

BIHAR FLOODS 2008

Needs Assessment Report



actionaid

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– a world without poverty**

**In emergencies we work for the security and protection of
the human rights of poor and marginalised people**

This report is based on the discussions with the flood-affected people in Bihar, community based organisations, people-based movements, Non Governmental Organisations, International Non Governmental Organisations, academic institutions, UN agencies, Government and media. The team also referred other sources like Government of India website, UN's Reliefweb, etc.

The team expresses their gratitude to the numerous individuals and organisations they interacted with, especially the people of Triveniganj and Raghavpur Administrative Blocks in Sapaul District.

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Introduction

Thousands of people are missing in Bihar in eastern India after Kosi River breached its banks in neighbouring Nepal and flooded hundreds of villages in the State of Bihar. Over three million people have been displaced from their homes. Independent estimates by Citizen's Initiative for Bihar Floods, a civil society initiative active in the area, claim that 2000 people have died. Government puts the death toll as 117. However, these figures don't take those who have gone missing into consideration.

Monsoon floods are an annual event in eastern India, and are part of life for many people in the region. But on this occasion, the Kosi River, which arises in Nepal, broke through an embankment and changed course. The breach happened on 18th August 2008 and flood waters entered Bihar. In the next two weeks, approx. 16 villages were hit by this floods. People were unprepared for flooding.

Road and rail routes in the flooded area are completely blocked. Rescue operations have been hampered by bad weather and a shortage of boats. People are drinking unsafe water, and cases of diarrhoea have been reported. Boats are the only means of transportation to access



worst affected areas. Far flung villages are cut-off, many still awaiting rescue and relief.

Rescue efforts are slowly picking up speed with armed forces playing the key role along with local people. However, news reports continue to claim that thousands of people are still stranded, cut off from the rest of the world. The situation is expected to worsen as fresh rains may increase the water level. On 4th September, Reuters reported that the State government has appealed to the people to evacuate.

After heavy rains, the water level rose by three feet on NH31 around Saharsa district. NH31 is the national highway that connects Delhi and Bihar's capital city Patna. Only large vehicles can traverse the road. Cars, jeeps and other means of transport cannot move.

Ample media reports suggest the inadequacy of the government's response to the flood situation – largely a knee jerk reaction to the situation. The task is clearly enormous and overwhelming and the official machinery seems to be out of its depth: thousands of people are yet to be evacuated and many thousands more await succour in a limited number of relief camps.



Aid has been slow in coming. Many more resources should be given to rescue and relief operations in the short-term, while long-term efforts to help people rebuild their livelihoods should also be prioritised.

Central government announced a relief package worth 1000 crore rupees.

Bihar State administration was too slow to act on warnings from Nepal on the flood heading to India, exposing systemic failings in the whole machinery of flood response in India.

Experts also say that it is a 'man-made disaster' and could have been avoided if the governments of Nepal and India had pulled their acts together.

A 1954 joint water management agreement between Nepal and India states that the Indian government is responsible for the upkeep of the Kosi River's embankments, while the Nepalese government is in charge of monitoring the flow of water and alerting India to any flood threat.

Already, 37 army columns of about 5,000 men, 13 helicopters of the IAF and army, 599 boats from the navy and army, and 783 National Disaster Relief Force personnel have been deployed for rescue operations. But relief efforts and medical assistance remain elusive or inadequate.

“No health official has visited this area. We are taking people to a private nursing home nearby which hasn't been charging so far,” reports an aid worker in Bihar.

Water-borne diseases are a huge risk and there are already reports of diarrhoea cases breaking out in the area. Absence of medical assistance and public health measures are worsening the crisis.

Situation in Nepal and Bangladesh

Nepal: the deluge has swamped the country's 'breadbasket' and cut off the crucial East-West Highway. The crisis began when the Kosi River, which flows from

Nepal into India, broke through an embankment last month, and changed its course, flooding villages on its path. The gap in the crumbling embankment has now widened to 1.6km.

