

**ANNUAL REPORT OF  
THE HUMANITARIAN/RESIDENT COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>India</b>
<b>Humanitarian / Resident Coordinator</b>	<b>Dr. Maxine Olson/ Ms. Karin Hulshof a.i.</b>
<b>Reporting Period</b>	<b>January 1 – December 31 2008</b>

**I. Executive Summary**

In September 2008, the UN Resident Coordinator applied for CERF funds under the Rapid Response window. The funds were requested for urgent life-saving activities in immediate response to devastating floods in the State of Bihar, in northern India. The interventions targeted relief camps primarily in the five worst affected districts in the state. A smaller amount of funds was also requested for response to the second flood in the state of Orissa in September 2008. An additional request was made at the end of October for funds to support similar activities in the flood-affected villages in Bihar.

In Bihar, funds were utilised by the United Nations Children’s Fund (UNICEF) for interventions in Health, Nutrition, Water and Sanitation, and Education and focused on two key support areas:

- i) Direct interventions in the relief camps and worst-affected villages for the displaced populations in five districts with focus on essential life-saving interventions for at least 125,000 people in camps and up to 400,000<sup>1</sup> people in affected villages;
- ii) Provide technical, logistical, and monitoring support to Government efforts, and promote coordination to assist community in their relief and recovery efforts in the worst affected districts.

UNICEF conducted two initial multi-sectoral assessment missions on 22 to 24 August and 1 to 4 September 2008. These missions were essential for understanding the needs and priorities, identification of key beneficiary groups, as well as planning UNICEF’s response. UNICEF’s first priority was to assist 125,000 internally displaced persons (IDPs) in relief camps. This was made possible at an early stage by CERF funds. UNICEF undertook a third multi-sectoral assessment mission in October 2008 after the government’s announcement that relief camps would soon be closed. Additional CERF funds requested were used for similar interventions in the villages.

The project achieved its overall goal to prevent or contain epidemics, which included:

- providing essential health services and facilities, providing essential maternity care services,
- ensuring provision of safe potable drinking water and clean water to sphere standards, providing emergency sanitation facilities,
- providing emergency shelter material (tarpaulins),

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<sup>1</sup> CERF funds were requested for 50,000 affected people in the villages, the total number of beneficiaries in villages include those supported by other funds.

- supporting affected children under 5 years, pregnant women and lactating mothers with nutrition interventions, and
- providing children with learning spaces.

To address the urgent needs of the affected community in both Bihar and Orissa, especially women and adolescent girls, the United Nations Population Fund (UNFPA) used CERF funds to provide dignity kits for better menstrual hygiene. UNFPA distributed 35,000 dignity kits in Bihar and 24,000 dignity kits in Orissa. In Bihar, funds were also used for psychosocial counselling for the affected women and adolescent girls in the relief camps. Some 5,506 households were surveyed and 8,600 beneficiaries, including adolescent girls and women were covered under the project.

<b>Total amount of humanitarian funding required and received during the reporting year</b>	<b>REQUIRED:</b>	\$ 6,250,000		
	<b>RECEIVED:</b>	\$ 6,250,000		
<b>Total amount requested from CERF</b>	<b>FUNDS (IN TOTAL REQUESTED):</b>	\$ 3,010,825		
<b>Total amount of CERF funding received by funding window</b>	<b>RAPID RESPONSE:</b>	\$ 3,010,825		
	<b>GRAND TOTAL:</b>	\$ 3,010,825		
<b>Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners</b>	<b>UN AGENCIES/IOM:</b>	\$ 214,750 <sup>2</sup>		
	<b>NGOS:</b>	\$ 215,000		
	<b>GOVERNMENT:</b>	\$ 485,000		
	<b>OTHER:</b>	\$ 2,096,075		
	<b>TOTAL:</b>	\$ 3,010,825		
<b>Approximate total number of beneficiaries reached with CERF funding</b>	<b>TOTAL</b>	<b>Under 5 years of age</b>	<b>Female (If available)</b>	<b>Male (If available)</b>
	200,000	50,000	80,000	
<b>Geographic areas of implementation targeted with CERF funding</b>	Bihar (Supaul, Saharsa, Madhepura, Araria, Purnea districts) Orissa (affected districts)			

## II. Background

Floods caused by rainfall are an annual feature in India, particularly during the months of July to September. The local administration, NGOs, international agencies and the communities are usually prepared to respond to the situation in various flood-prone states/ districts in the country. However, the 2008 floods in Bihar were not caused by annual rainfall but due to a breach in the embankment on the River Kosi on August 18, causing the river to change its course and flood areas hitherto not flood-prone. In the same year, Orissa experienced two floods – one in June and the second one in September. The September 2008 flood was caused by very heavy rainfall and overflow of water from the Hirakund dam that inundated the Mahanadi delta leading to an unprecedented flood (once in fifty years) in the state.

In Bihar, around 4.8 million people in 18 districts were affected by the floods. Over 300,000 houses and over 340,000 hectares of cropped area were damaged in the state. The government set up around 400 relief camps and 33 mega camps, accommodating around 100,000 displaced people. The worst affected districts were Saharsa, Supaul, Madhepura,

<sup>2</sup> The division of funds for UN, NGOs, Government and other is approximate. Please refer to interim financial reports submitted by UN agencies for exact numbers of the detailed break-up of expenditure. Please note that Government includes a number of government departments (Health, Education, Disaster Management etc), and other primarily includes supplies.

Araria, and Purnea, and most interventions were focused within these districts. In addition to the four million affected people in Orissa (from the first flood in June 2008), two million people in 19 districts were affected by the floods in September. Around 200,000 houses and 500,000 hectares of crops were damaged. The government set up 900 relief camps accommodating 350,000 people.<sup>3</sup>

The scale of the floods, particularly in Bihar, necessitated a response that went beyond the scope of the planned responses of local administration, NGOs, international agencies, etc. that were prepared for annual floods. The multi-sectoral assessments carried out by UNICEF in Bihar identified that urgent gaps needed to be met to address the needs of the displaced persons staying in relief camps. With respect to life-saving and time critical requirements, the CERF funds enabled and sustained the work and transportation of mobile medical teams throughout the disaster area, enabled the immediate establishment of a disease surveillance system, enabled the supply and transportation of essential medical supplies, and the rapid release of previously positioned medical supplies and equipment. The funds also enabled the provision of drinking water through the rapid installation of hand pumps in the relief camps and the provision of sanitation facilities. Pregnant and lactating mothers were provided special care and observation, and the malnutrition status of affected children was closely monitored.

