

A REPORT ON



# FLOOD RESPONSE 2017

With Humanitarian Inclusion Standard  
Supported by: Association Essentiel, Switzerland



**RAJADIGHI COMMUNITY HEALTH SERVICE SOCIETY**

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## A Disaster Management Programme with Humanitarian Inclusion Standard

### 1. Flood Response of RCHSS & ASSOCIATION ESSENTIAL: (Post flood period)

Disaster response is the second phase of the disaster management cycle. The focus in the response phase is on meeting the basic needs of the people until more permanent and sustainable solutions can be found. The right to receive humanitarian assistance should be enjoyed by all people. Unimpeded access to communities and people affected by crisis is essential to achieve this impartially. Assistance must be given on the basis of needs alone, regardless of the race, creed or nationality of the recipient and without adverse distinction of any kind; priorities are calculated in proportion to need.

The main responsibility to address these needs and respond to a disaster lies with the government and other relevant authorities in whose territory the disaster has occurred. Humanitarian organizations are often strongly present in this phase of the disaster management cycle, to complement these responsibilities. The primary motivation of any humanitarian response to crisis is to alleviate human suffering and to support the right to life with dignity, right to receive humanitarian assistance and the right to protection and security.

Thus, Humanitarian Organizations along with Humanitarian Aid Agencies need to be aware of the various ways in which different people and social groups respond to and are affected by the crisis and change. Interventions that ignore or are insensitive to existing social relations amongst the affected population might run the danger of being ineffective, or even damaging the situation of those who are most vulnerable.

As a civil society, RCHSS has been working at grass root level in rural Malda prior to its initiation in 1988. The Organization started from re-greening the denuded earth by planting trees and erosion checking florae and went on working on family welfare, high infant mortality and morbidity, poor health and nutritional status of children especially among the tribal villages, high crude birth rate, occurrence of flood, drought and consequences of climate change almost every year and throwing the life of people out of gear led to a shift in its focus. As a mother NGO, RCHSS has been able to play an important role for training and providing technical support to the Accredited Social Health Activist's (ASHA) of the district.



In 1987, disaster struck the plain area of Eklakhi when a devastating flood swept over the region. The relief response came through the joint initiatives of administrative personnel and the local youth. Still, the absence of community health care, disaster response teams, and strong community organization was painfully apparent.

In 2017, RCHSS (Rajadighi Community Health Service Society) the first community-founded group in the region extended its helping hand to relief rescue activity during the post-flood period with a financial and moral support from Association Essential, Switzerland.

The main objective of the Organisation and its supporting institution was to provide “Humanitarian assistance and protection needs to the affected people of Bairgachi I and Bairgachi II GPs of Gazole Block at the time of disaster on the basis of need beyond any



discrimination”. (Discrimination based on age, disability, age of protected growth / infancy especially up to 3 months of age of an infant and gender especially widow, divorcee and pregnant and children up to 14 years in education.)

Based on the humanitarian inclusion standard, no discrimination was made among the vulnerable / victim population based on age, disability, age of protected growth / infancy especially up to 3 months of age of an infant and gender (especially widow, divorcee and pregnant)



and children up to 14 years in education. These peoples are usually excluded from



humanitarian response. To help them to overcome the exclusion and work towards sector-wide impartially with an idea to protect, support and engage above segments of population, to eliminate the barriers of participation and access in diverse contexts, the disaster response programme of RCHSS was designed in such a manner that influenced and abided the Organization’s policies and practices.

Photographs: By Mr. Birabrata Das

RCHSS also addressed following sector-specific inclusion standards:

1. Protection
2. Water
3. Sanitation and Hygiene
4. Security
5. Livelihood
6. Nutrition
7. Shelter
8. Health
9. Education

2. Flood situation in the two GPs of Bairgachi-I and Bairgachi-II along the Mahananda plains during the flood, July to August 2017.
3. Brief analysis of the various flood relief activities extended by the administration and others (during the flood)

Response From	Type of Response	Remarks
<b>Administration</b>	Boat Service, Tarpaulins were distributed, Food – Gur, Chira, Baby food, etc. Some line departments provided cooked food to the flood victims like – Rice, Dal, Vegetable curry etc.	Based on personal communication with the affected people, the boats were made available at a much later stage.
<b>Local Clubs, Student teams from in and around Malda, NGOs, Individuals, Business Forums</b>	Cooked Food, dresses – new and old, packet water, and medicines etc.	

