DREF operation n° MDRIN009
GLIDE n° FL-2012-000110-IND
13 July 2012

CHF 298,424 has been allocated from the International Federation of Red Cross and Red Crescent Societies’ (IFRC) Disaster Relief Emergency Fund (DREF) to support the National Society in delivering immediate assistance to 200,000 beneficiaries. Unearmarked funds to repay DREF are encouraged.

Summary: Following heavy monsoon rainfall on 26 June 2012, flooding commenced across many districts of the state of Assam, in the northeast of India. Over the past two weeks, 101 people have lost their lives due to these floods, a large proportion of which were children. A further 16 people died when caught by a landslide caused by heavy rain. At least 2.2 million people have been affected by this flooding, which came exceptionally early in the season.

Assam received a 28 percent increase in rainfall (from 1-28 June 2012), 528 mm against the normal rainfall of 413 mm. Since the onset of flooding, there have been 43 reported breaches of embankments on the Brahmaputra and 14 of its tributaries, spread across 14 districts. The Brahmaputra and its tributaries are still flowing above the danger mark, but in most areas, the waters have begun to recede. Though there has been gradual improvement in the flood scenario since 9 July, many areas are still under water and are likely to remain as such for many days.

The crucial rail link between Lumding and Badarpur, which is also the lifeline for Tripura, suffered extensive damage due to landslides at various locations. The rail track had been washed away at 23 critical locations and one tunnel had collapsed, in addition to damage to several bridges.

The authorities have been distributing relief to those affected, aiming to meet basic food needs. In addition, 150 medical teams, together with 16 National Disaster Response Force Teams have been deployed by the government across 13 of the most severely affected districts. The Indian Red Cross Society (IRCS) Assam branch has been working in close cooperation with these authorities.

This operation is expected to be implemented over five months, and will therefore be completed by 12 December 2012; a Final Report will be made available three months after the end of the operation (by 31 March 2013).
The situation
Water levels have begun to fall across many of the districts that had initially been inundated; however, there is still a problem of water logging in some areas. Of greater concern is that embankments designed to protect communities from flooding have been breached at 43 locations, and with many months to go in the monsoon season, the possibility of recurrent flooding is ever present.

The deluge has destroyed standing crops in over 70,000 hectares and around 4,83,536 hectares of land area came under the grip of floodwaters. Across the state, 622 relief camps have been established, of which 405 continue to shelter the approximately 485,000 people affected by the floods. There have been concerns raised by a number of people in these camps that access to safe (potable) drinking water remains difficult.

In addition, there are a large number of communities who remain outside of the relief camp system, having little choice but to set up temporary shelter on raised embankments such as roadways. These communities have received assistance from the state/central authorities; however they remain extremely vulnerable to further inclement weather. In addition, the issue of security for those living outside of the camps, particularly for women and children, is one which is difficult to address.

For those staying in camps as well as those in temporary shelters on embankments, access to medical assistance remains a challenge. Although state authorities are doing their best to provide assistance, the sheer scale of need is resulting in care being difficult to access for many people. The IRCS/IFRC joint assessment team has done a situation analysis and have come up with the following inputs:

- **Water, sanitation and hygiene**
  - Hand pumps are the main source for drinking water. Numerous hand pumps were destroyed in the flooding and many people displaced do not have access to clean water.
  - Open defecation and sanitation related risks are anticipated. Vector control measures are needed.
  - Personal hygiene items, clean clothes, soaps and bleaching powder are needed.

- **Food and nutrition**
  - Dry rations were provided by the government. Nutrient supplements will be needed by vulnerable groups such as pregnant and lactating mothers and children.

- **Shelter**
  - Tarpaulin sheets were provided by the government but not in sufficient numbers.
  - Limited space available on embankments and high road.
  - Families are sharing space with domestic animals and overcrowding poses health risks.

- **Health**
  - People have been complaining of diarrhoea, skin and other ailments, but no major disease outbreak has been reported.
  - An increased incidence mosquito-borne Japanese encephalitis has been reported in Barpeta district, which so far has killed 20 people
  - A large number of women (including pregnant women), children and elderly are living in temporary camps without proper sanitation and appropriate access to health care services. They at particular risk to contracting communicable diseases.
  - Nutrition of the above mentioned population groups is also a great concern.

- **Non-food items**
  - Due to the increased breeding of mosquitoes, particularly in areas which have been waterlogged, mosquito nets are required. There have also been requests from affected communities for mats to keep the floor dry and bed sheets for sleeping. Stoves and fuel for cooking are also urgently required.
Coordination and partnerships
The IRCS Assam branch has been working in close cooperation with the government authorities. The IRCS Secretary General held a meeting with the in-country Movement partners on 10 July 2012 where the findings of the joint assessment, the actions undertaken by IRCS to date and the proposed actions were presented.

Red Cross and Red Crescent action
Soon after the initial reports of flooding and information were collected, the national headquarters supported the affected families immediately with 2,000 family kits of which 500 were available at the Guwahati warehouse while the remaining were sent from the warehouse at Kolkata. Reassessing the flood situation on 2 July, it was decided to send a joint assessment team comprising of two national disaster response team (NDRT)/national disaster Wat/San response team (NDWRT) members and an IFRC representative.

Following the initial assessment, IRCS is in process of launching a national appeal seeking support to provide assistance to 500,000 people in the areas of shelter, emergency health, water sanitation and hygiene, and psychosocial support.