In the relief camps in Bihar, disaggregated data collected on September 12 revealed that there were approximately 85,383 women in child bearing ages and 21,169 adolescent girls in the age group of 10 to 14. Yet, the special needs of women (hygiene and sanitation) had been overlooked and were not being addressed by any agency engaged in relief distribution/coordination. UNFPA therefore provided dignity kits to affected women and adolescent girls in Bihar and Orissa. Assessment findings highlighted that anxiety, stress, frustration, and fear among the evacuees in general and especially women and girls were quite common. UNFPA also used CERF funds for psychosocial counselling for girls in affected districts in Bihar.

### **III. Implementation and results**

#### **1. Coordination and implementation arrangements**

Following the Kosi River breach, the UN Resident Coordinator called for an emergency meeting of all UN agencies in New Delhi to discuss the grave humanitarian situation in flood-affected districts in Bihar. Weekly flood coordination meetings led by the UNRC and attended by members of the UN Disaster Management Team (UNDMT), humanitarian non-government organisations (NGOs), and international/ bilateral agencies were held to exchange information on the latest situation in the flood-affected districts (from September to December 2008). These meetings provided a platform for information sharing as well as mapping the interventions by different agencies to avoid duplication of efforts. It enabled the partners to complement and supplement the efforts of each other. The UNDMT prepared and circulated consolidated Situation Reports (Sit Rep) during the emergency period. The Situation Reports captured the latest damage details along with the response of government, UN agencies, and NGOs. UNDMT members also participated in meetings organised by the National Disaster Management Authority (NDMA), Sphere India, and the International Federation of the Red Cross (IFRC) on flood response. UNDMT members undertook field visits to assess and to take stock of the situation on the ground.

At the time of the Kosi River breach, UNICEF had been working closely with Bihar State's Disaster Management Department (DMD) on floods in the State. When the Kosi breach occurred, both UNICEF and the DMD had organized assessments of the affected region. Bihar

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<sup>3</sup> Source: Flood Situation Report 13 Oct 2008, National Disaster Management Division, Ministry of Home Affairs, <http://www.ndmindia.nic.in/flood-2008/floodMonth/OCT08/SITREPNO.135DATED13.10.2008.pdf>

State's Chief Minister asked all external agencies to coordinate through the State's Home Secretary. The Secretary asked UNICEF to work directly with the District Magistrate's office in each of the five flood affected districts. Concurrently, Inter-Agency Group (IAG) meetings were held in Patna, Bihar to coordinate and dialogue the situation. Over 40 representatives of international and national agencies attended these meetings. Thematic and geographic response initiatives per organization were charted to avoid duplication of effort. Because of the high number of organizations involved in health and water and sanitation interventions, two cluster groups were formed for these respectively. UNICEF led the water and sanitation coordination efforts. The group aimed for a unified response to the crisis. Regular meetings of the IAG and the two clusters were held thereafter. For UNICEF, the Government's coordination mechanism through the DMD was utilized in concert with the coordination efforts developed through IAG collaboration.

In providing dignity kits to affected women and adolescent girls, UNFPA involved the state government and district administrations in Bihar. In Orissa, UNFPA provided dignity kits through the NDMA.

## **2. Project activities and results, including actual beneficiaries**

As mentioned, CERF funds were used by UNICEF and UNFPA for life-saving interventions in the worst flood-affected districts in Bihar, and in Orissa.

UNICEF was among the first international organisations to respond to the crisis in Bihar. In keeping with the Core Commitments for Children in Emergencies, UNICEF focused on direct and indirect interventions working in concert with district and state governments, while partnering with NGOs or Community-Based Organisations (CBOs). All staff in the UNICEF-Bihar Office was temporarily reassigned to meet the emergency needs in the region.

In Bihar, UNICEF had in place pre-positioned limited stocks of essential supplies for emergency preparedness. UNICEF could therefore respond immediately to the crisis. Supplies were immediately deployed to worst affected districts through the distribution mechanism of the State's Disaster Management Department. However, these supplies could not address the scale of this disaster. Once CERF funds were allocated, the sourcing, acquisition and distribution of essential technical personnel and relief supplies was made possible.

In addition to reassigning staff from other offices in India, UNICEF used its network of government and NGO partners for implementation. Most of the supplies were purchased in country, while some (e.g. medicine) came through the supply division in Copenhagen. Consultants were contracted primarily through RedR India (an institutional arrangement through the Emergency Section in UNICEF New Delhi) and a local HR (human resources) firm.

Overall, high impacts were achieved because of CERF funds:

- In the **Health** sector, the project supported the five flood affected districts with health resource persons for providing technical support to the District Administration. More than 390 doctors and 580 paramedical were mobilised. More than 836,335 people were treated. Essential maternal health services were also provided. Nealy 30 maternity huts were established for IDPs in the camps. More than 275 deliveries were conducted. 316 Anti-Natal Care (ANC) check-ups - including 116 Tetanus Toxoide (TT) vaccinations and 151 Post-Natal Care (PNC) check-ups - were also conducted in the huts. A comprehensive disease surveillance and containment plan was put in place for early detection and prevention of outbreaks in all the flood affected districts of Madhepura, Saharsa, Supaul, Purnea, Araria, Bhagalpur, Patna (Danapur Block), and Khagaria (Beldaur block). About 15 suspected outbreaks were reported and investigated. In concert with the government health department, more than 167,632 children were

immunized against measles, 62,403 against polio, 1.39 million were given Vitamin A, 817,197 de-wormed, and 53,532 given zinc and Oral Re-hydration Solution (ORS). At least 6,126 pregnant women were given TT in the camps. To date, 420 ASHA<sup>4</sup> workers were supported in the flood-affected districts. Support was also made possible to the district hospitals of the flood-affected districts. Four neonatal stabilisation units were installed to support unstable birth conditions. Labour beds, midwifery kits and infant blankets were also supplied. Three malnutrition treatment centres were set up in three of flood-affected districts for facility-level management of severe and acute malnourished children. To date, 584 severely and Acutely Malnourished (SAM) children have been screened for medical complications and 44 children admitted to Medical Treatment Centres (MTC).