The people at large took shelter along the rail track, railway stations, roads not flooded, all schools and Madrassas in the GP.

Flood response 2017 Survey REPORT OF DAMAGE / LOSS							
Flood Response area	Submerged Families	House totally damaged	Population affected	Submerged Crop land totally damaged	Water Logged Families	Population affected	Crop land partly affected
Bairgachi I&II GP	1108	618	5138	480 ha	1878	8826	500 ha

#### RCHSS & ASSOCIATION ESSENTIAL's Approach to Vulnerability

Situations of change and crisis affect people differently, according to their economic and social status, and their relationship with others within their society. Thus, based on Humanitarian Inclusion Standard, the following segment of the affected population in the community was given importance and identified as the most vulnerable section. These included:

- ⊗ The Elderly Population – 60+ (both male and female);
- ⊗ Women – mainly the Widows, Divorcee, Separated, Pregnant and Lactating mothers,
- ⊗ Children – Infants i.e., below 1 year of age, 1 – 6 years and 6 – 14 years.
- ⊗ Orphan Children in the Community, and
- ⊗ Disabled Population in the Community.

These people are most vulnerable in a rural society and are often excluded from humanitarian response.



**Elderly Population (60+) (Both male and female):** As population become older, both in rural and urban areas,

- ⊗ They become lonely without the care and support of their younger family members. During the recent past, most of the families, even in rural areas are becoming nuclear leaving aged parents alone to fend for themselves.
- ⊗ Even if the families are living together, most of the young male population in the family migrates to different places in search of job. Therefore, when the elderly population requires help, these helping sections of the population in the community are absent.
- ⊗ With age, various health problems arise and people suffer from a number of erratic physical co-ordination, poor eyesight, impaired hearing, etc., making their daily life more difficult. They are susceptible to malnutrition, more likely among the people who are poor, unwell or immobile.
- ⊗ During crisis, it is likely that elderly people will have suffered bereavement, and will be without their partners and close family. In many cases, they make their way to refugee camps and settlements for displaced people precisely because they cannot fend for themselves, and because the normal household and family support mechanisms have broken down. This in addition to the distress caused by being away from their familiar surroundings can intensify the loneliness and depression that elderly people may experience.
- ⊗ This can lead to accidents and falls during emergencies arising due to disaster.
- ⊗ During crisis, people often overlook the basic requirements of these people. At this age, most people may require a diet similar to that of small children – frequent meals, with high calorie value and soft food, which is usually not available during the crisis period.

- ⊗ It is not possible for these people to struggle and go to collect their relief materials from remote areas, which is inaccessible for them with their ill health, and therefore they are often left behind.
- ⊗ Similarly, elderly people are especially vulnerable in situations where whole community has to flee in search of a new shelter and seek external assistance. If they are disabled or frail, they may remain in their homes rather than attempt to leave, although their chances of survival on their own may be very limited. If they try to join the exodus, they may die or left behind on the journey.
- ⊗ Due to physical weakness and poor economic background, these people often fail to re-establish their limited livelihood after the heavy loss incurred by the disaster like flood like – rebuilding the damaged homes, buying new crockery to cook food, loss of stored food grains etc. Hence, often have to face hunger even after the disaster situation improves.

### Women – Widow, divorcee / separated, pregnant

Women form the substantial majority of the displaced population in situations of major disasters like flood. In relation to men and boys, women and girls are more likely to be malnourished both when they arrive at their rehabilitation shelter and away at home. Women are found to be more illiterate than men and without any experience in dealing with the outside world. Health wise also women are found to be weaker than men. In situations of social crisis, or major migration, an



increased number of women assume the sole responsibility for maintaining their household. This means caring not only for small children, but also for elderly relatives and others who are not able to work. They are also responsible of cooking and domestic distribution<sup>i</sup>.