The IRCS overall plan of action for Assam flood relief is as follows:
1. Meet the immediate non-food items needs of 15,000 flood-affected families (75,000 people).
2. Make available (in coordination with district administration) basic health services to at least to 250,000 people displaced and affected by floods for the period of 2 months.
3. Train 100 volunteers as first medical responders in each of the 27 districts.
4. Enhance access to safe drinking water to the flood affected up to 100,000 people.
5. Improve hygiene and sanitation status of 500,000 people affected by the floods.
6. Provide psychosocial support and restore school activities to normalcy.

Following further assessment undertaken on 10 July by IRCS in the districts of Barpeta, Nalbari, Jorahat and Assam, the National Society defined the immediate needs within its overall plan of action. Based on this, the following analysis and recommendations have been defined for this DREF operation as a start-up loan to the national appeal.

The needs
The majority of the population who are affected by the floods are living on the side of the roads and in make-shift camps, and thus they have strong needs in terms of shelter. Additionally, these people are at increased risk for vector-borne and communicable diseases and thus need access to basic health care.

Household items (blankets, mosquito nets, bed sheets, dhoti, saree, buckets with lids, towels, and kitchen sets) have been lost in the floods and are needed for everyday life activities. Since water sources have been contaminated, water treatment sachets/chloride tablets and bleaching powder are needed to ensure safe drinking water in the respective affected communities.

Selection of beneficiaries will be done from among those living in temporary shelters or makeshift houses from the most affected locations in the 27 districts in Assam. Lists of people supported by the government and other agencies will be obtained to avoid duplication of efforts. Among the affected population preference will be given to the people falling in following categories:

- Extent of damage to the house
- Lost an earning member of the family
- Those with unaccompanied children, elderly, or a person with a disability

The proposed operation
The proposed operation is based on the initial assessments conducted by the IRCS and available information from the government. The capacity of the national society has also been taken into consideration.
The DREF operation will serve as a start-up loan to the national appeal and will cover the following:

1. Emergency relief items distribution to 10,000 people
2. Access to basic health services for 50,000 people
3. Access to safe water for 50,000 people and increased sanitation for 200,000 people

### Relief distributions (basic non-food items)

| Outcome: 2,000 families (10,000 people) benefit from necessary shelter and non-food items |
| Output: 2,000 families (10,000 persons) received basic shelter and non-food items. |

**Proposed Activities:**
- Deployment of NDRT/NDWRT/SDRT/volunteers to conduct assessments, prepare lists of beneficiaries, and identify distribution points.
- Mobilization of stocks from the regional warehouses.
- Distribution of shelter and non-food items (tarpaulins, mosquito nets, bed sheets, kitchen sets, sarees, dhotis, buckets with lids and towels).
- Replenishment of the distributed stocks.
- Ongoing monitoring and technical advice by IRCS national headquarters and IFRC.

### Emergency health

| Outcome: The immediate health risks of the flood affected and displaced population are reduced. |
| Output: Basic health services for at least 50,000 people are delivered for two months. |

**Proposed Activities:**
- Mobilise IRCS mobile health unit/s to deliver health check-up camps and health awareness activities.
- Coordinate with district health administration.

### Water, sanitation, and hygiene promotion

| Outcome: The risk of water and sanitation related diseases has been reduced through access to safe drinking water, appropriate sanitation and hygiene promotion. |

**Outputs:**
- Increased access to safe drinking water to the flood affected 50,000 people
- Improve hygiene knowledge and behaviour of 200,000 people affected by floods
- Increased access to appropriate sanitation for at least 200 flood affected families

**Proposed Activities:**
- Detailed assessment to identify villages for intervention.
- Mobilize and installation 4 water treatment units in assessed locations through NDWRT
- Establishing water distribution system
- Training volunteers on Hygiene Promotion
- Hygiene promotion activities for affected community by the IRCS volunteers
- Distribution of bucket/Jerry cans for household level storage of safe drinking water
- Distribution of Chlorine tablets.
• Construction of rapid latrines (approx 200)
• Collaborate with the relief sector in providing safe water storage containers and hygiene kits to targeted families.
• Monitoring of use of latrines and household level water treatment and storage

Contact information
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How we work
All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO’s) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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Saving lives, changing minds.

The IFRC’s work is guided by Strategy 2020 which puts forward three strategic aims:
1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.
## DREF Operation

**11/7/2012**

**MDRIN009**  
**India: Assam Flood**

<table>
<thead>
<tr>
<th>Budget Group</th>
<th>DREF Grant Budget CHF</th>
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<tbody>
<tr>
<td>Shelter - Relief</td>
<td>26,000</td>
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<tr>
<td>Clothing &amp; Textiles</td>
<td>33,755</td>
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<tr>
<td>Water, Sanitation &amp; Hygiene</td>
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<tr>
<td>Medical &amp; First Aid</td>
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<tr>
<td>Ustensils &amp; Tools</td>
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<tr>
<td><strong>Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES</strong></td>
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<td>Storage, Warehousing</td>
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<td>Distribution &amp; Monitoring</td>
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<tr>
<td>Transport &amp; Vehicle Costs</td>
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<td><strong>Total LOGISTICS, TRANSPORT AND STORAGE</strong></td>
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<td>National Society Staff</td>
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<td>Volunteers</td>
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<td><strong>Total PERSONNEL</strong></td>
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<td>Workshops &amp; Training</td>
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<td><strong>Total WORKSHOP &amp; TRAINING</strong></td>
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<td><strong>Total INDIRECT COSTS</strong></td>
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<td><strong>TOTAL BUDGET</strong></td>
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The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Sources: ESRI, DEVINFO, International Federation, MDRIN009.mxd - Map produced by DCM/GVA