- In the **Water and Sanitation** sector, the incidence of any outbreak of water borne disease was mitigated. Around 78,000 families in the camps were provided water storage equipment for storage of safe drinking water. The same were given instructions on how to ensure the safety of drinking water and manage their supply. Safe hygiene conditions were also propagated, and at least 75 percent of the 78,000 reported to be washing hands after defecation and before eating. Women and adolescent girls were provided with sanitary cloth, contributing to improved menstrual hygiene. All of the 4,120 Government hand pumps in affected villages have been disinfected. Village motivators were trained and oriented families to carry out chlorination of hand pump bore wells, and supplied bleaching powder so that families could disinfect their own hand pumps. These same motivators were taught how to carry out basic testing, and supplied 1,780 water samples to the government laboratory whose testing supplies were also provided with emergency assistance. Some 166 schools in the flood-affected districts were also assisted, in whole or part, with improved toilet facilities, sanitization materials hand pump repair, bleaching, chlorination, and training for on-going maintenance.
- In the **Child Development and Nutrition** Sector, over 125 Anganwadi Women's Centres<sup>5</sup> reached out with SAM children treatment in three districts: Saharsa, Madhepura, and Supaul. More than 19,450 children were checked and 787 (4.05 per cent) identified as SAM cases. Of these, 675 children were clinically examined by Medical Officers and 31 referred to MTC for medical treatment. At least 239 SAM children have been completely treated.
- In the **Education** sector the project supported all five flood affected districts with technical assistance and logistic support. Forty sub-district level staff was recruited on contract to provide monitoring and on-site support to district government to establish Alternative Learning Spaces (ALS) in the camps. The NGO *Gram Praudyogik Vikas Sansthan* provided life skills training resulting in better life skills and assisted to overcome the psychological impact of the disaster especially among 3,000 girls of 11-14 years. The *Mahmedipuri Venkatramai Foundation* carried out activities and games with more than 40,000 children of 6-14 years age group resulting in normalizing the environment in camps. This included distribution of school bags to restore pride as a student after they lost their school supplies in the flood.

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<sup>4</sup> ASHA worker stands for Accredited Social Health Activist. This is a worker provided by the National Rural Health Mission (NRHM) for every 1000 population for delivering primary health care services at the village level. She is paid an incentive linked to performance.

<sup>5</sup> Anganwadi Centres provide Integrated Child Development Services under a centrally sponsored scheme. The Centre looks after the all round developmental needs of children who are below six years of age, pregnant women, lactating mothers, in the age group of 15-45 years. The services provided are: supplementary nutrition, immunization, health check-up, referral services, non-formal pre-school education, and nutrition and health education.

- In the **Programme Communications** sector, CERF funds supported the four districts worst affected by Kosi floods with technical information / assistance, labor and logistic support. At least 240 NGO animators trained on key behaviours and communication skills engaged communities on key issues that would support the rebuilding of lives and livelihoods. Approximately 1,500 village influencers in 125 UNICEF Intervention Villages mobilized through meetings and capacity building on critical issues including preventive health, hygiene, sanitation, safe water, nutrition, HIV prevention, education, and child protection issues. Some 562 folk shows covering three types of dramas were conducted in 125 UNICEF intervention villages across the four affected districts reaching out to approximately 140,000 people with critical messages. Distribution of different types of information education communication (IEC) materials like tin plates, pamphlets, folders, booklets, flipbook, and flex panels complemented the effort.
- **Coordination, technical, logistical, and monitoring** activities were further made possible by CERF funding. These interventions were made to support government's effort and to promote the unified response by the humanitarian community. As a result, relief efforts appear to have gone smoothly. No duplication of efforts or conflicts were identified.

CERF funds were used by UNFPA to provide dignity kits to women and adolescent girls. This required:

- Identification of items for the dignity kits, its procurement, and quality assurance.
- Arranged distribution of the dignity kits to the affected population through involvement of state and district administration

Items for the dignity kit were identified assessing the needs of the affected women and adolescent girls giving due consideration to the cultural sensitivity of the area. Each packet of dignity kit, which was packed in a poly bag, contained three packets of sanitary napkins, one saree for the woman, one salwar kameez for the adolescent girl, two panties, and an old newspaper for disposal of sanitary napkins.

The contents of the dignity kits were appreciated by the officials of the state/district administration, officials in charge of the relief camps, Anganwadi workers, Auxillary Nurse Midwives (ANMs), doctors, and the direct beneficiaries. The gaps of the dignity kits in the relief items was felt by all the key stakeholders and subsequently Government of Bihar (GoB) through Department of Women and Child Development provided around 300,000 sanitary napkins to the affected women and girls.

CERF funds were also used by UNFPA for psychosocial counselling in Bihar. The process included:

- Identification of local NGO with expertise in psychosocial counselling to reach women and adolescent girls in need in relief camps
- Identification and capacity building of four local NGOs in the area of psychosocial counselling for interventions during the future disasters
- Identification of women and girls with basic education and leadership skills in the relief camps and other information camps and training in psychosocial counselling

The following results were achieved under the project:

- Three-day residential training was organized for the coordinator-cum-trainers and NGO heads of the partner NGOs
- Four-day training of Field Social Workers (FSWs) on psychosocial issues and counseling skills in Araria, Supaul, Madhepura, and Saharsa districts of Bihar. Some 40 FSWs were trained for imparting counselling

- FSWs conducted surveys to identify beneficiaries and subsequently counselling service provided by FSWs. A total of 5,506 household were covered with around 8,484 surveyed beneficiaries (1,770 adolescent girls and 6,714 women) in four districts of Araria, Madhepura, Saharsa, and Supaul
- Severe cases of psycho-somatic were handled by the psychologist of the implementing state level NGO, Bihar Voluntary Health Association of India (BVHA)
- Training module, Management Information System (MIS) formats for survey, individual interview, daily reporting schedule, weekly consolidation reporting, field case registers, field visit reports, training reports, etc. were developed.

The approach of individual counselling, family counselling, and group counselling was adopted. The FSWs were oriented and made capable to tackle all situations and to refer cases of moderate and severe to the psychologist. The project also resulted in the creation of a cadre of community level social workers who received training and are now capable of providing first level counselling.

### 3. Partnerships

The overall emergency/relief effort could not have been accomplished through the UN agencies' interventions alone. Prior to the disaster, UNICEF had strong institutional linkages with Bihar State and district governments, and ongoing partnerships with NGOs and other institutions based in the State. UNICEF was a charter member of the IAG, a coordination body.

UNICEF's intervention was complementary with the Government's intervention and the other interventions of the humanitarian community. Government-secured warehousing and storekeeping was instrumental to this operation. Information sharing among the assistance community mitigated duplication of responsibilities. District government infrastructure (building space and power) was made available for certain aspects of the work.