The population in Eastern Terai is mostly farmers, who provide rice and vegetables for both local consumption and other parts of the country. Not only did the flooding destroy their harvests, it also damaged the highway that runs the length of the country and is vital for transporting produce to other regions.

At least 60,000 people have been displaced and crops worth over 300 million rupees (over \$4 million) destroyed, since the river burst through the retaining wall. And there are fears that the fragile embankment will break in more places, flooding an even greater area.

Bangladesh: More than two million people have been marooned by late monsoon floods in 15 of the country's 64 districts, according to the Bangladesh Water Development Board (BWDB).

The flood waters first hit the country from the neighbouring Indian provinces of Bihar, West Bengal, Arunachal Pradesh, Assam and Meghalaya at end-August, entering Bangladesh's three major river systems, including the Brahmaputra, Ganges and Meghna.

Inundating the north-western and north-eastern districts, that same water is now flowing south through the country's heartland – threatening to flood Dhaka, Munshiganj, Manikganj, Faridpur and Shariatpur districts in the south-central region



“ Millions affected, thousands missing in Bihar floods,” says ActionAid

Unprecedented situation

Monsoon floods are an annual event in eastern India and are a part of life for many people in the region. However, the current floods are caused primarily due to the breaks in embankments and thus have hit new pockets, otherwise immune to flooding.

With over 400 villages under floodwater and millions affected in the six worst impacted districts of Bihar following a breach in the embankment of Kosi River, thousands have gone missing and many more left homeless, reports ActionAid team visiting these villages to assess the situation and need for relief.

“In many areas water is flowing over the village settlements, and as of today 2.1 million people are affected in 417 villages in Supaul, Madhepura, Katihar, Araria, Purnea and Bhagalpur districts,” says Vinay Ohdar, ActionAid Regional Emergency Coordinator based in the State capital Patna.

“Floodwater has claimed new areas in Bihar, impacting a generation of people who have not faced floods in their lives,” says P V Unnikrishnan, ActionAid’s Emergencies Advisor for Asia.

“These villages are not equipped with the ability to handle floods that is almost a ritual for other parts of the State,” he adds.

This year, the river which flows into India from Nepal, broke through an embankment and has changed its path and is now flowing on the course that it had 100 years ago. The breach area is now over a thousand metres wide, releasing 0.15 million cusec of water into the villages every day.

Death toll underplayed

The Disaster Management Department in Bihar has put out a death toll of 48 for these villages. But the local civil society groups say the figure is massively underplayed as the government only goes by information on reported deaths and not for those gone missing.

“By not counting those gone missing, the government estimates not only result in inadequate compensation and rehabilitation processes, but also underplay the need for rescue and relief. Thus adversely impacting the affected community in need of help,” asserts Ohdar.

Rescue, rescue and rescue!

The six districts affected by floods need urgent and mass scale rescue operations. **“These villages are facing floods for the first time and may not be able to cope only with air dropped relief. Rescue should be the main focus,”** says ActionAid.

ActionAid is on the ground and in the process of stepping up resources and relief to save lives of the flood affected. Currently, it is engaged, with its partners, in distributing temporary shelter materials like tarpaulins, medicines and food to people, especially women and children.

“A long-term comprehensive response is necessary to deal with relief, recovery and disaster preparedness,” says Babu Mathew, Country Director ActionAid India

Bihar flood survivors battling despair

“There are at least 10,000 people waiting to be rescued from high grounds, trees and raised bamboo platforms in Saharsa.”

“**Why aren’t officials doing anything?**” asks a pale-looking teenager, flanked by his 70-year-old father and 50-year-old mother.

Kishore Sarna has desperation in his voice. He has been waiting for over two weeks for news about 15 members of his joint family. He is one of about thousand people taking shelter in Kanya Mahavidyalay, a girls’ college in the Saharsa District of the flood-ravaged north Indian State of Bihar.

“**I was not in my village when the floodwater took our village. I rushed to reach there, but I have been stuck here with ailing parents,**” he mutters, as a crowd gathers in the pitch dark compound of the college hoping for information on people left behind.

