DREF Operation

Assam Floods 2026

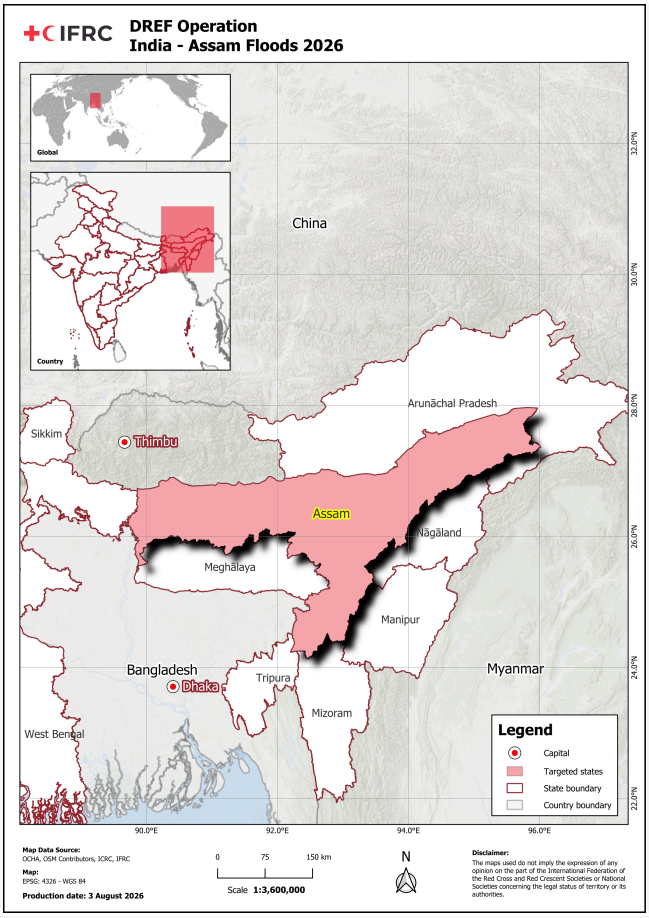
Households inundated after the flood in Assam. (Photo: IRCS)

Appeal: **MDRIN029**	Hazard: **Flood**	Country: **India**	Type of DREF: **Response**
Crisis Category: Yellow	Event Onset: **Sudden**	DREF Allocation: **CHF 500,000**	
Glide Number: **FF-2026-000139-IND**	People Affected: **1,144,733 people**	People Targeted: **75,000 people**	
Operation Start Date: **05-08-2026**	Operation Timeframe: **6 months**	Operation End Date: **28-02-2027**	DREF Published: **06-08-2026**

Targeted Regions: **Assam**

Date of event

27-07-2026



Flood affected areas in Assam. (Photo: IFRC/IM)

What happened, where and when?

A. Overview of the Assam Flood 2026

The Assam floods began on 19 July 2026, triggered by exceptionally heavy monsoonal rainfall, which reached up to 490% above normal levels in parts of Upper Assam. Rising river levels and continuous rainfall caused floodwaters to spread rapidly across multiple districts, inundating villages, agricultural land, and critical infrastructure.

The situation worsened throughout the following week as flooding expanded, and the number of affected people increased steadily. The emergency reached its peak on 27-28 July, when more than 800 villages were inundated and flood impacts were at their highest. Charaideo, Sivasagar, and Jorhat emerged as some of the worst-affected districts, experiencing widespread village inundation and damage to livelihoods and agriculture.

Since late July, receding river levels and improving weather conditions have led to a gradual improvement in the flood situation. However, despite the overall decline in flood impacts, 1,144,733 people remain affected across eight districts, with floodwaters still impacting 437 villages. While the crisis has moved beyond its peak, significant humanitarian and recovery needs persist in the most affected areas.

The floods have severely impacted communities that rely primarily on agriculture, livestock and daily wage labour for their livelihoods. Prolonged inundation has restricted access to essential services, damaged household assets, disrupted agricultural activities and increased public health concerns related to water-borne and vector-borne diseases. The disaster has also resulted in significant loss of livestock and agricultural production, further reducing the coping capacity of already vulnerable households.

IRCS volunteers doing the needs assessment. (Photo: IRCS)

IRCS team monitoring the flood situation. (Photo: IRCS)

Scope and Scale

Assam experiences recurrent flooding during the annual monsoon season due to heavy rainfall and the overflowing of the Brahmaputra River and its tributaries. Since April 2026, sustained rainfall and rising river levels have caused widespread flooding across large parts of the state, inundating villages, damaging homes and public infrastructure, disrupting livelihoods, and forcing thousands of people to evacuate. As of 28 July 2026, floodwaters continued to affect several districts, with the Dhansiri River flowing above the danger level, indicating ongoing flood risks and humanitarian needs.

The floods have caused extensive damage to homes, livelihoods, and essential infrastructure across Assam. A total of 1,368 houses were fully damaged and 11,066 partially damaged, while more than 74,450 hectares of agricultural land were affected, significantly impacting food security and household incomes.

The disaster has also heightened public health risks due to overcrowded relief camps, stagnant water, damaged sanitation facilities, and increased exposure to water-borne and vector-borne diseases. In addition, 74 flood-related deaths have been reported, alongside substantial losses of livestock and poultry, further reducing the coping capacity of affected households. These impacts have created urgent needs for emergency shelter, household items, health services, clean water, sanitation, and hygiene support to safeguard the health, safety, and dignity of affected communities and support their early recovery.

On the basis of situation report shared by Chief Minister Office, as of 28 July 2026, the floods had affected 1,144,733 people across 25 districts, 77 revenue circles (administrative units under the Revenue Department of Government responsible for land records, certificates, and local governance, with several offices recently slated for closure to streamline services.), and 2,185 villages, making it one of the most significant flood emergencies in Assam during the current monsoon season. The flooding led to large-scale displacement, with nearly 30,000 people evacuated and over 71,000 people accommodated in relief camps at the height of the emergency.

The affected population includes vulnerable groups such as children, older persons, persons with disabilities, pregnant and lactating women, and households whose homes, assets, and livelihoods have been severely impacted. Although floodwaters have receded in many areas, vulnerable communities continue to face challenges in restoring their living conditions and livelihoods.