Government partnerships integral to emergency operations included key UNICEF relations with the State's Disaster Management cell, the Department of Social Welfare / Integrated Child Development Services Directorate, the Department of Health, the Department of Education, and the Public Health Engineering Department. As relations with these departments were long established, Government and UNICEF could enjoy immediate collaboration, cooperation, and support for the relief effort.

*Strengths* enjoyed with government partners included complementarity of effort, better implementation and monitoring, rapid problem solving, ability to work long hours, ownership at every level of service delivery, enabled surge capacity, high motivation levels, good coverage, effective logistical management, transport linkages, and security of supplies.

*Weaknesses* included a lack of familiarity by grassroots (government) functionaries with the arrangements made between the Government and UNICEF at State or District levels, overload of work on certain functionaries at the ground level, and subsequent delays in project implementation. With government's focus on the mega-camps, smaller camps and pockets of IDPs did not receive the same level of support.

Overall, the *results* of UNICEF's partnership with Government bodies were good. Key objectives such as prevention of disease outbreaks were achieved, water and sanitation services were adequate and met Sphere standards, water quality levels were maintained, life saving nutrition interventions were met, and sickness, injuries, and maternity needs were rapidly addressed. Ultimately, emergency interventions could easily connect to ongoing support services and objectives of the government.

UNICEF also had existing partnerships with certain quasi-governmental institutions such as Bihar Institute of Public Administration and Rural Development (BIPARD), professional bodies like the India Academy of Paediatrics, the Patna Medical College & Hospital, and the folk performing agencies *Prayas* and *Gatavidhi*. Emergency activities with these institutions went very smoothly. It was, however, necessary for UNICEF to find new partners for implementation support to relief camps in the flood-affected districts. This necessitated a rapid assessment of NGOs/CBOs operational in these target areas. Partnerships developed with *Mandan Bharti Jagriti Samaj*, *Lok Bharti Seva Ashram* and *Apne Aap Women Worldwide*, *Surabhi Sanskritika*, and *Sakar Kala Kriti*. Since these were new relationships, the partnership evolved through a learning-by-doing mode of operation, albeit in an emergency. This went very smoothly, owing in large part to the backstopping and mentoring work by UNICEF to address some of the shortfalls of these organizations.

The *strengths* of working with either existing or new partner-institutions included:

- quick response times, ability to communicate and engage effectively with the community,
- good communications and use of local dialects, decentralized planning,
- strong outreach, complementarity of effort, knowledge of the target communities and local terrain, rapid ability to re-adjust in a highly dynamic environment, professional and technical competence, immediate availability of manpower, and access to other networks. *Weaknesses* encountered in some, but not all, organizations include a lack of capacity for rapid logistical arrangements, inexperience in emergency operations, poor planning, and poor reporting practices.

#### **IV. Results**

Mostly, these partnerships were successful. They enabled the rapid development of technical guidelines, acted as a backup resource for outbreak response, empowered communities with respect to preventive health measures, good hygiene practices, safe water conditions, the importance of good nutrition, proper end use of supplies, and mostly satisfied beneficiaries. Ultimately, the capacity of these NGOs has also been strengthened for any future cooperation, or any follow up activities that can be mainstreamed into state or national development goals.

UNFPA formed partnerships with central and state government, NGOs and other humanitarian partners by participating in meetings to discuss the flood situation. With support at the national and state level, UNFPA was able to provide the dignity kits in a timely and efficient manner. By taking delivery of the consignment of the kits at the state level, the government not only took ownership but also the responsibility of transportation of the consignment from State headquarters to the districts (a distance of 200-400kms that due to the bad condition of the road takes around 8-14 hours by road). Further, the State and district administration also provided adequate security during the transit of the goods to the relief camps to avoid looting and riots on the way.

Distribution of the dignity kits was undertaken by the district administration through the involvement of Anganwadi workers located in the flood-affected areas. This also helped in spreading the distribution outreach of the dignity kits. Even during the process of distribution of kits at the camps, care was taken that there was no pilferage and detailed records of the beneficiaries have been maintained.

#### **4. Gender-mainstreaming**

UNICEF's sectoral interventions in the relief camps and later in the villages were guided by UNICEF's Core Commitments for Children in Emergencies. Provision of essential relief to



women, children, elderly and marginalised – all vulnerable groups – were prioritised in all of UNICEF's interventions.

UNFPA's interventions specifically targeted the special needs of adolescent girls and women. The provision of dignity kits addressed a gap in humanitarian assistance since no other agency had addressed this issue. Following UNFPA's support of providing sanitary napkins for maintaining menstrual hygiene, the State Government of Bihar also provided an additional 300,000 sanitary napkins for use by the women and girls in the four worst affected districts of Bihar.

## 5. Monitoring and evaluation

The weekly UNDMT meetings in New Delhi and the Sit Reps produced served to keep the humanitarian community aware of the response interventions of the agencies on the ground, especially with respect to the urgent life-saving activities of UNICEF and UNFPA. However, the UNDMT does not have an M&E mandate for these projects, which were monitored by the agencies themselves.

For UNICEF, monitoring and evaluation occurred through on-site visits, regular activity reports from the field, and transaction documents. Monitoring has taken place in different forms at village, block, district, and state level, in close partnership with related local government departments.

At the village level, *activity reports* are sent from staff and volunteers in the camps and villages. Observation reports from sector-designated block monitors also substantiate activity at the village level. Block activity reports were sent to district sector leaders that oversee activities on the district-level. District activity reports were sent to Sector Heads at the state office to monitor activity over the entire flood-affected area.<sup>6</sup> Apart from this, *structured feedback* is obtained regularly from the district team.

Regular site visits by block monitors, supported by occasional visits from district and state-level specialists, provide further observation of reported activities and assist to ensure both qualitative and quantitative outcomes. State-level field visit reports are provided to the State Office for each trip.

NGO partners supporting UNICEF emergency operations also provide regular progress reports against agreed deliverables. Performance of the NGOs and quality of their activities is monitored by Sector Heads during their field visits and by the Emergency Coordinator.

Co-monitoring across sectors is also being arranged whereby sector missions will not only be limited to observations within their own sector. District Coordination meetings offered peer review and supported co-monitoring. The Emergency Coordinator likewise backstopped Sector Heads with multi-sectoral monitoring missions as well as ensured that monitoring systems are operative and that reports are flowing appropriately across all sectors.

