

Flood Relief Intervention in Murliganj and Kumarbandh blocks

Of Madhepura district in Bihar from

February 22 to March 24, 2009

A Report by Samajik ShaiKshaniK Vikas Kendra (SSVK) – Implementing Organisation



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Figure.1 Country boat flooded with people going towards food camp



Figure.2 SSVK Volunteers reaching in flood affected area by bike



Figure.3 Aftermath of Kosi devastation after seven month



Figure.4 SSVK Volunteers roaming with their life jacket for relief & rehab the flood victims

Background

In the aftermath of Kosi Floods of August 2008, a group of renowned painters came together under the banner of Saffron art, a renowned auctioneering house for paintings, and pledged to donate the proceeds of the auction of one of their paintings to the cause of the Kosi flood victims. The on line auction was facilitated by Saffronart and with the sales proceeds it was decided to reach out to the flood victims through grassroots NGOs with a credible presence in the intervention area and with experience of having run relief programmes in the past. Samajik Shaikshanik Vikas Kendra (SSVK) was one of the NGOs approached for reaching out to the Kosi flood victims in recognition of its credibility and capability of carrying out relief operations on a significant scale. Prior to being

approached by Saffronart, SSVK had already carried out significant relief work with the Kosi flood victims in Saharsa and Madhepura Districts with financial assistance from agencies like N.M. Budhrani Trust, UnitedWay Mumbai, All India Disaster Management Institute and Swiss Red Cross for periods ranging from 2 weeks to 2 months. Assistance in kind came from UNICEF, Prayas and Tech Mahindra.

Intervention Context and Rationale:

The Kosi Floods of 2008 unleashed a human tragedy of unparalleled dimensions on millions residing in the 7 North Bihar Districts of Supaul, Araria, Madhepura, Saharsa, Purnia, Khagaria and Katihar. While it took the government some time to get its act together, it certainly goes to its credit of having reasonably exonerated itself in terms of mounting and carrying out one of the largest evacuation operations ever on the Asian continent. Ministers of the Bihar Cabinet were specifically designated to the worst affected districts to oversee the rescue and relief operations. Special District Magistrates were posted to the affected districts for smooth coordination of relief and rescue operations and a host of relief interventions were initiated. Government for the first time came up with mega relief camps with more structured provision of food and basic services like health, drinking water and sanitation. Nevertheless, the enormity of the task placed it beyond the resources the state government had at its command.



Figure.5 Distribution of food coupon

Even at its peak the relief operations fell far short of the demand with the government run relief camps accounting for less than 10% of the affected population and the rest living in unorganized clusters on embankments, by road sides or on elevated open grounds on their own. Supplies, inadequate to the demand, impacted most severely on the already socially excluded victims particularly the dalit who were deprived of their relief entitlements by the dominant castes as well as by an apathetic lower bureaucracy. Cramped and unhygienic conditions on limited dry ground resulted in outbreak of diseases. With the crisis still far from over the government began rolling back its relief camps substituting them with gratuitous relief (GR) in grain and cash doles.

While the extent to which GR and cash doles were made available by the government is praiseworthy, its relevance in the context of the present crisis raises questions. With their habitations lost to or yet to recover from the submergence, their livelihoods and assets lost and with their dwellings barely providing some cover to pass off for a makeshift shelter, the relief camps needed to be run for longer for the flood victims. Many who returned to their homes after the water receded discovered that it had left the land swampy, making the rebuilding process difficult, if not impossible. The Nitish government, which had made elaborate promises of providing food and shelter to the flood victims for “as long as required”, instead washed its hands off the situation and reportedly ordered closure of the camps after providing some support. Though the Bihar Government was not entirely callous, the implementation at the local level did leave a lot to be desired.. For instance, while the state Government allocated funds for rebuilding of hutments in many flood-affected districts, the authorities wasted more than three months in reaching out to the victims. Even those who received government assistance for rebuilding their homes were equally crestfallen because of the inadequate relief.



Figure.6 Providing medical assistance

With relief off the government’s agenda; resettlement and rehabilitation policy still in the offing and its translation into ground reality at least a couple of months away; people having lost opportunity of any gainful employment in agriculture; their asset base eroded; their shelter in shambles; the flood affected, particularly the socially excluded and the vulnerable groups, continued requiring immediate assistance, which, apart from private players, did not appear forthcoming from any other quarter. Even among the private players (NGOs, NGO donors, faith based organizations and corporate) not many were left around 3 months after the disaster and of the few that were there, most had their resources geared up for undertaking rehabilitative interventions. It was this context that defined SSVK’s intervention priorities with assistance from Saffron art which fructified around mid-November 2008 though the first installment eventually got credited to SSVK’s account in mid-February 2009.