The scale of the disaster, which has affected over 1.14 million people across 25 districts, has placed considerable pressure on the

capacities and resources of the State and district branches. While government-led relief operations are ongoing, gaps persist in the provision of emergency shelter materials, essential household items, and health-related support for the most vulnerable households, particularly in severely affected districts such as Charaideo, Sivasagar, and Jorhat. Furthermore, many families continue to face challenges related to damaged housing, loss of household assets, and heightened risks of communicable diseases following prolonged inundation.

Since the onset of the floods, the Indian Red Cross Society (IRCS), through its Assam State Branch and district branches, has been actively supporting affected communities by mobilizing volunteers, conducting rapid assessments, disseminating early warning and public health messages, and coordinating with local authorities. IRCS is prioritizing the distribution of tarpaulins, kitchen sets, and mosquito nets to vulnerable households whose homes and essential belongings have been damaged or lost. In addition, the National Society is conducting Build Back Better (BBB) awareness sessions, first aid services, and community health and hygiene promotion activities, including sensitization on vector-borne disease prevention, safe water practices, and personal hygiene to reduce public health risks in flood-affected areas.

The DREF allocation is required to replenish and augment IRCS emergency stocks of tarpaulins, kitchen sets, and mosquito nets, which are being rapidly utilized to support flood-affected households across Assam. Given the scale and duration of the flooding, existing contingency stocks have come under significant pressure as branches respond to the immediate shelter, household, and health needs of vulnerable communities. Replenishing these essential relief items will enable IRCS not only to continue providing timely assistance to affected families during the current operation but also to restore its preparedness capacity for future emergencies. Tarpaulins will help households secure temporary shelter and protect belongings from further weather-related damage, while kitchen sets will support families in re-establishing basic cooking and food preparation practices. The distribution of mosquito nets is critical in reducing exposure to vector-borne diseases, which often increase following flooding and prolonged waterlogging. DREF support will therefore ensure that IRCS can address immediate humanitarian needs while maintaining adequate emergency stocks to respond effectively to future disasters.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	**No**
Did it affect the same population group?	**-**
Did the National Society respond?	**-**
Did the National Society request funding form DREF for that event(s)	**-**
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

One of the key lessons learned from the previous operations (e.g. MDRIN027 in 2022) was the prepositioning of relief goods. It has proven critical in reducing response times during flood emergencies in India as their unavailability has delayed the distribution process during the earlier responses which was particularly highlighted in the 2020 floods (MDRIN026) and recent assessments. By strategically placing stocks in warehouses, such as in Assam and other flood-prone districts, the Indian Red Cross Society was able to distribute essential items like mosquito nets and tarpaulins more swiftly. The emphasis on prepositioning not only improves logistical efficiency but also ensures that basic needs are met without unnecessary delays, reinforcing the need for proactive measures in emergency planning.

Drawing on this lesson, IRCS prepositioned relief stocks at its Noonmati warehouse in Assam, enabling the branch to commence distributions immediately after the trigger date and significantly reduced response time. Furthermore, additional relief stocks are already being dispatched from the central warehouse to support ongoing distributions.

Also, need to establish clear and standardized guidelines for state branches on DREF implementation, ensuring a common understanding of roles, responsibilities, processes, and compliance requirements. Another important learning was the necessity of developing and institutionalizing comprehensive volunteer management policies to support effective volunteer engagement, deployment, safeguarding, and retention during emergency operations.

In response to these learnings, the Indian Red Cross Society (IRCS) will strengthen capacity and preparedness across its branches by conducting timely briefings and orientation sessions for branch staff on DREF procedures, implementation standards, and reporting requirements. Regular monitoring and follow-up support will also be planned to ensure consistent application of the guidelines, identify challenges at an early stage, and provide necessary technical assistance. These measures will contribute to improved operational quality, accountability, and overall response effectiveness.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No

Current National Society Actions

Start date of National Society actions

27-08-2026

Shelter, Housing And Settlements	IRCS is supporting the flood-affected households through the distribution of 15,000 tarpaulins from its prepositioned stocks to address immediate shelter needs and protect families whose homes have been damaged or destroyed by flooding. The intervention prioritizes the most vulnerable households, enabling them to establish safe temporary living spaces and reduce exposure to weather-related risks during the recovery period. Distributions are carried out in coordination with local authorities and community stakeholders to ensure timely and equitable assistance. IRCS from its prepositioned stocks is distributing 6,650 kitchen sets to affected households to help families restore their ability to safely prepare, cook, and store food following displacement and loss of household assets. By replacing essential cooking utensils and basic household items damaged or lost during the floods, the support contributes to improving living conditions, maintaining dignity, and reducing the burden on affected families during the recovery phase. Till 2 August 2026, tarpaulins and kitchen sets have already been distributed to 400 HH from their prepositioned stocks. IRCS Headquarters have dispatched the remaining quantities to cover 15,000 HH from its central warehouse. In parallel, IRCS conducts Build Back Better (BBB) sensitization sessions to promote safer and more resilient recovery practices among affected communities. These awareness activities encourage households to incorporate disaster-resilient measures

