2 People / Children with disabilities
## B. WASH

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. What are the current sources of drinking water?</td>
<td>[ ] Wells [ ] Ponds/ Open Water bodies [ ] Tube wells/ hand pumps [ ] Piped Water Supply [ ] Any other</td>
</tr>
<tr>
<td>15. What is the availability of water per day for Drinking?</td>
<td>[ ] less than 7.5 l/day [ ] 7.5- 15 l/day [ ] more than 15 l/day</td>
</tr>
<tr>
<td>16. What is the availability of water per day for basic hygiene practices?</td>
<td>[ ] less than 7.5 l/day [ ] 7.5- 15 l/day [ ] more than 15 l/day</td>
</tr>
<tr>
<td>17. What is the availability of water per day for cooking needs?</td>
<td>[ ] less than 7.5 l/day [ ] 7.5- 15 l/day [ ] more than 15 l/day</td>
</tr>
<tr>
<td>18. What is the number of people per tap/well/tube well/ hand pumps/piped water supply??</td>
<td></td>
</tr>
<tr>
<td>19. How far is the water point in meters from the camp?</td>
<td></td>
</tr>
<tr>
<td>20. How much is the queuing time at water source (in hours)?</td>
<td></td>
</tr>
<tr>
<td>21. Does the water is palatable and of sufficient quality to be drunk and used for cooking and personal and domestic hygiene?</td>
<td>[ ] Yes [ ] No [ ] Inf. unavailable</td>
</tr>
<tr>
<td>22. Any possibility of contamination at source, during collection, storage and distribution?</td>
<td>[ ] Yes [ ] No [ ] Inf. Unavailable</td>
</tr>
<tr>
<td>23. Any outbreak of water borne or water related diseases?</td>
<td></td>
</tr>
<tr>
<td>24. How the community store the drinking water?</td>
<td></td>
</tr>
<tr>
<td>25. Do you have appropriate container to collect and store water?</td>
<td>[ ] Yes [ ] No [ ] Inf. unavailable</td>
</tr>
<tr>
<td>26. What is the community practice for water treatment?</td>
<td></td>
</tr>
<tr>
<td>27. Is the community practicing HAND WASHING?</td>
<td>[ ] Yes [ ] No [ ] Inf. Unavailable</td>
</tr>
<tr>
<td>28. What is the present defecation practice in the community?</td>
<td>[ ] Open Defecation [ ] Individual Toilet [ ] Community Toilet</td>
</tr>
<tr>
<td>29. If there is community toilet?</td>
<td>[ ] Yes [ ] No [ ] Inf. Unavailable</td>
</tr>
<tr>
<td>30. If yes, then how is the condition of toilet? Is there practice of daily cleaning?</td>
<td></td>
</tr>
</tbody>
</table>
31. Are the toilet and bathing areas having proper draining facility?

32. Number of toilet for female/males?
   Ratio per male/female

Comments/ Suggestions/ Additional Information:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. SHELTER</strong></td>
<td></td>
</tr>
<tr>
<td>33. What kind of house are you staying in? Also, define the material bifurcation?</td>
<td>□ Pucca house □ Semi Pucca □ Katcha House</td>
</tr>
<tr>
<td>34. What is the status of your land ownership?</td>
<td>□ Own land □ Govt. land □ Forest Area □ Rental/Leased land □ landless/forest areas</td>
</tr>
<tr>
<td>35. What is the nature of your accommodation?</td>
<td>□ Own house □ Residing with host family □ Tenant</td>
</tr>
<tr>
<td>36. How many rooms are there in your house? And, how many families are accommodated in them?</td>
<td>□ One room □ Two rooms □ More than 2</td>
</tr>
<tr>
<td>37. Was your shelter affected in previous disaster/crises? If yes, did you receive compensation? State the compensation received</td>
<td></td>
</tr>
<tr>
<td>38. What is potential risk due to further crises situation to vulnerable group such as women, children, Persons with disability, old persons etc.?</td>
<td></td>
</tr>
<tr>
<td>39. What are the critical non-food items required by the affected community at the point of time?</td>
<td></td>
</tr>
<tr>
<td>40. What are the concerning issues for community for not returning back to their houses in villages?</td>
<td></td>
</tr>
<tr>
<td>41. Are you availing houses under IAY? If no what is the reason?</td>
<td>□ Lack of awareness □ No identity proof and supported documents □ others</td>
</tr>
</tbody>
</table>