Despite rapid advances in the standard of living of people worldwide, the condition of a section of our population still remains deplorable, namely, that of Widows. In developed countries, widowhood is experienced primarily by elderly women, while in developing countries it also affects younger women; many of them still rearing children. In some regions, girls become widows even before reaching adulthood because women live longer and marry older men<sup>iii</sup>. Loss of spouse is one of the most negative life events, next only to the loss of a child (Bennett et al., 2005). India has the largest recorded number of widows in the world.

- ⊗ India is perhaps the only country where widowhood, in addition to being a personal status, exists as a social institution. Widows' deprivation and stigmatization are exacerbated by ritual and religious symbolism. Indian society, similar to all patriarchal societies, confers social status on a woman through a man. Hence, in the absence of a man, she herself becomes a non-entity, ultimately suffering a social death.
- ⊗ Ironically, the disorganization and trauma that follow the death of a spouse seem to be greater in women than in men.

- ⊗ Another problem associated with widowhood is loneliness. Many widows live by themselves. They suffer the fear of being alone and loss of self-esteem as women, the greatest problem in widowhood is still emotional.
- ⊗ Widowhood often causes financial stress because a major income source is lost with the death of the husband.
- ⊗ Re-marriage is the exception rather than the rule; only about 10 per cent of widows marry again.” (Chen, 2000).
- ⊗ Widow re-marriage may be forbidden in the higher castes; and remarriage, where permitted, may be restricted to a family member.
- ⊗ Further, a widow, upon re-marriage, may be required to relinquish custody of her children as well as any property rights she may have. If she keeps her children with her, she may fear they would be ill-treated in a second marriage. Indian widows are often regarded as “evil eyes,” the purveyors of ill fortune and unwanted burdens on poor families (UN Division for the Advancement of Women, 2000; Fuller, 1965).
- ⊗ Widows are very often disowned by their relatives and thrown out of their homes in the context of land and inheritance disputes.
- ⊗ Lack of adequate education and training among these women often expose them as exploited, unregulated, domestic laborers (often as house slaves within the husband's family), or force them to begging or prostitution (Bill I, 2006).
- ⊗ Widows, through poor nutrition, inadequate shelter, lack of access to health care and vulnerability to violence, are very likely to suffer not only physical ill health but stress and chronic depression as well (UN Division for the Advancement of Women, 2000).
- ⊗ Widows may be victims of rape.
- ⊗ This is further compounded by the fact that widows, in common with many women, are very often unaware of their rights, and encounter insuperable barriers to accessing justice systems, such as illiteracy, expenses and threats of violence.



Similar to those of the ‘widows’, the condition of divorced and separated women remains deplorable in Indian society, mainly in rural areas with their unique social, cultural and economic milieu, which at times ignores the basic human rights of this vulnerable section of society. Divorced and separated women are often considered as characterless for being selfish enough not to have stayed in a marriage, no matter how hopeless that marriage might have been.

Thus, growing evidence of their vulnerability, both socioeconomic and psychological, has now become a major challenge in the society mainly in rural India.

Pregnant Women: Pregnancy is viewed as a period of physical disability. Any natural disaster mainly flood has major impact on the life of human being. Women are the most vulnerable section in the society and especially the pregnant women and their off-spring<sup>s</sup>. These both are already at great risk of their health and life in developing countries like India. Women in their last

three months of pregnancy are at great risk and tend to seek health care more than early pregnancy. During this period if proper measures are not available, various obstetrical complications like prolonged labor or obstructed labor, abruption placentae, severe anemia in pregnancy due to the poor quality food or absence of antenatal care in disastrous situations and unattended labor are reported. This may increase maternal and infant mortality rate. Such situation may also arise due to poverty, malnutrition, neglected labor, late referral to health facilities, poor general maternal health, and increased burden on health facility centers having less equipment, lack of trained staff and blood transfusion facilities in emergencies. Thus, inclusion of pregnant women and new born child in emergency management should be given importance to reduce morbidity and mortality.