	during repair and reconstruction, enhancing preparedness for future flood events and supporting long-term community resilience.
Health	The National Society strengthens community resilience by expanding first aid services through trained volunteers and community-based responders. Complementing these efforts, 15,000 mosquito nets are being distributed from the prepositioned stocks to vulnerable households to reduce exposure to mosquito bites and help prevent vector-borne diseases, which often increase following flooding and prolonged waterlogging. So far IRCS have already distributed Mosquito Nets to 400 HH from the Prepositioned stocks. IRCS Headquarters have dispatched the remaining quantities to cover 15,000 HH from its central warehouse. In addition, awareness campaigns are conducted on vector-borne disease prevention, personal hygiene, safe water practices, and other public health concerns to reduce health risks and prevent disease outbreaks in flood-affected communities. These activities support affected populations in adopting safe health practices and contribute to improving overall community well-being during the response and recovery period.
Water, Sanitation And Hygiene	IRCS supports flood-affected communities by improving access to safe drinking water and promoting good hygiene practices to reduce the risk of water-borne diseases. Interventions include the installation and operation of water purification units in affected areas and distribution of chlorine tablets and bleaching powder for household-level water treatment and disinfection. To support the ongoing response, IRCS National Headquarters has dispatched 30,000 kg of bleaching powder, 1,000,000 chlorine tablets and three Water Purification Units (WPUs) to Assam, enabling safe water and hygiene interventions for approximately 15,000 flood-affected households. The National Society also conducts cleaning and disinfection campaigns to restore contaminated community water sources. These efforts are complemented by hygiene promotion activities and community awareness sessions to encourage safe water handling, sanitation, and hygiene practices, thereby protecting public health and strengthening community resilience during and after flood emergencies.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC will support the Indian Red Cross Society (IRCS) in delivering a timely, coordinated, and accountable humanitarian response to flood-affected communities in Assam. Through its country and regional structures, IFRC will provide technical guidance, operational support, and quality assurance to ensure that assistance is aligned with IFRC standards, humanitarian principles, and identified community needs. IFRC will also provide essential enabling services, including Programme Monitoring, Evaluation, Accountability and Reporting (PMER), finance, logistics, human resources, and security support. This will help ensure effective operational management, compliance, resource utilization, procurement, and reporting throughout the operation. In addition, IFRC will facilitate coordination among Movement partners, including IRCS, ICRC, and Partner National Societies, to promote complementarity, avoid duplication, and maximize humanitarian impact. Where necessary, IFRC can mobilize technical specialists and surge support to strengthen operational capacity.
Participating National Societies	The Canadian Red Cross is the only Partner National Society currently maintaining an in-country presence and works closely with the Indian Red Cross Society (IRCS) to support disaster preparedness and response efforts. During this operation, the

	Canadian Red Cross provides technical and strategic support to the National Society, including guidance on programme planning, implementation, monitoring, and quality assurance. It also contributes to coordination, capacity strengthening, and resource mobilization efforts, helping to ensure that humanitarian assistance is delivered effectively and in line with Red Cross Red Crescent standards. Through its continued engagement with IRCS and IFRC, the Canadian Red Cross supports operational readiness, knowledge sharing, and institutional capacity development, while helping to strengthen the overall effectiveness of the response for flood-affected communities.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) supports the Indian Red Cross Society (IRCS) through ongoing Movement coordination, technical advice, and capacity-strengthening initiatives, particularly in areas related to humanitarian principles, protection, restoring family links where required, and emergency preparedness. During flood response operations, ICRC collaborates with IRCS and IFRC to ensure a coordinated Movement approach, facilitating information sharing, operational coherence, and complementarity of humanitarian actions. ICRC also contributes to strengthening the capacity of Red Cross staff and volunteers through training, technical guidance, and preparedness support, helping to enhance the National Society's ability to effectively respond to the needs of affected populations while maintaining access to vulnerable communities and upholding humanitarian standards.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	1. Deployment of the Assam State Disaster Management Authority (ASDMA), State Disaster Response Force (SDRF), NDRF, police, and district teams for rescue and evacuation. 2. Setting up relief camps and distribution of food, drinking water, medicines, and other essential supplies for displaced families. 3. Continuous monitoring of river levels and weather forecasts, with public advisories and alerts during heavy rainfall 4. Damage assessment and rehabilitation of affected homes, roads, and public infrastructure as floodwaters recede.
UN or other actors	-

Are there major coordination mechanism in place?

Regular coordination with State-level Inter-Agency Groups (IAGs) to facilitate information sharing, align humanitarian priorities, review operational progress, identify challenges, and strengthen collaboration among government authorities, humanitarian agencies, and other stakeholders for effective response and recovery interventions.

Regular coordination at the National Headquarters level among IRCS, IFRC, ICRC, and in-country Partner National Societies (PNS) to ensure strategic alignment, harmonized planning, efficient resource utilization, timely exchange of information, and coordinated implementation of humanitarian programmes across the country.

Needs (Gaps) Identified

Shelter Housing And Settlements

Based on the findings from the initial assessments of the Assam floods done by the Assam State branch team and situation report by Sphere India (a national coalition of humanitarian, development, and resilience organizations in India. It brings together NGOs, UN agencies, civil society groups, academic institutions, corporate partners, and disaster-management networks to improve coordination and accountability during disasters and humanitarian crises), shelter remains one of the most critical humanitarian needs, with many affected families experiencing partial or complete damage to their homes due to prolonged inundation and recurring flood events.

Displaced households often take refuge in relief camps, schools, embankments, elevated roads, and with host communities, where overcrowding, lack of privacy, and inadequate protection increase vulnerabilities, particularly for women, children, older persons, and persons with disabilities. Immediate shelter needs typically include emergency shelter materials such as tarpaulins, ropes, bamboo, bedding, mosquito nets, and household non-food items, while medium and longer-term recovery requires support for repairing and rebuilding flood-resilient housing. Assessments also highlight the need for safer and more durable shelter solutions that can withstand recurrent flooding and reduce displacement risks in future disasters

The flood situation in Assam has caused significant damage and displacement, with 1,368 houses fully damaged and 11,066 houses partially damaged across the affected areas. In response to the crisis, authorities have evacuated 29,987 individuals to safer locations and established 215 relief shelter camps, where 71,312 people are currently taking refuge and receiving essential support and assistance. These figures underscore the widespread impact of the floods and the extensive humanitarian response being undertaken to protect and support affected communities.

Health

The Joint Needs Assessments done by the Sphere India of the Assam floods, health needs remain significant due to displacement, overcrowded living conditions, and disruption of essential health services in flood-affected areas. Flooding increases the risk of water-borne and vector-borne diseases such as diarrhoea, acute respiratory infections, skin diseases, and fever-related illnesses, particularly where access to safe drinking water and sanitation is compromised. Affected communities often require immediate access to primary healthcare services, essential medicines, maternal and child health support, disease surveillance, and mental health and psychosocial support. Vulnerable groups, including pregnant and lactating women, children, older persons, and persons with chronic illnesses, face heightened risks due to interruptions in routine healthcare and medication access. Strengthening mobile health services, public health awareness, disease prevention measures, and continuity of care is therefore a critical priority in both emergency response and early recovery phases.