Tracking systems were set up to monitor the movement of supplies. Report backs were scheduled at every key transfer node. (Cell phone accessibility in this otherwise remote rural area is relatively good. This enabled near real-time tracking.)

The State Representative, the Emergency Coordinator, and the Sector Heads concurrently carry out on-going evaluation of the operation's progress against deliverables through fortnightly coordination and review meetings.

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<sup>6</sup> Monitoring protocols may vary between different sectors, as the level of oversight required was different in each sector.

To ensure the success of the UNFPA supported emergency response interventions, regular monitoring field visits by an UNFPA Programme Officer from the Country Office at Delhi and State Office were undertaken. The UNFPA Programme Officer monitored the distribution of the kits to the affected community as well as the implementation of the psycho-social counselling and providing feedback and lessons learnt to be applied for similar activities in future. The officials visited the affected districts and had consultation with the key officials from the state and district administration overseeing the relief distributions. An independent evaluation agency was also engaged by UNFPA to conduct the quality inspections of the items provided in the dignity kits.

## V. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
HEALTH	<p><b>08-CEF-073 &amp; 08-CEF-074</b>  <b>“To promote access to essential and quality health and nutrition services to camp IDPs and then to the affected population in the intervention villages”</b></p>	<p>PBA-348 \$ 739,864.40</p> <p>PBA-405 \$138,63.96</p>	<p>Approximately 200,000 including under 5 children</p>	<p>Government of Bihar, State Health society, IAP, IMA</p>	<ul style="list-style-type: none"> <li>▪ Ensuring medical relief for the affected population, including essential maternal health services to the affected population</li> <li>▪ Prevention of disease outbreak by establishment of a disease surveillance system and outbreak response</li> <li>▪ Vaccination of all children between 6 months and 14 years of age against measles</li> <li>▪ Re-establish routine immunization services through strengthening of Muskaan and cold chain and catch up rounds</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project supported the five flood affected districts with health resource persons for providing technical support to the District Administration</li> <li>▪ Mobilisation of medical teams from the non-flood affected districts, medical college as well as other states by GoB with UNICEF support to provide medical relief. More than 390 doctors and 580 paramedical were mobilised to these flood affected districts. More than 836,335 people were treated since the initiation of relief effort through mobile medical teams and fixed site teams</li> <li>▪ UNICEF and the GoB also partnered in an effort to provide essential maternal health services to the affected populations. Nealy 30 maternity huts were established in areas where displaced families were camping (2 in Saharsa, 6 in Supaul, two in Purnea, seven in Araria, five in Madhepura, and one in Khagaria (Beldaur)). More than 275 deliveries were conducted, 316 ANC check-up's - including 116 TT vaccinations and 151 PNC check-up's- were carried out in these maternity huts</li> <li>▪ The comprehensive disease surveillance and containment plan was put in place for early detection and prevention of outbreaks in all the flood affected districts of Madhepura, Saharsa, Supaul, Purnea, Araria, Bhagalpur, Patna (Danapur Block), Khagaria (Beldaur block). About 15 suspected outbreaks have been reported &amp; investigated</li> <li>▪ Supplementary Immunization Activities for measles/ Vit A / Oral Polio Vaccination (OPV) carried out in co-coordination with government. Some 111,200 children were immunized for measles, 62,403 for OPV, 46,868 given Vit A and 6,126 pregnant women given TT in camps. Additionally through catch up rounds nearly</li> </ul>

					<ul style="list-style-type: none"> <li>▪ Capacity Building of the front line health functionaries on delivery of essential MCH package through training, provision of essential supplies and supportive supervision</li> <li>▪ Ensuring availability of ORS and Zinc for diarrhoea management in every village</li> <li>▪ Improved basic emergency obstetric care and newborn care in the district hospitals</li> <li>▪ Provision of blankets</li> <li>▪ Malnutrition Treatment Centre for facility level management of SAM</li> </ul>	<p>56,432 children were immunised against measles, 1,347,604 given Vit A, 817,197 dewormed and 53,532 given zinc and ORS.</p> <ul style="list-style-type: none"> <li>▪ GoB has appointed one ASHA worker for every 3,000 population in all government camps in flood-affected districts. Also 1 ASHA worker for every intervention village. UNICEF supported this initiative by developing training material, providing ASHA kits and imparting training to workers. The ASHA worker ensures chlorination of hand pumps, testing water quality, doing PNC visits for mother and newborns, treatment of diarrhoea and referral services. To date, 420 ASHAs are functional in the flood affected districts</li> <li>▪ Planning and procurement of equipment is underway for strengthening newborn care and maternal services at district hospital and Primary Health Centres in all flood affected districts. 4 neonatal stabilisation units have been operationalized in the district hospitals of four flood affected districts. Labour beds and midwifery kits supplied for strengthening the labour rooms</li> <li>▪ Nearly 1,000 blankets were distributed to the children in the affected population</li> <li>▪ Three malnutrition treatment centres were set up (Identification of site, renovation, Supplies, training, Identification of Manpower and orientation of staff- district as well as UNICEF supported) in the three flood affected districts for facility level management of Severe and acute malnourished children. Until date 584 SAM children screened for medical complications and 44 children admitted to MTC.</li> </ul>
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HEALTH and HYGIENE	<p><b>08-FPA-035</b>  <b>“Supply of dignity kits and psycho- social counselling for flood affected women and adolescent girls in Bihar”</b></p>	\$342,400	<p><i>Women and adolescent girls - 59,000 for dignity kits, 8,484 for psycho-social counselling</i></p>	<p>UNFPA</p> <p>NGO, BVHA</p>	<ul style="list-style-type: none"> <li>▪ Better menstrual hygiene among women and adolescent girls</li> <li>▪ Trained community level women available in the camps and large number of women and adolescents have access to psycho-social counselling services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dignity kits enabled women and adolescent girls maintain menstrual hygiene.</li> <li>▪ Psychosocial counselling provided to the affected women and adolescent girls (8484 beneficiaries with 1770 adolescent girls and 6714 women in four districts of Araria, Madhepura, Saharsa and Supaul).</li> <li>▪ Cadre of volunteers trained in imparting psychosocial counselling for future interventions in the disaster situations.</li> </ul>
	<p><b>08-FPA-041</b>  <b>“Supply of dignity kits for women and adolescent girls in the flood affected districts of Orissa”</b></p>	\$ 120,910		<p>UNFPA</p>		