Project Goal

The overall goal is to enable the poor and marginal families to break out of the current crisis resulting from the floods

Specific Objectives

- 1. Relief support during the crucial period of non availability of food and water by ensuring availability of both**
- 2. Making accessible a package of health care, and medicinal services for one month that seeks to protect children, mothers, the aged and the infirm**
- 3. Responding to the basic utilities required by the flood victims like clothes, kitchen utensils, bedding, storage and cover against the elements of weather**
- 4. Addressing the educational needs of children**
- 5. Enable the flood victims to undertake livelihood activities for rebuilding their lives**

Intervention Area:

The intervention has been postulated for Murliganj and Kumarkhand blocks of Madhepura District, one of the worst affected by Kosi Floods.

Proposed Interventions:

- 1. Provision of dry ration support (flat rice and jaggery) and one wholesome cooked meal a day to 4000 families for 30 days and consisting of rice, dal and a vegetable of potatoes and nutri nugget through setting up of a community kitchen in each of the 12 targeted villages**
- 2. Installation of 2 hand pumps each in 75 flood affected hamlets**
- 3. Extension of Medical Assistance for flood induced diseases like diarrhoea, fever, gastroenteritis, abdominal pain, deworming, acidity, cold and cough, pneumonia, skin and eye infection and malaria.**

4. Provision of Family Packs to 4'000 families comprising blanket, durrie, warm clothes for children, kitchen utensil, saree, dhoti, mosquito net, shawl, towel and plastic mat and aluminium box
5. Setting up of 1 NFE centre each in the 12 intervention villages Provision of working capital support to 500 families to initiate income generating activities

Interventions actually undertaken and achieved results:

In light of the limited resources received till date, SSVK had to re-prioritise its interventions keeping some in abeyance for the time being as well as scale down the numbers that were to be covered. Given the fact, that the amount that would eventually come to SSVK would be much lower than what was budgeted for, SSVK's priority would be to not compromise on numbers as far as food, drinking water, medical support, education and income generation needs of the flood victims are concerned. It is primarily with family packs that the unit cost would be brought down substantially to keep the coverage as postulated. Reduction here in part takes place because of there being no longer any need for blankets and warm clothes and in part is precipitated by the reduced availability of resources wherein SSVK may have to bring down the constituents of family pack to just clothes and kitchen utensils.

1. Provision of dry ration support (flat rice and jaggery) and one wholesome cooked meal a day to 4000 families for 30 days and consisting of rice, dal and a vegetable of potatoes and nutri nugget through setting up of a community kitchen in each of the 12 targeted villages: **In light of the limited resources that SSVK received as first installment, SSVK postulated to initiate its food support programme with 1332 families in 4 villages but ground reality compelled it to include another 319 families. Thus dry ration and community kitchen coverage was extended to 1651 families spread over 4 villages and over a one month period extending from February 22 to March 24, 2009. Details of this coverage are as follows:**

Name of Village	District	Block	No. of flood affected families covered
Rampur Santhali	Madhepura	Murliganj	354
Jorgama Kamath Tol	Madhepura	Murliganj	326
Jorgama Mushari	Madhepura	Murliganj	383
Jorgama Santhali	Madhepura	Murliganj	588
Total			1651



Figure.7 making queue for getting flat rice& jaggery



Figure.8 Flood victims in community kitchen

The intervention came as a critical input to enable the beneficiaries to tide over a period when floods had left them bereft of any livelihood opportunities to sustain themselves and they were on the threshold of starvation. Moreover it prevented them from getting deeper into the debt trap by not having to borrow from moneylenders for their nutritional needs. The intervention could provide them a measure of food security and was appropriately timed as it came when almost all sources of external support had been phased out.

Community kitchens along with ready to eat dry ration support were preferred over just dry ration support as the latter would have left the beneficiaries with the difficult, if not impossible, choice of arranging for fuel. Moreover, by engaging the victims in various

tasks associated with running the community kitchens helped maintain a modicum of community conviviality which also helped the victims in overcoming their enormous grief.

2. Installation of 2 handpumps each in 75 flood affected hamlets: 4 handpumps, 1 each in the 4 villages in which the food support programme was carried out, were installed.

The installation of new hand pumps has ensured access of the target group to clean and safe drinking water. The availability of safe drinking water has reduced the vulnerability of the target group by acting as a check on incidence of morbidity. For the entire period of relief operations, no significant outbreak of any water borne epidemic was reported from the field.