Historical evidence indicates that flooding can increase the risk of outbreaks of waterborne, vector-borne, and other communicable diseases. The World Health Organization identifies cholera, acute diarrhoeal diseases, hepatitis A, leptospirosis, typhoid fever, dengue, and malaria as diseases of particular concern following floods due to contamination of water supplies, disruption of sanitation systems, and the creation of vector breeding sites. Additionally, overcrowding and population displacement may contribute to increased transmission of acute respiratory infections. Based on historical outbreak trends, known flood-related transmission pathways, seasonal conditions, and local epidemiology, the diseases most likely to increase following the current flooding are acute watery diarrhoea/cholera and other enteric infections, leptospirosis, dengue fever, and respiratory infections, with the potential for hepatitis A/E outbreaks where access to safe water and sanitation is compromised.

Water, Sanitation And Hygiene

WASH (Water, Sanitation and Hygiene) remains a priority humanitarian need due to widespread contamination of water sources, limited access to safe drinking water, damaged sanitation facilities, and increased health risks following flooding. Many affected communities face challenges in accessing adequate quantities of safe water for drinking, cooking, and personal hygiene, while open defecation and damaged or inundated toilets heighten the risk of water-borne disease outbreaks. Households often require emergency WASH support, including safe drinking water, water purification materials, hygiene kits, menstrual hygiene supplies, temporary sanitation facilities, and hygiene promotion activities. Ensuring access to clean water, restoring sanitation infrastructure, and promoting safe hygiene practices are critical to preventing disease transmission and protecting the health and dignity of flood-affected populations, particularly women,

children, older persons, and persons with disabilities. IRCS is supporting access to safe drinking water under separate emergency funding through distribution of of chlorine tablets and bleaching powder for household-level water treatment and disinfection with hygiene promotion and clean up campaigns being covered under the DREF.

Protection, Gender And Inclusion

Particular attention is required for vulnerable groups whose specific needs may not be fully captured during rapid assessments. These include displaced populations, women-headed households, children, older persons, persons with disabilities, pregnant and lactating women, and individuals with chronic health conditions. Additional targeted support may be required to better understand and address their protection, health, accessibility, and recovery needs.

Education

Floods frequently disrupt education as schools are inundated, damaged, or used as temporary relief camps, resulting in the suspension of classes and loss of access to safe learning environments for children. Assessments highlight the need for the rapid restoration of educational services through the reopening of schools, establishment of temporary learning spaces where necessary, and repair of damaged school infrastructure. There is also a significant requirement for educational materials such as textbooks, notebooks, school bags, uniforms, and teaching aids that are often lost or damaged during floods. Children affected by displacement and disaster-related stress require psychosocial support and child-friendly learning environments to facilitate their return to education. Special attention is needed to ensure continued access to education for girls, children with disabilities, and other vulnerable groups, while strengthening disaster-resilient school infrastructure and preparedness measures remains critical for reducing future disruptions.

Community Engagement And Accountability

While coordination mechanisms are in place through government authorities, Inter-Agency Groups, and Movement partners, gaps in assessment coverage, information availability, and response reach may persist in some locations. Variations in operational presence and accessibility across districts can result in uneven coverage and challenges in identifying and addressing all emerging needs in a timely manner. Targeted community engagement and feedback mechanism may be required to ensure accountability.

Any identified gaps/limitations in the assessment

Despite ongoing response efforts, significant humanitarian needs are likely to remain unmet, particularly in the shelter, WASH, health, and education sectors. Many affected households continue to require support for safe shelter, household items, access to clean drinking water, sanitation facilities, healthcare services, and restoration of educational activities. The recurrent nature of flooding further increases recovery needs and prolongs vulnerabilities among affected communities.

Resource constraints, including limitations in funding, relief supplies, trained personnel, and operational capacity, may affect the scale and timeliness of response interventions. Given the widespread geographical impact of floods, available resources may not be sufficient to reach all affected populations simultaneously, necessitating prioritization of the most vulnerable households and locations.

Operational challenges such as inundated roads, damaged infrastructure, difficult terrain, and limited access to remote communities can delay assessments, relief distributions, and service delivery. Recurring rainfall and changing flood conditions may further restrict access and hinder the implementation of response activities, particularly in isolated and hard-to-reach areas.

In addition, assessment findings may be constrained by limited access to certain affected areas, evolving flood conditions, and the rapidly changing nature of humanitarian needs. As the situation develops, continued monitoring and detailed sectoral assessments will be necessary to refine response priorities and ensure that assistance remains relevant and responsive to community needs.

Assessment Report

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to address immediate needs by providing timely, life-saving shelter, health and hygiene assistance to 75,000 people affected by the Assam floods in order to alleviate immediate suffering and strengthen recovery and resilience among the most vulnerable flood-affected households. Key interventions include the distribution of tarpaulins, kitchen sets and mosquito nets, epidemic prevention activities, hygiene promotion and environmental cleaning campaigns. Through strengthened community engagement and accountability, the operation will promote inclusive participation, feedback and grievance mechanisms, risk communication and community-led action, ensuring that assistance is delivered with dignity, protection and accountability throughout the six months of implementation period.

Operation strategy rationale

The Assam floods have created immediate humanitarian needs for affected households, particularly those whose homes, household assets and living environments have been damaged or disrupted by floodwaters. The operation is designed to provide rapid, targeted assistance that addresses the most urgent survival and recovery needs while supporting affected communities to protect their health, dignity and well-being during the response period.

While government authorities are providing life-saving assistance through relief camps, food distribution, rescue operations, and restoration of basic services, significant humanitarian needs remain among households in partially accessible and underserved areas. IRCS response therefore focuses on targeted support in sectors where gaps have been identified through assessments and coordination mechanisms. By working closely with district administrations, ASDMA, the intervention will complement public relief efforts, avoid overlap in beneficiary coverage, and ensure resources are directed toward populations with the highest unmet needs.