<p><b>WATER and SANITATION</b></p>	<p><b>08-CEF-073 &amp; 08-CEF-074</b>  <b>“WASH response in flood emergency”</b></p>	<p>PBA-348  \$ 630,501.22</p> <p>PBA – 405  \$124,742.04</p>	<p>Approximately 200,000 including under 5 children</p>	<ul style="list-style-type: none"> <li>▪ NGOs - Mandan Bharti Jagriti Samaj, Lok Bharti Seva Ashram &amp; Apne Aap Women Worldwide</li> <li>▪ Government</li> <li>▪ Public Health Engineering Department, GoB at the district level in districts of Supaul, Madhepura, Saharsa, Araria and Punea (only for camp intervention)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Families are able to store drinking water safely and purify it from bacteriological contamination at household level</li> <li>▪ Water treatment at household (HH) level through halozone tablets with distribution bucket, mug and halo zone tablets to families and skill building of families for chlorination at HH level</li> <li>▪ Families use hygiene practices (wash hands before eating and after defecation); the risk of faecal –oral transmission reduced</li> <li>▪ Adolescent girls and women in reproductive age are provided with sanitary cloth and they use them and store safely</li> <li>▪ Water and sanitation systems in schools made operational and hand pumps in schools disinfected</li> <li>▪ Schools provided with materials (bucket, soap, hygiene kits and sanitary clothes) for promoting hygiene practices</li> <li>▪ Disinfection of Govt hand pumps through PHED mechanics and supplemented by hired mechanics teaming up with village animators through NGO and providing bleaching powder to families and skill building of families for disinfection of</li> </ul>	<ul style="list-style-type: none"> <li>▪ All of 77,989 families received buckets for storing drinking water and of these 70 percent families were storing water safely.</li> <li>▪ All of 77,989 families were provided with halozone tablets to purify water at household level. The village motivators oriented them on proper use. The compliance rate is found to be approximately 65 percent which increasing with other inputs of communication among the families and communities.</li> <li>▪ As a result of the interpersonal communication and other communication activities; 75 percent of targeted 77,989 families reported washing hands after defecation and before eating</li> <li>▪ 53, 366 families out of targeted 77,969 received sanitary cloth, which contributed in improved menstrual hygiene of adolescent girls and women in reproductive age.</li> <li>▪ 45 percent of the targeted 166 schools were found to have improved toilet facilities.</li> <li>▪ 283 of 328 targeted schools were provided with materials. The motivators trained and oriented the school functionaries and schoolchildren on proper use and maintenance of the supplies provided to the schools.</li> <li>▪ All 4,120 government hand pumps in selected villages have been disinfected and families were provided with bleaching powder to disinfect with hand pumps. The village motivators trained and oriented families to carry out the chlorination of hand pump bore well.</li> </ul>
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					<p>private hand pumps</p> <ul style="list-style-type: none"> <li>▪ Protection of hand pumps environment: Sanitary survey of all the hand pumps through trained animators and create awareness on environmental risks with protection of hand pump environment through NGOs/PHED in selected Scheduled Caste habitations</li> <li>▪ Establishment of water quality surveillance system in collaboration with PHED; strengthen the laboratory for bacteriological testing and assist PHED and NGOs for sample collection for testing of water samples; 4 districts; only to be limited to cut off villages</li> <li>▪ Operationalizing existing non operational sanitation facilities in schools where only minor repairs are required (the facilities requiring major repair to be addressed through rehabilitation)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 116 hand pump sites were improved for environmental sanitation reducing the risk of water contamination.</li> <li>▪ The water quality laboratories were equipped for carrying out the bacteriological testing. Village motivators and PHED functionaries carried out testing of 1,780 water samples.</li> <li>▪ 59 toilet blocks were repaired. The children were oriented on proper use and maintenance of the toilet facilities.</li> </ul>
<b>NUTRITION</b>	<p><b>08-CEF-073 &amp; 08-CEF-074 SP- Response-Nutrition, Act. No.152 "Care and treatment of SAM children in flood affected districts."</b></p>	<p>PBA-348 \$ 505,481.00</p>	<p>1, 000 SAM Children</p>	<ul style="list-style-type: none"> <li>▪ District Programme Office - ICDS</li> </ul>	<ul style="list-style-type: none"> <li>▪ Decrease in number of children with severe and acute malnutrition from 4% to &lt; 1percent</li> </ul>	<ul style="list-style-type: none"> <li>▪ Over 125 AWCs reached out with SAM treatment in 3 districts of Saharsa, Madhepura and Supaul</li> <li>▪ A total of 19450 children avail of the 787 (4.05 percent) identified as SAM</li> <li>▪ Of these, 675 children have been clinically examined by Medical Officer and 31 referred to MTC for medical treatment</li> <li>▪ From 644 children who took the appetite test, 13 children failed and have referred to MTC. To date 48 children have actually attended MTC</li> <li>▪ The present data shows that 239 children have</li> </ul>

						been completely treated
<b>EDUCATION</b>	<b>08-CEF-073 &amp; 08-CEF-074 “Emergency response to resume normal school in flood affected district”</b>	PBA – 348 \$61,237.82	100,000 school going children (06-14 yrs)	<ul style="list-style-type: none"> <li>▪ Education Department State Government of Bihar</li> <li>▪ GPVS &amp; MV Foundation (NGOs)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Open Alternative Learning Spaces (ALSs) in 32 camps and start activities and games to normalize the environment for children and help them overcome psychological impact of the disaster, besides providing a protective environment for children who are more vulnerable to exploitation, abuse and child labour.</li> <li>▪ Life Skills Training to adolescents for psychological improvement amongst the adolescents to cope with the calamity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project supported the five flood affected districts with technical assistance and logistic support.</li> <li>▪ 40 sub-district level people recruited on contract to provide monitoring and on-site support to district government to establish ALS in camps</li> <li>▪ GPVS provided life skill training resulting in better life skills and overcome the psychological impact of the disaster among 3,000 girls of 11-14 years</li> <li>▪ MV Foundation carried out activities and games with more than 40,000 children of 6-14 yrs age group resulting in normalizing the environment in camps. This included distribution of school bags. Approximately 50 percent of the initial target numbers of people have received school bag.</li> </ul>
<b>PROGRAMME COMMUNICATION</b>	<b>08-CEF-073 &amp; 08-CEF-074 “Programme communication response in flood emergency”</b>	PBA-348 \$139,895.87	Approximately 200,000	<ul style="list-style-type: none"> <li>▪ NGOs - Mandan Bharti Jagriti Samaj, Lok Bharti Seva Ashram &amp; Apne Aap Women Worldwide</li> <li>▪ Folk agencies - Surabhi Sanskritika, Prayas,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Approximately 200,000 people across the 4 districts educated and informed on preventive health, hygiene, sanitation, safe water, nutrition, HIV prevention, education &amp; child protection issues through a community-based Social Mobilization and communication campaign</li> <li>▪ Affected communities trained on use of emergency supplies (ORS, halozone, bleaching powder and correct way of hand washing) through trained NGO animators</li> <li>▪ Folk Shows covering 3 types of dramas on - <ul style="list-style-type: none"> <li>i. Hygiene, sanitation and water treatment</li> <li>ii. Breastfeeding, nutrition and ORS use</li> <li>iii. Child protection, education &amp; HIV/AIDS</li> </ul> </li> <li>▪ Approximately 200,000</li> </ul>	<ul style="list-style-type: none"> <li>▪ Project supported the four districts affected by Kosi floods with technical information / assistance, manpower and logistic support</li> <li>▪ 240 NGO animators trained on key behaviours and communication skills to engage with the community on key behaviours at house hold level and through group meetings / sessions with village influencers, Mahila Mandals and youth groups</li> <li>▪ Approximately 1,500 village influencers in 125 UNICEF Intervention Villages mobilized through meetings &amp; capacity building on critical issues</li> <li>▪ Affected Communities informed on important flood related messages through mobile public announcement (Miking sessions)</li> <li>▪ 534 folk shows covering three types of dramas</li> </ul>