They are waiting for help! Thousands of them

“There are at least 10,000 people waiting on high grounds, trees and *machans* (a raised bamboo platform prevalent locally),” says Kishore’s father who used to own a bicycle repair shop in Madhepura.

“**Can you get my children out of water? There are three of them,**” says Jadan Sarna, barely able to stand the frequent stomach cramps he has been having.

“**20 kilos rice, 3 litres cooking oil, and two sacks of corn,**” he keeps ranting a list of what he has lost along with the shop.

Kishore’s parents were returning to his brothers house from a pilgrimage to Allahabad when the deluge happened.

No amenities

Groups of men and young children moved in the dark without electricity in the camp that has been set-up by a student group.

“**Not just electricity, we also need cooking gas cylinders, water supply and toilets,**” says Pran Mohan Jha, who heads the management of this civilian camp.

“**See, more people are coming with young children,**” he says pointing to a family of four registering for place in the shelter.

“**We have asked local officials for help, but in vain,**” he laments and adds “women are forced to go outside the compound for their personal toilet needs as we do not have proper functional facilities inside here.”

Banking on community for resources

“**We go around the homes nearby and collect food items. Since we do not get any support from the administration, we have to appeal to the conscience of people who can spare resources,**” adds Pradip Kumar, one of the young men who runs the shelter.

The residents who complain of diarrhoea, have not seen any visit by health officials.

“We take people to a private nursing home nearby which has not been charging so far,” adds Jha.



ActionAid response

Shelter and food aid: ActionAid is reaching with over 15,000 tarpaulin sheets, 1000 packets of food and 2000 ORS packets which will be distributed in the next few days. The needs are very basic but critical. For instance, even cooking rice can be an ordeal in these conditions. So we are relying on locally used flattened rice and jaggery as it can be consumed quickly and is safe in these conditions.

We are reaching out to survivors in Pratapur, Basantpur and Triveniganj Blocks of Supaul District. Our immediate focus is on providing food and medical aid to women and young mothers and setting up shelters for the stranded.

ActionAid partners and volunteers are already managing six camps/shelters in Sapaul District that has been worst-hit by floods. While three of the camps are in the Triveniganj Block, the other three are in Raghavpur Block. All the six camps/shelters have accommodated 4900 flood survivors.

The three camps being run in Triveniganj are i) Lalpatti, Satsang Bhavan, ii) Baghla Bridge, and iii) Narhara. These camps are located in Triveniganj Block.

Lalpatti, Satsang Bhawan: This has around 400 people staying in a thatched community structure. A kitchen is being run from here that allows many flood survivors for nearby villagers staying with relatives but without additional resources to get basic three-time food.

Baghla Bridge: This is one of the very first camps to come up after the deluge and is seeing people join in every day. This is an open space on the embankment and is one of the first places in the area to have clean water supply through a handpump set-up recently. The camp has around 650 people staying in tents made from bamboo and tarpaulins. People here are provided food from the Lalpatti kitchen.

Narhara camp: This is a camp being run from a school, with six rooms and kitchen facility. It supports 200 flood survivors and has a very high percentage of women of almost 75%, staying here.

The other three camps in Raghavpur are i) Simrahi, ii) Thalaha, and iii) Rajpur.

Simrahi camp: This camp is being run in an urban area and operates from a semi-finished commercial building complex catering to 300 people directly and many more through its kitchen service.

Thalaha camp: This is an open camp with tents and supports over 1400 people directly

and is attracting more and more people. This too has a kitchen service.

Rajpur camp: This camp is supporting 1500 families and has a kitchen.

ActionAid is installing tubewells near the camps. Emergency teams are providing survivors with halogen tablets and jerry cans to store water. Health camps will be organised soon and medicines will be provided.

ActionAid released 3 million INR as initial relief response.



Our priorities and intervention areas

- Rescue
- Food, water, sanitation and ORS
- Tarpaulins and temporary shelter materials
- Water purification tablets and bleaching powder
- Improve the living conditions in the camps
- Ensure safety and security of women – those stranded and in the camps
- Torch lights, matchboxes, candles
- Simple health education material on managing health situation in the camps
- Inform survivors about government's relief package.