The strategy focuses on three interconnected priorities: emergency shelter and household assistance, health support, and hygiene promotion, complemented by strong community engagement, coordination, monitoring and volunteer mobilization. These priorities were selected because flood-affected families typically face the simultaneous loss of safe shelter, essential household items, increased exposure to waterborne and vector-borne diseases, and challenges in accessing reliable information and support services. The operation therefore seeks to address these critical gaps through an integrated approach that combines relief assistance with community-based health and hygiene actions.

Since the onset of the floods, the Indian Red Cross Society (IRCS) has already initiated emergency relief operations using pre-positioned stocks available at branch and national warehouse level. Through these existing resources, IRCS has commenced the distribution of 15,000 tarpaulins, 15,000 kitchen sets and 15,000 mosquito nets to flood-affected households in Assam. To date, distributions have already started in the affected districts and distributed to 400 HH reaching out 20,000 individuals, and additional relief items have been dispatched from the central warehouse to continue supporting affected families. These actions are being implemented as part of the National Society's immediate response to meet urgent shelter, household and health needs.

The proposed DREF operation will support this response in two ways. First, it will replenish the emergency stocks of 15,000 tarpaulins, 6,550 kitchen sets and 15,000 mosquito nets that are being distributed from IRCS contingency stocks. Replenishment is critical to restore IRCS emergency preparedness capacity and ensure that adequate stocks remain available for future disasters, particularly given the recurrent flood risk in Assam and elsewhere in India.

Second, the DREF will finance additional response activities that complement the relief distributions. These include volunteer refresher training on epidemic control, hygiene promotion activities, community clean-up campaigns, community engagement and accountability (CEA) actions, protection, gender and inclusion (PGI) measures, operational monitoring, PMER surge support, volunteer mobilization and insurance, and lessons learned activities. These interventions are designed to reduce health risks, strengthen accountability to affected communities, support inclusive service delivery, and ensure effective implementation and monitoring of the operation.

The operation therefore combines immediate assistance already being delivered through pre-positioned stocks with DREF-funded replenishment and complementary response activities. This approach enables IRCS to address urgent humanitarian needs while also maintaining operational readiness for future emergencies.

SECTOR-WISE APPROACHES

Shelter:

The most immediate needs identified for affected communities are access to temporary shelter, essential household items and protection from public health risks associated with flooding. To respond to these needs, the operation will provide tarpaulins, and kitchen sets to support families whose homes and belongings have been damaged or lost. These items will enable households to establish safer temporary living conditions, protect remaining assets and maintain their ability to prepare food during displacement or recovery. As per the standard distribution practice in India, one household will receive one tarpaulin, one Mosquito net and one kitchen set per family. Providing prepositioned tarpaulins and kitchen sets offers a rapid and practical solution that can be implemented quickly and reach a significant number of affected households. IRCS would distribute the Tarpaulins, kitchen sets and mosquito nets from IRCS stocks. Providing prepositioned tarpaulins and kitchen sets offers a rapid and practical solution that can be implemented quickly and reach a significant number of affected households. The DREF will replenish stocks that were distributed as part of the response. The standard family size is considered to be five members. However, the final distribution plan is based on the identified needs of the affected beneficiaries.

Shelter and basic household item assistance receives the largest allocation because restoring safe living conditions is essential for protecting affected families from further harm and enabling them to begin recovery. Providing tarpaulins and kitchen sets offers a rapid and practical solution that can be implemented quickly and reach a significant number of affected households.

Health:

Flood conditions also increase the risk of communicable diseases, particularly vector-borne diseases and illnesses linked to poor environmental sanitation. To address these risks, the operation includes the distribution of 15,000 mosquito nets (one for each household), one event of refresher training on epidemic control and community-based health activities aimed at reducing disease transmission and promoting healthy practices.

Health interventions were prioritized because floods significantly increase exposure to disease vectors and create conditions that can lead to disease outbreaks. Distributing mosquito nets and strengthening community epidemic preparedness helps reduce health risks while supporting communities to take preventive action.

Water Sanitation and Hygiene Promotion (WASH):

In addition, hygiene promotion activities including Handwashing, awareness to school girls on sanitation and hygiene and community cleaning campaigns will support efforts to improve environmental health conditions and reduce exposure to disease-causing hazards in affected communities. Hygiene promotion activities were included because infrastructure disruptions and stagnant water can contribute to unhealthy environmental conditions. Community-based campaigns help reinforce preventive behaviours and encourage collective action to reduce health risks, thereby increasing the effectiveness of the broader response.

These activities complement the shelter and health interventions by addressing underlying public health risks that often arise after flooding. The chosen priorities reflect both the nature of the flood emergency and the comparative strengths of the Indian Red Cross Society and IFRC.

Protection, Gender and Inclusion (PGI):
The primary objective of the PGI sector will be to ensure that Shelter, Health, and WASH interventions identify and prioritize the households most at risk, particularly persons with disabilities, pregnant and lactating women, infants, older people, and other groups facing heightened vulnerability.

PGI considerations will be integrated throughout targeting, implementation, monitoring, and reporting. This will include collecting and analysing sex- and age-disaggregated data, reviewing who is being reached and who may be excluded, and adapting interventions where gaps are identified. All team members and volunteers will also regularly identify and report protection concerns to the operation team, including child protection risks, risks of gender-based violence, barriers to accessing assistance, and sector-specific safety concerns.

Community Engagement and Accountability (CEA):
CEA will be integrated across all sectors and activities through close coordination with the relevant technical teams. Information and key messages will be adapted to the local context, taking into account the communication channel, timing, location, language, accessibility, and the needs of different audience groups.

Both targeted and non-targeted community members will have opportunities to ask questions and provide feedback related to their inclusion in distributions and other response activities. State and district branches will remain accessible to communities and will support the timely resolution of concerns.

All activities will be implemented in coordination with local authorities and with the informed participation of affected communities to promote transparency, accountability, and meaningful community engagement throughout the response, including accountability to communities, government authorities, partners, and other stakeholders.

Targeting Strategy

Who will be targeted through this operation?

The operation will target flood-affected households in Assam whose homes, household assets and living conditions have been significantly impacted by the floods. Priority will be given to families that have lost shelter, essential household items or access to safe and healthy living conditions. The response will address their immediate needs through the provision of emergency shelter assistance, basic household items, health support and hygiene promotion activities.