				<p><i>Gatavidhi &amp; Sakar Kala Kriti</i></p> <ul style="list-style-type: none"> <li>▪ <i>NGO, folk and government partners</i></li> </ul>	<p>persons across the 4 districts exposed to critical flood related messages through different types of IEC materials</p>	<p>conducted in 125 UNICEF Intervention Villages across the 4 affected districts reaching out to approx. 140,000 with critical messages.</p> <ul style="list-style-type: none"> <li>▪ Communities informed on preventive health, hygiene, sanitation, safe water, nutrition, HIV prevention, education &amp; child protection issues through distribution and end-use of different types of IEC materials like tin plates, pamphlets, folders, booklets, flip book and flex panels</li> </ul>
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## VI. CERF IN ACTION

### “The floods did not take away my spirit to learn...”



© UNICEF/2008  
Rinki Kumari - Birpur  
(Supaul)

A story of how one small programme for girls changed their lives in a big way.

**Bihar:** The Life Skills Training programme was initiated by the Bihar Education Project Council (BEPC), Government of Bihar (GoB), in collaboration with UNICEF for adolescent and young girls to be trained on essential life skills. This proved invaluable when the infrastructure of almost all existing schools had been completely wiped out or damaged by the floods that swept large areas of the Indian state of Bihar.

A typical Naya Jeevan Abhiyan training calendar runs for four days and includes discussions on day-to-day activities, the level of knowledge about ‘Meena’, hygiene, keeping books and personal belongings properly, positive thinking and more.

While there was realisation for an urgent need to reach out to young and adolescent girls under these difficult circumstances, the crux lay in not launching another new programme. This is when Naya Jeevan Abhiyan which most girls between 10 -14 years of age were already familiar with, was chosen as being the best platform. Care was taken to keep training sessions lively and relevant for young minds under tremendous stress.

### Rinky’s story

Pradeep Ram, 52, one of hundreds of parents in Mega Camp 22-RD in flood-ravaged Supaul district, could not believe his ears: his 13-year-old daughter, Rinky, eyes downcast, had just told him he should not be eating food without washing his hands properly. “You run the risk of contracting disease,” she said flatly, looking up to gauge his reaction.

More than his daughter, Pradeep confesses, it was he who had momentarily lost his voice! His ‘shy’ daughter had just ticked him off for not washing his hands!

Ever since the floods destroyed her village and her school, even the temporary school in the camp did not ignite any spark of enthusiasm in Rinky. She was morose and had little to do except walk around listlessly.

Says Vandana Bhaskar, trainer with Naya Jeevan Abhiyan: “Rinky was initially inattentive and rarely participated in activities during the first two days. But she suddenly broke out of her shell the day we began playing games like ‘knotting and un-knotting a rope’ to emphasise problem solving skills”. Rinky began to actively participate in other games as well and she became more confident. In fact, she became the lead-singer in her group for the rest of the training period.

A typical Naya Jeevan Abhiyan training calendar runs for four days and includes discussions on day-to-day activities, the level of knowledge about ‘Meena’, hygiene, keeping books and personal belongings properly, positive thinking and more.

Amina Khatoon 13, of village Bishnupur Chowdhury in block Basantpur of Supaul district has a similar story to share: "The night when flood waters entered our village, I rushed out with my 11-member family to the main road nearby at a higher level. It became our temporary shelter for days before we were rescued by army boats and taken to camp 22-RD in Supaul. These were hard and scary days; we are from a well-to-do family and hardships like this were new and difficult for us."

Amina adds: "I will never forget the four-day 'Life Skills Training'. I think I can confidently say it was the turning point of my life. My parents feel very proud when I share my learning with them and I am now determined to share this knowledge with everyone once I am back in my village".

Amina adds: "I will never forget the four-day 'Life Skills Training'. I think I can confidently say it was the turning point of my life. My parents feel very proud when I share my learning with them and I am now determined to share this knowledge with everyone once I am back in my village".

Says Kanchan Kumari, 12, the vivacious daughter of Basudev Paswan and Shakuntala Devi of village Birpur in Supaul district "It was 11.00 o'clock at night when we heard shouts that flood waters had entered the village. We all rushed to our neighbours' pucca house and took shelter on the roof. We watched in horror as my house and our four bullocks were all washed away. It was very sad to hear their pitiful cries and not be able to do anything...my father wept. In one moment, we had lost everything.

Two days later, we were rescued by government boats and since then camp RD-22 is our home. Life for me became dull and meaningless. I joined the makeshift school but my heart was not in my studies since I thought it would all be in vain.

Then somebody persuaded me to attend the 'Jeevan Kaushal' training. The next four days were wonderful and helped me forget my pain. It helped me look at what happened in a different manner and now I am a totally changed girl. I want to rebuild my life with optimism."

For Rinky and 28 girls like her attending the 'Life Skills Training' sessions, life has more to offer than staring blankly at the chaos around them... they look forward to a new tomorrow.