**Children:** The needs of children in emergencies are distinct from and are often more extreme than those faced by adults in the affected population. Children are more vulnerable to hardship and deprivation, and are physically as well as emotionally dependent on adults. The particular difficulties faced by girls are often exacerbated in emergency situation, and it is essential that relief interventions tackle discrimination against them whether it is overt or implicit<sup>v</sup>. Impact of disasters on child education:



- ⊗ Damage and destruction to school and learning materials.
- ⊗ Schools convert to relief & evacuation centers
- ⊗ Prolonged closer of schools
- ⊗ limited access to schooling
- ⊗ Decrease in quality education
- ⊗ Disasters impact children's rights negatively
- ⊗ Increase school dropouts
- ⊗ Children are compelled to support already ruined families in disasters



**Orphans:** Children are the future of the nation. Parents play an irreplaceable role in child's physical, mental, and emotional well-being. They are considered as a gift of GOD; but unfortunately not all children are brought up by their parents<sup>vi</sup>. Orphans are those children whose mother or father or both parents have passed away and are residing in orphanage home or foster homes. These children are one of the most vulnerable section in the society, helpless and needy all over the world. The basic human rights of these children are violated and severely threatened. The future might





look bleak for these children as long as they do not receive social support.

Suffer from one or the other trauma; they lack the basic needs like shelter, sufficient food, schooling, adequate care, medical care and nutrition, emotionally deprived. They are financially challenged and desperate.



Such children are often isolated in the society and are socially deprived. They tend to encounter higher emotional distress, hopelessness, depressive and anger than non-orphan children. Orphans are often even denied property

inheritance. Children living in households that have taken in orphans, are often neglected, undervalued, abused and face violence.



People with a disability (irrespective of age and sex): In any specific population group, a considerable number of people with age-related disabilities can be expected.

Disabilities

cover a broad range of physical,

mental, sensory and emotional or learning difficulties. These may be constant or intermittent,

visible or hidden, present from birth or early infancy, or acquired during a person's life, caused by a chronic condition, or brought about by trauma or accident. Disabilities vary considerably in their seriousness and their impact on the lives of individuals and their families depends very much on the social, economic and cultural context in which the disabled person lives. Local attitudes and belief affect how people see particular disability. Thus, fear, ignorance and lack of self-esteem make them socially excluded and more vulnerable in a society<sup>vii</sup>.



In emergencies, disabled people may become more dependent than usual on outside support unless their specific needs are given a high priority. Their disability may consequently become a double burden. This is especially true if they are immobile or limited mobility, where they are without family support and in cases of mental disability. For women and girls, the disability may intensify other problems concerning protection.



Hence, such people should be given special attention and included in disaster response activity<sup>viii</sup> as:

- ⊗ These people are often invisible and excluded from accessing emergency support and essential services such as food distribution, medical care, shelter and water, sanitation and hygiene facilities,
- ⊗ Information on disaster preparedness is often not in accessible formats so people with a disability are less aware and prepared for a disaster.
- ⊗ Environmental, social and attitudinal barriers result in requirements of the population with a disability not being met within disaster management responses. It is therefore crucial that disability inclusion in all phases of disaster management occurs to ensure the full and equal fulfillment of human rights of people with a disability.
- ⊗ Disability inclusion in emergency management reduces morbidity and mortality.
- ⊗ The rate of disability increases during an emergency due to direct trauma, illness from poor living conditions, the breakdown of health services and lack of rehabilitation and an increase in psychological stress.



Support provided to the vulnerable population

- ⊗ Households of the flood victims were identified during physical survey of the area by the survey team. Houses that were flooded and the residents were either moved to the terrace (in pucca buildings) or had flee from their houses to take shelter along the rail line / road / other public places like schools, madrassa / in other family members residences in the upper dry area.



- ⊗ Households those were not flooded inside but were surrounded by floodwater and were totally stagnated within their house and were unable to move out were also taken into consideration.
- ⊗ For Residential Proof and Age Proof, all recipients of Relief Support, possession of 'Aadhar Card' was made essential,
- ⊗ Health card was essential to identify pregnant mother and age of the child below 1 year.
- ⊗ Disabled card provided by the administration was essential for identifying disabled population.
- ⊗ No such proofs were essential for widows, divorcees, separated and orphans. Social reveal by the family members or the individual was taken into consideration.
- ⊗ Similarly, for children enrolled in class VI to X, were considered based on their age mentioned in Aadhar card and declaration by their parents.