The targeting strategy is based on vulnerability and humanitarian need. Given the available resources, the operation will prioritize households that have suffered the greatest impact from the floods and have limited capacity to recover without external assistance. Particular attention will be given to families living in temporary shelters, displaced households, and communities exposed to increased health risks due to flooding and poor sanitation conditions.

Special consideration will be given to vulnerable groups who may face additional barriers in accessing assistance, including older persons, persons with disabilities, pregnant and lactating women, children, female-headed households, people with chronic illnesses, migrants, and displaced populations. These groups are often disproportionately affected by disasters and may have fewer resources and coping mechanisms to meet their basic needs during and after a crisis.

To ensure that the most vulnerable people are reached, the Indian Red Cross Society will use community-based assessments, volunteer networks and consultations with local authorities and community leaders to identify those most in need. Community Engagement and Accountability (CEA) mechanisms, including feedback and complaint channels, will be used to promote transparent targeting, encourage community participation and ensure that assistance remains responsive to the needs and priorities of affected populations.

Explain the selection criteria for the targeted population

While more than 1.14 million people have been affected by the floods across Assam, the available resources under this operation allow IRCS to support 15,000 households (approximately 75,000 people) through the distribution of tarpaulins, kitchen sets and mosquito nets, complemented by health, hygiene promotion and community engagement activities. Beneficiary selection will therefore prioritize households with the highest humanitarian needs in the most severely affected districts, particularly Charaideo, Sivasagar and Jorhat, where significant flooding, displacement and damage to homes and livelihoods have been reported.

Selection will be based on a combination of flood impact and vulnerability criteria. Priority will be given to households:
- Whose houses have been fully or partially damaged by the floods.
- Living in temporary shelters, relief camps, embankments, elevated roads or other insecure accommodation.
- That have lost essential household items and lack the means to replace them.
- Located in underserved or hard-to-reach communities where humanitarian assistance remains limited.
- Facing elevated health risks due to prolonged exposure to floodwaters and poor sanitation conditions.

Within the affected population, additional priority will be given to households containing people with specific vulnerabilities, including female-headed households, older persons living alone, persons with disabilities, pregnant and lactating women, households with children under five years of age, people with chronic illnesses, and families that have experienced significant livelihood losses due to the floods.

Beneficiary identification and verification will be conducted through community-based assessments, household-level verification by trained IRCS volunteers, consultation with village leaders and local authorities, and coordination with district administrations and other humanitarian partners to avoid duplication of assistance. Community Engagement and Accountability (CEA) mechanisms, including feedback and complaints channels, will be used throughout the process to promote transparency, accountability and community participation in beneficiary selection. This approach will help ensure that assistance reaches the most affected and vulnerable people in a fair, accountable and needs-based manner.

Each selected household will receive one tarpaulin, one kitchen set and one mosquito net in accordance with IRCS standard distribution practices, with final beneficiary lists determined based on verified needs and vulnerability assessments.

Total Targeted Population

Women	36,000	Rural	70%
Girls (under 18)	-	Urban	30%
Men	39,000	People with disabilities (estimated)	1%
Boys (under 18)	-		
Total targeted population	75,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Aid duplication, exclusion or misallocation:	Centralized Coordination & Selection Framework: Apply vulnerability-based targeting criteria, coordinate closely with government and humanitarian partners, and use Community Engagement and Accountability (CEA) mechanisms, including feedback and complaint systems, to validate beneficiary selection and ensure transparency.
Extreme weather event like continued rains and flooding	Strengthen early warning systems, community preparedness, and contingency planning to enable timely response and reduce the impact of extreme weather events.
Accessibility & Logistics Bottlenecks	Deployment of Boats & Alternate Logistics: Utilize local volunteer networks, pre-position relief items where feasible,

	coordinate with local authorities, and use alternative transport arrangements to reach hard-to-access communities
Increased risk of Contamination & Waterborne Epidemics	Rapid Health and WASH Intervention: Distribute mosquito nets, conduct epidemic preparedness activities, hygiene promotion sessions and community cleaning campaigns, while coordinating with health authorities.

Please indicate any security and safety concerns for this operation:

The operation faces several risks that are typical in the context of recurrent flooding in Assam. Continued rainfall, rising river levels, damaged roads and erosion may limit access to affected communities and delay the delivery of relief items and monitoring activities. At the same time, flooding increases the risk of water-borne and vector-borne diseases due to stagnant water, poor sanitation conditions and overcrowding in temporary shelters. There is also a risk that the most vulnerable people, including older persons, persons with disabilities, women-headed households, pregnant and lactating women, and children, may face barriers in accessing assistance if targeting and distribution processes are not adequately inclusive. In addition, misunderstandings regarding beneficiary selection criteria could create community dissatisfaction, while responders may face safety risks related to travel, exposure to contaminated environments and adverse weather conditions. Operational challenges such as procurement delays, supply chain disruptions and increased response demands could also affect implementation. Finally, further flooding or extreme weather events during the operation period may create additional humanitarian needs and disrupt planned activities.

To mitigate these risks, the Indian Red Cross Society and IFRC will maintain close coordination with local authorities and communities, use local volunteer networks to improve access and outreach, and continuously monitor evolving flood conditions. Health risks will be addressed through mosquito net distribution, epidemic preparedness activities, hygiene promotion and community cleaning campaigns. Vulnerability-based targeting, accessible communication and strong Community Engagement and Accountability (CEA) mechanisms will help ensure that assistance reaches those most in need while reducing exclusion and community tensions. Volunteer safety measures, regular monitoring, adherence to IFRC procedures, surge support and flexible operational planning will further strengthen implementation and enable the operation to adapt to changing conditions. Overall, while the risk environment is moderate due to the recurrent and evolving nature of floods in Assam, the proposed mitigation measures are expected to support the timely and effective delivery of assistance.

The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Level 1-3. Insurance of volunteers involved in the operation should be ensured.