ActionAid's partners organisations and volunteers are currently managing six relief camps in the Triveniganj and Raghavpur administrative Blocks in Sapaul District.

Bihar floods – a human made disaster?

The barrage on the Kosi River, just before it enters India in Supaul district of Bihar from the upstream Sunsari district of Nepal, was built under the 1954 Indo-Nepal Treaty.

Most (about 85 per cent) of the 1.5 lakh cusec (cubic feet per second) of Kosi water is flowing through the breach in the embankment that started with a few metres-wide breach on the eastern side, 12.9km upstream of the barrage in the afternoon of 18th August.

When the embankment breached, the flow of water was about 1.44 lakh cusecs, where the embankment and the barrage are supposed to have a designed capacity of 9.5 lakh cusecs. The fact that the embankment breached at such a low flow compared to the design capacity speaks volumes about the silt accumulation on the Kosi riverbed and about the abysmal state of maintenance of the embankment.

According to Times of India (1st September 2008), the river released 1.72 lakh cusec at 12 noon on Sunday. And according to Deccan Herald of 2nd September 2008), fresh areas in Araria and Forbesganj districts in Bihar were inundated on Monday, as 1.72 lakh cusec of water was discharged from the breached embankment in Nepal.

Breach in the barrage was a fatal fiasco – millions are struggling to survive.



Hope floats for flood survivors in Triveniganj

In a place devastated by flood water, a trickle is bringing smiles on the faces of women and children traumatised by the fury of a raging river.

Triveniganj, one of the worst affected blocks in the ongoing Bihar floods, is witnessing a subtle but significant reconstruction that offers hope of a better future for the flood survivors.

The first manual water pump in the area has come up at the Lalpatti relief camp, supported by ActionAid, housing over 90 families from marooned villages in Supaul District.

“We used to walk through mud and water in the dark to fetch water from a government tap. It is not safe these days,” says 30-year-old Laungi. She is a mother of two and lives in one of the plastic huts lined along a canal embankment.

“The handpump will make clean water available close to where we stay. Utensils were washed away in the rising water so we do not have anything in which to store it,” she adds as the men and young gather around a hole being dug in the middle of the camp.

“Women and children in the camp have been scared of snake bites that are frequent in these areas, as the entire area is covered in water. This will offer them a sense of safety,” adds Ramchandrar from Bihar Gram Vikas Parishad, an ActionAid partner organisation.

“With water-borne diseases spreading and sources of water getting contaminated, clean drinking water and hygiene will be big issues that would have to be addressed,” he stresses, while fixing pipes along with community members.

“These camps are receiving an increasing number of flood survivors and in the coming days, we need to arrange for toilets, bathing areas and lights for these families,” he adds.

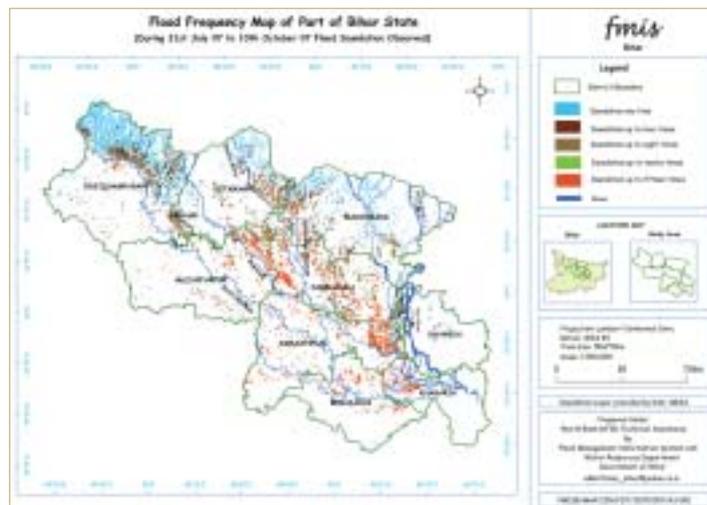
Bihar Flood Situation

Map showing flood zones in Bihar

Bihar – Current flood-affected area



Bihar flood – 2007 (for reference)