#### Method of information about Relief Distribution

After identifying the recipients based on the second survey and above criteria, the RCHSS (supported by ASSOCIATION ESSENTIAL) team members revisited the households and:

- ⊗ Issued a coupon with an identity number that was provided for each vulnerable group.
- ⊗ informed about the day, date and time of relief distribution
- ⊗ Informed to carry all the required documents based on the group they were prescribed.
- ⊗ School children were informed to be in their school uniforms.



Support provided to the vulnerable population (Post Flood Period)

- To wither the approaching harsh winter after the miserable flood situation, the organization decided to provide 'Blankets' to the vulnerable population (elderly people, pregnant mothers, children below 1 year of age, orphans, widow, divorcee, separated and disabled) of the affected area as measure to protect their health.
- ⊗ As a means to support the agricultural loss and upcoming hunger of the people, vegetable seeds – drumstick, beans, cucumber, ladies finger, pulses and potato seeds were provided to each household for growing in their homestead.
- ⊗ Bleaching and lime powder solution was provided to each household to make the area around their house disinfectant.
- ⊗ 2000 school going children (both girls and boys), residing in the flood affected area of Bairgachi I and Bairgachi II Gram Panchayat and were presently enrolled up to class X, were provided with educational support materials.

❖ Sanitation Support given to families

Bleaching powder & Lime powder solution
3000

❖ Agricultural rehabilitation support given to Beneficiaries.

Seed support to families
1158

❖ Educational rehabilitation support given to school going children.

Learning materials support to Children
2000

❖ Worm blanket Support given to beneficiaries

Provided with Blanket to						
Old Age People	Orphan	Disabled	Widow	Pregnant	Lactating Mother	Divorcee
1149	7	54	306	102	57	25

### Way forward

The next monsoon season is at doorstep. Therefore as a major humanitarian organisation of the Barind Region of Malda District, the following responsibility lies on it to sensitize the people at large and prepare them to handle such situation.

- ⊗ As a first step, Mitigation / Risk Reduction and Prevention activities are to be conducted. It pertains to precautions that can be taken to reduce the risk of a disaster, as well as boosting the resilience of communities and built environments. These may include conducting comprehensive risk assessments and analysis to identify natural, human-induced, and man-made hazards in advance such as flood hazard mapping. It also requires risk reduction activities like strengthening standards for building structures, building levies and dams to prevent flooding.
- ⊗ As a bottom-up approach goal of preparedness activity, it is necessary to develop personal awareness and preparedness within homes, conducting awareness raising campaigns, forming volunteer based community, response teams etc. Along with administration, necessary steps should be taken keep ready basic transport system like boats, tractors etc. to move people to safe distance, identify the shelters and keep the basic infrastructures ready and clean, immediate relief materials like tarpaulins, dry food and its delivery mechanisms, basic medical infrastructure, etc.

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<sup>i</sup>Notes from OXFAM, pp.672 - 673

<sup>ii</sup>Notes from OXFAM, p. 884

<sup>iii</sup>[J. K. Trivedi](#), M.D. (Psych), M.R.C. Psych. (UK), F.A.P.A.(U.S.A.),\*[Himanshu Sareen](#), M.D.,\*\* and [Mohan Dhyanj](#), M.D.\*\*\* **Psychological Aspects of Widowhood and Divorce**

<sup>iv</sup>Shahla Baloch, Meharun Nisa Khaskheli, Aneela Sheeba (2012): "Screening of Reproductive Health Problems in Flood Affected Pregnant Women"; JLUMHS, May – August, Vol. 11, No. 2, pp. 101 - 104

<sup>v</sup>Notes from OXFAM, p. 886

<sup>vi</sup>Physical Health Problems and Psychological Well-Being among Orphan Children of Selected Orphanage Homes ; Navpreet, Sandeep Kaur, Meenakshi, Amninder Kaur; International Journal of Health Sciences and Research; ISSN: 2249-9571 , [www.ijhsr.org](http://www.ijhsr.org)

<sup>vii</sup>Notes from OXFAM, p. 674, 892

<sup>viii</sup>Inclusion Made Easy: Disaster Management (downloaded on 21/2/2018)