Comprehensive measures will be implemented to ensure the safety and security of all RCRC personnel engaged in this operation. These measures include but are not limited to continuous situation monitoring, timely security and safety updates, tracking of staff movements (via phone or WhatsApp), security assessments in operational areas, and pre-deployment briefings on the current security context. Additionally, contingency plans are required. The IFRC CCD security team maintains close coordination with external humanitarian actors in the country, particularly regarding flood-affected areas, and is also working closely with NS branches and local authorities in the operational region.

Has the child safeguarding risk analysis assessment been completed?	No

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 376,607
Targeted Persons: 75,000

Indicators

Title	Target
# of people reached with shelter suport	75,000

Priority Actions

1. Distribution of 15,000 Tarpaulins (one piece per household)
2. Procurement of 15,000 Tarpaulins for replenishment
3. Distribution of 6,550 Kitchen Sets (one set per household)
4. Procurement of 6,550 Kitchen Sets for replenishment
5. Local transportation at Branch Level

Health

Budget: CHF 45,689
Targeted Persons: 15,000

Indicators

Title	Target
# of people receiving insecticide treated nets (ITN) distributed	15,000
# of people trained in Epidemic Control	30

Priority Actions

1. Distribution of 15,000 Mosquito nets (one for each household)
2. Procurement of 15,000 Mosquito Nets for Replenishment
3. Conduct refresher training for volunteers on Epidemic Control

Water, Sanitation And Hygiene

Budget: CHF 3,941
Targeted Persons: 15,000

Indicators

Title	Target
# of people covered with hygiene promotion activities	15,000
# people reached from clean up campaigns	15,000

Priority Actions

1. Conduct Clean Up Campaigns in community level
2. Conduct Hygiene and Health Promotion Activities (Handwashing, awareness to school girls on sanitation and hygiene) (15 events/campaigns targeting 1,000 people for each activity)

Protection, Gender And Inclusion

Budget: CHF 0
Targeted Persons: 15,000

Indicators

Title	Target
# of people reached by protection, gender and inclusion programming	15,000
Child Safeguarding Risk Analysis (CSRA) conducted	1

Priority Actions

1. Ensure participation of vulnerable groups (women headed-household, elderly, etc.) in distribution, PDM, etc.
2. Conduct orientation on Protection, Gender and Inclusion (PGI) for volunteers (combined with EC training)
3. Conduct Child Safeguarding Risk Analysis (CSRA)

Community Engagement And Accountability

Budget: CHF 0
Targeted Persons: 15,000

Indicators

Title	Target
# of people reached with relevant information through different communication channels used during the response	15,000

Priority Actions

1. Establish multi-sectoral feedback mechanism channels such as face to face, IRCS social media, etc.
2. Conduct orientation on Community Engagement and Accountability (CEA) for volunteers (combined with EC training)

Secretariat Services

Budget: CHF 49,669
Targeted Persons: 0

Indicators

Title	Target
# of monitoring visits conducted	3
# of surge deployed (1 PMER)	1

Priority Actions

1. Technical support, monitoring and compliances by the Country Cluster Delegation
2. Carry out communication and visibility activities.
3. Deploy 1 surge personnel (PMER for 3 months with possible addition of 1 month)

National Society Strengthening

Budget: CHF 24,094
Targeted Persons: 0

Indicators

Title	Target
# of lesson learnt workshop conducted	1
# of volunteer insured	100
# of PDM conducted	1

Priority Actions

1. Mobilization of volunteers in support of all sectors of intervention.
2. Provision of volunteer insurance.
3. Deploy 8 National disaster response team (NDRT) members.
4. Conduct lessons learned workshop
5. Conduct Post Distribution Monitoring Survey

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The operation will be implemented through a combination of Indian Red Cross Society (IRCS) staff (Project Officer and Warehouse Incharge), volunteers, National Disaster Response Team (NDRT) members, and IFRC surge and technical support personnel (Senior Program Manager). The response will be led by the Assam State Branch and supported by district branches in the affected areas.

The operation plans to engage approximately 100 volunteers, who will support beneficiary identification, relief distributions, community outreach, hygiene promotion, health awareness activities, community feedback collection and post-distribution monitoring. In addition, eight NDRT members will be deployed to provide technical support for assessments, coordination, distribution management and

operational oversight in the affected districts.

The operation will be coordinated by IRCS branch leadership and disaster management personnel, with support from IFRC technical and operational staff. The budget includes provision for one PMER (Planning, Monitoring, Evaluation and Reporting) surge personnel for three months with possible extension of one month who will support data collection, reporting, monitoring, analysis throughout the operation. IFRC human resources and monitoring support are also budgeted to strengthen operational coordination and oversight.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

The Indian Red Cross Society (IRCS) has a strong volunteer base in Assam and will strive to ensure that the volunteer workforce reflects the diversity of the affected population, including women, men, youth and volunteers from local communities. Local volunteers are particularly valuable because they understand the language, culture, social dynamics and specific needs of the communities they serve, which helps strengthen trust, communication and community acceptance during the response. The planned deployment of approximately 100 volunteers and NDRT members will support inclusive community outreach, relief distributions, health and hygiene promotion, community engagement and feedback collection.

The operation recognizes that certain groups, such as female-headed households, older persons, persons with disabilities, pregnant and lactating women, and children, may face specific challenges and require tailored support. To address this, efforts will be made to ensure adequate participation of female volunteers and volunteers from diverse age groups during assessments, beneficiary registration, distributions and community engagement activities. Female volunteers will play a particularly important role in engaging with women and girls and ensuring that their needs, concerns and feedback are appropriately reflected in the response.

While the volunteer network is generally representative of the local population, there may be gaps in terms of female participation, specialized skills related to disability inclusion, and representation from some remote or marginalized communities. To address these gaps, the operation will prioritize inclusive volunteer mobilization, orientation on Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) and ensure that teams are composed of individuals with diverse backgrounds and capacities. Volunteers and staff will also work closely with community leaders and local stakeholders to identify and address barriers that may prevent vulnerable groups from accessing assistance.

By leveraging local volunteers, promoting gender-balanced teams and applying an inclusive approach throughout implementation, the operation will help ensure that assistance is culturally appropriate, accessible and responsive to the diverse needs of flood-affected communities in Assam.

Will surge personnel be deployed? If yes, please provide the role profile needed.

Yes
One PMER Surge will be deployed for a period of three months initially with a possible addition one month support the State Branch in strengthening branch-level monitoring and reporting efforts.

If there is procurement, will it be done by National Society or IFRC?

Procurement for this operation will be undertaken through IFRC (International). Based on the approved budget, the procurement of 15,000 tarpaulins and 6,550 kitchen sets is planned as IFRC-led replenishment procurement, while transportation, community-based activities and some operational costs will be managed by the National Society. Similarly, the procurement of 15,000 mosquito nets is budgeted under IFRC procurement arrangements.

The procurement is primarily intended for replenishment of emergency stocks used in the response, rather than direct procurement for immediate distribution. The budget specifically identifies tarpaulins, kitchen sets and mosquito nets as replenishment items. This approach ensures that emergency stocks remain available for future response needs while maintaining operational readiness.

Where procurement is required, it is expected that IFRC will utilize its established procurement procedures and supplier networks to ensure compliance with quality, accountability and value-for-money standards. Given the nature of the relief items and the objective of timely replenishment, procurement is expected to make use of existing regional or international framework agreements and pre-qualified suppliers where appropriate. Local procurement may be used for operational activities and services where suitable and compliant with procurement procedures.

As the planned procurement is largely for replenishment of relief stocks rather than a new large-scale distribution procurement process, a separate tendering process for beneficiary distributions is not anticipated. Any procurement timelines will follow IFRC standard procurement procedures and will be managed to ensure the timely restoration of emergency stock levels.

No Cash and Voucher Assistance (CVA) activities are included in the current operational budget, and there is no allocation for multipurpose cash grants. Therefore, no Financial Service Provider (FSP) has been identified or engaged for this operation.

How will this operation be monitored?

The operation will be monitored through a combination of field-level supervision, regular reporting, distribution monitoring, community feedback mechanisms, and IFRC technical oversight. Monitoring systems will focus on tracking inputs, activities, outputs and outcomes to ensure that assistance is delivered efficiently, reaches the intended beneficiaries and achieves the expected results. The Indian Red Cross Society (IRCS), supported by IFRC, will regularly review operational progress, resource utilization and emerging needs to enable timely adjustments to the response. The budget includes dedicated support for monitoring, Planning, Monitoring, Evaluation and Reporting (PMER), and Information Management (IM) surge capacity to strengthen operational oversight.

Progress will be tracked through beneficiary registration records, distribution reports, volunteer field reports, health and hygiene activity reports, post-distribution monitoring, and Community Engagement and Accountability (CEA) mechanisms. Approximately 100 volunteers, NDRT members, branch staff and operational coordinators will collect and report data from the field, while dedicated PMER and Information Management surge personnel will support data analysis, quality assurance, monitoring and reporting. Regular coordination meetings at branch and operational level will be used to review achievements against plans and address implementation challenges.

Key indicators including shelter, health, WASH, CEA and PGI would be regularly tracked through Indicator Tracking Table (ITT), implementation plan and reporting schedules would be developed as part of monitoring requirement. The operation will also monitor community satisfaction through feedback, the inclusion of vulnerable groups and the timeliness and quality of assistance delivered. These indicators will help assess both the reach and effectiveness of the response.

IFRC will provide ongoing monitoring and technical support throughout the operation. The budget includes resources for IFRC monitoring visits as well as PMER deployment, enabling regular field-level verification, post distribution monitoring, operational reviews and support to IRCS branches. Monitoring visits will be coordinated jointly by IRCS and IFRC and will assess progress, accountability, quality of implementation, recipients feedback and compliance with IFRC standards and procedures. Findings from monitoring activities will be used to inform operational decision-making and strengthen overall response effectiveness.

At the end of the operation, lessons learned and operational review processes will be conducted to capture good practices, challenges and recommendations for future flood responses, contributing to organizational learning and preparedness for future disasters.

Please briefly explain the National Societies communication strategy for this operation

The Indian Red Cross Society (IRCS) will implement a communication strategy that supports timely information sharing, operational coordination, accountability and community engagement throughout the Assam Floods operation. Communication will focus on ensuring that affected communities, volunteers, staff, authorities, partners and donors receive accurate, consistent and timely information regarding the response and available services.

Internally, communication will be managed through regular coordination meetings, situation updates, field reports and information-sharing between IRCS branches, NDRT members, volunteers and IFRC support teams. PMER surge personnel will support data collection, analysis and reporting to facilitate evidence-based decision-making and operational oversight.

Externally, the National Society will communicate with government authorities, humanitarian partners, donors and the public through situation reports, operational updates, coordination meetings and digital communication platforms. CEA approaches will ensure transparent two-way communication with affected communities through community meetings, volunteer outreach, feedback and complaint mechanisms, and risk communication activities. This will enable communities to access information about available assistance,

understand beneficiary selection criteria, raise concerns and provide feedback on the response.

The operation will also leverage IRCS communication channels, including social media platforms, website updates, human-interest stories, photographs and press releases where appropriate, to highlight response activities, humanitarian needs and operational achievements. Communication products will adhere to Red Cross Red Crescent principles and ensure the dignity and privacy of affected people.

The IFRC will support communication efforts through technical guidance, visibility, information management and operational reporting. IFRC personnel, including PMER surge support, will contribute to the production of situation updates and operational monitoring reports that showcase the impact of the response and reinforce accountability to stakeholders.

Budget Overview

IFRC

DREF OPERATION

Code - Indian Red Cross Society
Assam Floods

Operating Budget

Planned Operations	**426,236**
Shelter and Basic Household Items	376,607
Livelihoods	0
Multi-purpose Cash	0
Health	45,689
Water, Sanitation & Hygiene	3,941
Protection, Gender and Inclusion	0
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	0
Environmental Sustainability	0
Enabling Approaches	**73,764**
Coordination and Partnerships	0
Secretariat Services	49,669
National Society Strengthening	24,094
TOTAL BUDGET	**500,000**

all amounts in Swiss Francs (CHF)

Internal 8/5/2026 #V2022.01

Click here to download the budget file

Contact Information

For further information, specifically related to this operation please contact:

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Click here for the reference