*Amina Khatoon -  
Basantpur (Supaul) ©  
UNICEF/2008*

## **Bihar, 24 September 2008: Reuniting survivors of Bihar floods**

### **Priyanka Khanna**

**Supaul, Bihar, 24 September 2008:** Over a month after the mighty Kosi river breached a barrage on the Indo-Nepal border and inundated vast areas in the eastern Indian state of Bihar, the search for loved ones is narrowing and survivors are getting help to cope with their new reality.

The Government of Bihar, supported by UNICEF and non-government organizations such as Save the Children, the Indian Red Cross and Jeevika (Bihar Rural Livelihoods Project) has launched a joint initiative 'Sambal' meaning support, to reunite separated families and assist communities to create a supportive and protective environment for flood victims, especially the most vulnerable children and women.



*Reena Kumari who was found stranded on a hilltop in Triveniganj is now attending school © UNICEF/ 2008*

'Sambal' aims at tracing families and reuniting them, preventing trafficking and abuse and providing psychosocial support for victims in the worst affected districts of Araria, Supaul, Saharsa, Madhepura and Purnia. "The initiative is undertaken as any large-scale displacement leads to breakdown in family and social structures all of which contribute to making the situation of women and children more vulnerable to abuse and exploitation," said UNICEF's State Representative for Bihar, Bijaya Rajbhandari. Hundreds of flood survivors are reportedly separated from their families and incidents of child trafficking have been reported ever since people were displaced by the floods. Hundreds of flood survivors are reportedly separated from their families and incidents of child trafficking have been reported ever since people were displaced by the floods.

The unsettled river that brings silt and icy-cold waters from some of the highest and youngest mountains in the world, including the Mount Everest, has a tainted history of causing large-scale devastation. Local

legend says that Kosi was Himalaya's daughter but was rejected, and spent her life in a flood of tears. Unlike most rivers, Kosi has a very high amount of silt, which damages fertile land.

About 4.57 million people in 18 districts have been affected due to the inundation in the state with five districts - Supaul, Saharsa, Madhepura, Purnea and Araria being the worst affected. According to Pratyaya Amrit, Additional Commissioner, Bihar Disaster Management Department, "Over 3.21 million people of 1,021 villages have been severely affected in these districts out of which 0.80 million are children between 0-9 years."

The government has put the total human death toll at 125 but mourners narrating their tales of woe in cramped and anxiety-struck relief camps say they have seen many people swooped away by the brutal current. "I saw people of my village being carried away by the current. One woman went into labour and drowned as she could not climb any rooftop," says locally elected village representative, Ram Harianand.

What sets this tragedy apart from routine flooding is the suddenness and the brute force of the water resulting in separation and shock. Manu Devi, who is now in a government relief camp in Supaul, lost her husband to Kosi's fury but is in denial. "He left me and my child at the railway station and went back to the house to retrieve our belongings. He will come back soon," she says. Manu's relative who went in says "I have seen my brother's body but she does not believe me". Manu's baby girl has developed a serious ear infection and neighbors are concerned that the child is devoid of the attention she needs.



*Anita Kumari who is yet to find her parents, at a government relief camp © UNICEF/ 2008*

Just as heart wrenching is the story of eight-year-old Reena Kumari who was rescued by neighbors from a hill top in Triveniganj, Supaul, where she was stranded and alone. Reena is yet to find her parents.

There are young adolescent girls like 12-year-old Anita Kumari, who are living with relatives themselves financially not well off. Such girls are at high risk of being trafficked, as the flooded area is traditionally a hotbed for trafficking. Though her gratitude towards her present caretakers does not let her say much, her melancholy eyes are a giveaway of the pain she feels. "I am fine. Very well looked after but no one is looking for my parents. I don't even have their picture," says

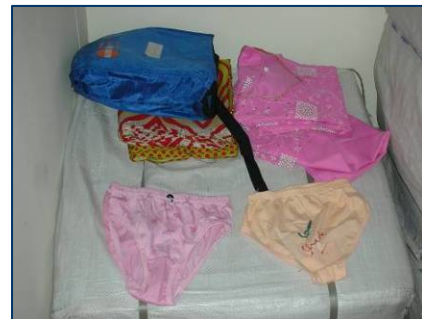
the petite girl with eyes now run dry.

Over 400 community volunteers have been mobilized to meet with people in camps and communities, create a database of separated families and help them reunite. Counsellors and trained government teachers are also available to extend support. Experiences such as these bring to the fore the need to rebuild cohesiveness among community members which can be done through psychosocial interventions. To this end, over 400 community volunteers have been mobilized to meet with people in camps and communities, create a database of separated families and help them reunite. Counsellors and trained government teachers are also available to extend support. Special attention is paid to children who are separated or unaccompanied and where necessary the social welfare department will address their rehabilitation concerns. The overall monitoring of the project will be done by the Department of Social Welfare with support from UNICEF.

For people like Manu Devi, Reena Kumari, Anita Kumari, the initiative is just in time.

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The timely intervention by **UNFPA** with financial support from CERF in providing dignity kits to the women and adolescent girls were widely appreciated by both the state/district administration as well as the affected community. Realising the importance and dire need of such items by the community, the Government of Bihar through the Department of Women and Child Development supplemented UNFPA efforts by providing around 300,000 sanitary napkins to the women and adolescent girls. This small effective intervention has influenced government to consider the provision of such items in the relief distribution.



*Contents of the Dignity Kits*

## Acronyms and Abbreviations

<b>ALS</b>	Alternative Learning Spaces
<b>ANC</b>	Anti Natal Care
<b>ANM</b>	Auxiliary Nurse Midwives
<b>BIPARD</b>	Bihar Institute of Public and Rural Administration
<b>BVHA</b>	Bihar Voluntary Health Association
<b>CBO</b>	Community-Based Organisation
<b>DMD</b>	Disaster Management Authority (of the State Government of Bihar)
<b>FSW</b>	Field Social Workers
<b>GoB</b>	Government of Bihar
<b>IAG</b>	Inter-Agency Group
<b>ICDS</b>	Integrated Child Development Services
<b>IEC</b>	Information Education Communication
<b>LTA</b>	Long Term Agreements
<b>NDMA</b>	National Disaster Management Authority
<b>NRHM</b>	National Rural Health Mission
<b>ORS</b>	Oral Re-hydration Solution
<b>PNC</b>	Post Natal Care
<b>SAM</b>	Severely and Acutely Malnourished
<b>TT</b>	Tetanus Toxoide
<b>UNDMT</b>	United Nations Disaster Management Team