3. Extension of Medical Assistance for flood induced diseases: Medical Assistance was extended for flood induced diseases like diarrhoea, fever, gastroenteritis, abdominal pain, deworming, acidity, cold and cough, pneumonia, skin and eye infection and malaria in the following villages:

Name of Village	District	Block	No. of patients covered
Rampur Santhali	Madhepura	Kumarkhand	962
Jorgama kamat Tol Mushari	Madhepura	Kumarkhand	665
Jorgama Mushari	Madhepura	Kumarkhand	669
JargamaSanthali Tola	Madhepura	Kumarkhand	512
Bhitta Tol Mushari	Madhepura	Kumarkhand	456
Sukhashan Mushari	Madhepura	Kumarkhand	423
Jagir Chakla	Madhepura	Kumarkhand	385
Jamuaha	Madhepura	Kumarkhand	319
Kushha Purvi	Madhepura	Murliganj	448
Ranipatti mushari Tol	Madhepura	Murliganj	486
Amha	Madhepura	Murliganj	452
Ranipatt muslim Tol Rampur Santhali	Madhepura	Murliganj	507
Total			6284

In light of the fact that SSVK had been running health programmes in these villages from before, it in order to maintain continuity in the health services given there exigent need, did not bring any break in the service. Hence, for the health component the staff costs have been factored from the beginning of January 2009 itself. As far as the medicine costs are concerned, they have been factored in from February 2009. Prior to that medicine supplies were met out of stocks left from earlier interventions.

SSVK's trained cadre of community health workers adept in symptomatically diagnosing the commonly occurring health problems during floods addressed the health needs of the affected families. This intervention provided much needed medical succour to the flood victims.

Provision of Family Packs to 4'000 families comprising blanket, durrie, warm clothes for children kitchen utensil, saree, dhoti, mosquito net, shawl, towel and plastic mat and aluminium box: In light of the limited resources available till date it has been kept in abeyance for the time being. However, even when taken up its components would not be at the scale envisaged partially for reasons of some components no longer required and partially because the actual amount that would eventually be available would be much lower than what was budgeted.

4. Setting up of 1 NFE centre each in 12 villages: The 12 NFE (Child Care) centres which have been in operation for quite some time have been continued with saffronart support from January 2009 onwards in the following villagee

Name of Village	District	Block	Boy Students	Girl Students	Total
Jagi Chakla	Madhepura	Kumarkhand	102	53	155
Jamuaha	Madhepura	Kumarkhand	105	95	200
Kusha Purvi	Madhepura	Kumarkhand	68	82	150
Bhitta Tola	Madhepura	Kumarkhand	83	46	129
Ranipatti Mushari	Madhepura	Kumarkhand	88	65	153
Ranipatti Muslim Tol	Madhepura	Kumarkhand	142	85	227
Amaha	Madhepura	Kumarkhand	78	63	141
Sukhasan	Madhepura	Kumarkhand	143	150	293
Beldore Nahar Tapra	Madhepura	Murliganj	84	44	128
Jorgama Kamath Tol	Madhepura	Murliganj	54	36	90
Parba Paswan Tol	Madhepura	Murliganj	52	74	126
Jorgama Santhali	Madhepura	Murliganj	80	80	160
Total			1079	873	1952

These NFE (Child Care) centres have been subserving a wide variety of purposes including games, tuition classes and peer activities. SSVK recognises the need to have a focus on children who despite counting amongst the most vulnerable in the event of disasters are seldom the focus of relief organisations. Relief interventions normally restrict themselves to addressing the immediate physical survival needs of children which is no doubt important but not enough. Hence, in order to ensure that the disaster does not impair children's mental, social and emotional development, SSVK continues running the NFE (Child Care) centres to address these concerns.

5. Provision of working capital support to 500 families to initiate income generating activities: This intervention awaits the arrival of the balance funds.



Figure.9 Child Care Centre



Figure.10 Childrens are playing in a child care centre in murliganj

Monitoring:

At the organizational level there is a Relief Monitoring Committee comprising organisational staff and some community leaders from the affected villages. They ensure that relief work is accessible in a fair manner to all those who are to be extended coverage and that standards of fairness and transparency are being met. They undertake regular field routes to review the work in progress, conduct meetings to resolve any problems coming on the sites, ensure adherence to the targetting process and supervise the upkeep of records.

In each intervention village a display board was set up with all the details of the intervention and the name of the donor indicated on it. The relevant government officials were given a copy of the proposal and the approved budget. A copy of this report would also be submitted to the government and also uploaded on the SSVK website.

A purchasing committee made all purchase related decisions. Procurement of goods followed these guidelines:

- Goods were to be of satisfactory quality
- The goods had to be delivered in good order and condition and in accordance with the Project timetable
- The price paid for goods represented value for money
- There was open and effective competition in the purchasing process

All accounts, records and assets registers contain clear audit trails and adequate Project management records in relation to expenditure. The donor or its representative shall have the right to visit the programme at any time and it will be given access to all relevant records, books and accounts.

Photo Documentation of the Relief Intervention





Waiting for boat to proceed towards food camp

Medical assistance for every one



Meetings of NFE Teachers at ssvk Madhepura office



ssvk volunteers verifying food token and taking receiving



Pathetic scenario of villages after Kosi devastation