Bihar Flood Situation Disaster Management Division (Ministry of Home Affairs)

Extent of Damage (cumulative figures)		Rescue and Relief	
Population affected:	38,28,000	No. of persons evacuated	9,20,787
No. of districts affected:	16	No. of relief camps opened	343
No. of villages affected:	2155	No. of persons accommodated in the relief camps	2,82,014
No. of human lives lost:	78	No. of medical teams deployed:	177
No. of cattle/livestock lost:	N.R	No. of health centres opened	341
Cropped area affected:	2,30,000 ha	No. of cattle in cattle camps	15160 in 100 cattle camps
No. of houses damaged:	3,14,756	GR Distributed: Wheat & Rice–13666.00 Q, Chana–357.50 Q, Chura–2945.50 Q, Sattu–435.50 Q, Gur–488.87 Q, Salt–18.25 Q, Matchboxes–137355, Candles–93244 K, Oil–12830ltr, Polythene Sheets distributed–95797, cash distributed–83.91 lakh, Ready Food distributed by DM–Araria/Supaul/Madhepura/Saharsa: 172318 packets, Food packet airdropped–92941 (Chura-2791.29 Q, Sattu-926.95 Q, Gur-464.80, Salt-464.80 Q, Hallogen Tablet-438680)	
Value of damaged crops:	188.68 lakh Rs		
Value of damaged houses:	63.68 lakh Rs		
Value of damaged public property:	111.96 lakh Rs		
Boats pressed into service:	3358		

Source: SITREP NO-99/2008, 1700 hours, 32-20/2008-NDM-I, Ministry of Home Affairs, (Disaster Management Division), 7th September, 2008

Key Findings/Observations and Recommendations

Discussion with the communities in the relief camps as well as in the villages visited inform that:

- Flood affected areas will continue to remain submerged under water for several months and affected people will remain in the relief camps at least for the next 6 months.
- Basic needs now are food, clean water and sanitation.
- Appropriate food is needed for children, pregnant and lactating women.
- Safe drinking water and ORS to prevent diarrhoea and water-borne diseases are other pressing needs.
- *Family kits* and emergency shelter need to be ensured.
- The relief programme is going to be a long-term process. However, any rehabilitation plan will be clearer only after people start going back to their homes.
- Since most of the families have lost everything, there is urgent need to provide them a kit with basic materials like utensils, sanitary napkins, matchboxes, candles, torch light (and batteries), nail cutter, water purification tablets, jerry can, etc.
- Efforts are needed to ensure safety and security of women in the camps by improving general conditions in the camps in terms of sanitation, lighting and water. (The affected areas are close to the India-Nepal border that has a history of trafficking of women).
- Health needs of pregnant women and children must be taken care of. Experience shows that women become more vulnerable during and after disaster.
- More paramedics and doctors are needed to support health needs.
- It is clear from the ground situation that families may not be able to go back to their homes for months. In a situation like this, cash for work and food for work programmes to secure some lifeline for flood survivors become crucial.
- Early warning/information about release of water (When? How much? Potential areas to be submerged?) needs to be given to people.
- Those who have been rescued are migrating to the neighbouring cities and metros. There is need to advocate that NREGS(National Rural Employment

Guarantee Scheme) should be used as opportunity and all the work during and after the floods in the affected area should be taken up under this scheme

- Since agricultural land has been submerged, ensuring food security needs attention.
- Coordination between NGOs and Government is a priority issue at the field level.

Immediate Needs

- Amplify rescue efforts.
- Food, water, sanitation and ORS.
- Tarpaulins and temporary shelter materials.
- Water purification tablets and bleaching powder.
- Advance information on release of water and potential areas to be submerged.
- Improve the living conditions in the camps.
- Ensure safety and security of women – those stranded and in the camps.
- Ensure food security.
- Torch lights, matchboxes, candles.
- Simple health education material on managing health situation in the camps.
- Inform survivors about government's relief package.

Long-term Issues

- Initiate/support campaigns and advocacy on policy issues related to river water management and floods.
- Develop programmes aimed at rehabilitating women who are made more vulnerable by the current floods.
- Initiate action to link floods and disasters with the development programmes at the Government level, NGOs and INGOs and at the community level. ActionAid needs to put conscious efforts to facilitate this.
- Capacity building is necessary to respond to the challenges disasters pose. Government, NGOs and INGOs need to put efforts to address this. Staff among many INGOs and NGOs have limited experience.
- Key challenges for women during long-term recovery work need to be understood and addressed.
- Ensure food security.
- Inform and educate survivors about government's relief package, their entitlements and rights.

Public health challenges in relief camps

Disease	Major contributing factors	Preventive measures
Diarrhoeal diseases	Overcrowding, contamination of water and food Lack of hygiene	<ul style="list-style-type: none"> adequate living space public health education distribution of soap good personal and food hygiene safe water supply and sanitation
Measles	Overcrowding Low vaccination coverage	<ul style="list-style-type: none"> minimum living space standards as defined in chapter 12 on site planning immunization of children with distribution of vitamin A. Immunization from 6 months up to 12-15 years (rather than the more usual 5 years) is recommended because of the increased risks from living conditions
Acute respiratory infections	Poor housing Lack of blankets and clothing Smoke in living area	<ul style="list-style-type: none"> minimum living space standards and proper shelter, adequate clothing, sufficient blankets
Malaria	New environment with a strain to which the refugees are not immune Stagnant water which becomes a breeding area for mosquitoes	<ul style="list-style-type: none"> destroying mosquito breeding places, larvae and adult mosquitoes by spraying. However the success of vector control is dependent on particular mosquito habits and local experts must be consulted provision of mosquito nets drug prophylaxis (e.g. pregnant women according to national protocols)
Meningococcal meningitis	Overcrowding in areas where disease is endemic (often has local seasonal pattern)	<ul style="list-style-type: none"> minimum living space standards immunization only after expert advice when surveys suggest necessity
Tuberculosis	Overcrowding Malnutrition High HIV prevalence	<ul style="list-style-type: none"> minimum living space standards (but where it is endemic it will remain a problem) immunization
Typhoid	Overcrowding Poor personal hygiene Contaminated water supply Inadequate sanitation	<ul style="list-style-type: none"> minimum living space standards safe water, proper sanitation good personal, food and public hygiene and public health education <p>WHO does not recommend vaccination as it offers only low, short-term individual protection and little or no protection against the spread of the disease</p>
Worms especially hookworms	Overcrowding Poor sanitation	<ul style="list-style-type: none"> minimum living space standards proper sanitation, good personal hygiene wearing shoes
Scabies*	Overcrowding Poor personal hygiene	<ul style="list-style-type: none"> minimum living space standards enough water and soap for washing
Xerophthalmia Vitamin A deficiency	Inadequate diet Following acute prolonged infections, measles and diarrhoea	<ul style="list-style-type: none"> adequate dietary intake of vitamin A. If not available, provide vitamin A fortified food. If this is not possible, vitamin A supplements immunization against measles. Systematic prophylaxis for children, every 4 - 6 months
Anaemia	Malaria, hookworm, poor absorption or insufficient intake of iron and folate	<ul style="list-style-type: none"> prevention/treatment of contributory disease correction of diet including food fortification
Tetanus	Injuries to unimmunized population Poor obstetrical practice causes neo-natal tetanus	<ul style="list-style-type: none"> good first aid immunization of pregnant women and subsequent general immunization within EPI training of midwives and clean ligatures, scissors, razors, etc.
Hepatitis	Lack of hygiene Contamination of food and water	<ul style="list-style-type: none"> safe water supply effective sanitation safe blood transfusions
STDs/HIV	Loss of social organization Poor transfusion practices Lack of information	<ul style="list-style-type: none"> test syphilis during pregnancy test all blood before transfusion ensure adherence to universal precautions health education availability of condoms treat partners

Ref: UNHCR & ActionAid



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