Comments/ Suggestions/ Additional Information:
### D. FOOD, NUTRITION AND LIVELIHOODS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. How disaster situation has affected consumption of food by your family?</td>
<td>☐ Increased ☐ Decreased ☐ No change</td>
</tr>
<tr>
<td>43. Are you getting any free ration from govt.?</td>
<td>☐ Yes, ☐ No</td>
</tr>
<tr>
<td>44. If yes, what is the quantity and time interval of getting ration?</td>
<td></td>
</tr>
<tr>
<td>45. Is any one of your family member (children under 5/pregnant/lactating mother) is enrolled under ICDS services?</td>
<td>☐ Yes ☐ No ☐ If not why........</td>
</tr>
<tr>
<td>46. Do you breastfeed your child (question relevant if child is less than 2 years of age)?</td>
<td></td>
</tr>
<tr>
<td>47. If Yes, how many times you do per day</td>
<td></td>
</tr>
<tr>
<td>48. Whether the frequency has been changed post disaster???</td>
<td>☐ Decreased ☐ Increased ☐ No change</td>
</tr>
<tr>
<td>49. If changed, what is the reason</td>
<td></td>
</tr>
<tr>
<td>50. Did you receive any baby food/milk substitute for children (below 6 months) from any source?</td>
<td>If yes, from where...............</td>
</tr>
<tr>
<td>51. What is the current source of income in your family?</td>
<td>☐ Labor ☐ Agriculture ☐ Labor ☐ Agriculture (Small or Marginal) ☐ Self-employed under NRLM Scheme</td>
</tr>
<tr>
<td>52. Is any of your family member is enrolled under MGNREGA?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>53. If yes then for: How many days</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>How much wages he/she received</td>
<td></td>
</tr>
<tr>
<td>54. If no why</td>
<td></td>
</tr>
<tr>
<td>55. Did you get any livestock support (fodder, checkup) from the veterinary department or NGO? Yes/No</td>
<td>Yes/No</td>
</tr>
<tr>
<td>56. Did you get any seedlings or saplings for kitchen garden from any govt. department or NGO?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Comments/Suggestions/Additional Information:</td>
<td></td>
</tr>
<tr>
<td>E. HEALTH</td>
<td></td>
</tr>
<tr>
<td>57. Are the health camps being organized here in the community area or not?</td>
<td></td>
</tr>
<tr>
<td>58. Is there any threat of disease outbreak such as Diarrhea, Cholera, Dengue, Japanese Encephalitis etc?</td>
<td></td>
</tr>
<tr>
<td>59. What kinds of basic essential services are provided in the camp (as listed below)</td>
<td></td>
</tr>
<tr>
<td>I. Maternal and newborn health:</td>
<td></td>
</tr>
<tr>
<td>60. Is immunization services included as service package in camps?</td>
<td>Yes/No/Unavailable</td>
</tr>
<tr>
<td>61. Are Antenatal care services available?</td>
<td>Yes/No/Unavailable</td>
</tr>
<tr>
<td>62. Who provides the service?</td>
<td>Doctor/Nurse/ANM/Counsellor</td>
</tr>
<tr>
<td>63. kind of services provided for Antenatal care</td>
<td>blood test/GPE/P/A/IFA tablets/TT,counseling</td>
</tr>
<tr>
<td>64. Do they provide clean delivery kits for conducting deliveries in camps?</td>
<td>Yes/No/Unavailable</td>
</tr>
</tbody>
</table>
### 65. Is there any emergency obstetric care provided?
- Yes
- No
- Inf.

### 66. Is there provision of safe blood transfusion?
- Yes
- No
- Inf.

### 67. Is there any postpartum /newborn care services provided?
- Yes
- No
- Inf.

### 68. By whom?
- Gynecologist/pediatrician
- M.O
- Nurse
- ANM

### 69. Are there referral services provided to refer high risk pregnancies?
- Yes
- No
- Inf.

### II. Child health:

#### 70. Is immunization services included as service package in camps?
- Yes
- No
- Inf.

#### 71. Is there services provided under Integrated Management of childhood illnesses?
- Yes
- No
- Inf.

### III. Reproductive and Adolescent Health:

#### 72. Is there family planning services provided? (condoms, OCP, IUCD, sterilization etc)
- Yes
- No
- Inf.

#### 73. Are there any services for providing symptomatic diagnosis and management of STIs?
- Yes
- No
- Inf.

#### 74. Is there any services focusing on adolescent health?
- Yes
- No
- Inf.

#### 75. Are there any services for control of STIs/HIV/AIDS? STI/HIV: counseling on preventive methods, provision of condoms, pre-post test counseling on HIV, PEP, referrals for CD4 test etc.
- Yes
- No
- Inf.

### IV. Mental Health

#### 76. Has mental health and needs being addressed in
- Yes
- No
- Inf.
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>the camp?</td>
<td>Unavailable</td>
<td></td>
</tr>
<tr>
<td>77. Has mental health of affected population (based on vulnerability and pre-existing conditions) assessed by trained personnel? (psychiatrist, psychologist etc)</td>
<td>□ Yes □ No □ Inf.</td>
<td></td>
</tr>
<tr>
<td>78. What kinds of services are available? Specialized care, social support, tracing of missing persons, support for forming of self-help groups, support in restoring or setting coping mechanism etc?</td>
<td>□ Yes □ No □ Inf.</td>
<td></td>
</tr>
<tr>
<td>Comments/ Suggestions/ Additional Information:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. EDUCATION &amp; PROTECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>79. Are children currently going to schools?</td>
<td>□ Yes □ No □ Inf.</td>
<td></td>
</tr>
<tr>
<td>80. Do children (boys/girls) have access to safe environment?</td>
<td>□ Yes □ No □ Inf.</td>
<td></td>
</tr>
<tr>
<td>81. Any security concerns for women and girls? Please elaborate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>82. Do women, girls experience threats of sexual violence?</td>
<td>□ Yes □ No □ Inf.</td>
<td></td>
</tr>
<tr>
<td>83. Is there any support system for violence victims???</td>
<td></td>
<td></td>
</tr>
<tr>
<td>84. What types of support? Accessed by whom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85. What basic services needed to improve the security situation for women and girls?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>86. Have you seen or heard about any abuses to women and/or girls?</td>
<td>□ Yes □ No □ Inf.</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>87. If yes, what is the frequency:</td>
<td>☐ Regular ☐ Rarely ☐ Day Time ☐ Night time</td>
<td></td>
</tr>
<tr>
<td>88. What are the impacts on women/girls? Families? Communities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>89. Are women represented in camp management committees?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>90. Are firewood and charcoal collection points safe and easily accessible from camp?</td>
<td>☐ Security guard ☐ Police ☐ Defense ☐ Nothing</td>
<td></td>
</tr>
<tr>
<td>91. What is the basic security facility in camp?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/ Suggestions/ Additional Information: