

MANIPUR NEEDS ASSESSMENT REPORT



AUGUST 2025

ACKNOWLEDGMENT

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Above all, we extend our deepest gratitude to the displaced communities of Manipur who, despite facing immense challenges, generously shared their time and perspectives with our teams. Their patience, openness, and resilience made this assessment possible and continue to inspire the humanitarian response.

*Sphere India
August 2025*

DISCLAIMER

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1. EXECUTIVE SUMMARY

The Camp-Level Needs Assessment was carried out from 26–31 July 2025 in 31 displacement camps across Bishnupur, Churachandpur, Imphal East, and Imphal West. A total of 594 households and 31 camp in-charges were surveyed to capture ground realities faced by internally displaced persons (IDPs). As of August 2025, nearly 57,000 people continue to live in 300+ camps two years after the ethnic violence of May 2023, with additional vulnerabilities created by monsoon floods and landslides. The assessment highlights sectoral gaps in food, WASH, health, shelter, education, and protection services that directly impact camp residents' safety, dignity, and well-being.

KEY FINDINGS

- **Food & Nutrition Security:** Most camps rely on community kitchens but face frequent fuel and supply disruptions. Food stocks last less than a week in 71% of camps. Only two meals are served daily, with limited diversity and poor cultural appropriateness. Nutritional support for pregnant and lactating women, infants, and elderly is absent.
- **WASH:** Safe drinking water remains inadequate in camps, especially in Churachandpur and Imphal East. Only 19% have gender-segregated toilets, and menstrual hygiene management is absent in 84%. Waste disposal and infection control are weak, raising risks of disease outbreaks. Separate bathing facilities are also largely unavailable, especially for women and adolescent girls.
- **Health:** Only 29% of camps have functional health facilities and 81% lack ambulances for emergencies. Medicine supplies are insufficient, particularly for chronic illnesses. Mental health challenges such as sleeplessness, anxiety, and substance abuse are common, but psychosocial support is rarely available. Immunization coverage is uneven, with major gaps in Imphal East.
- **Shelter & NFIs:** 42% of households find their shelters unfit for current weather. Ventilation, lighting, and safety are poor in many camps, with Churachandpur showing the highest gaps. Mattresses, blankets, cooking utensils, mosquito nets, and fans are among the most urgent NFIs. Awareness of the government's 3-phase rehabilitation plan remains extremely low.
- **Education:** School attendance ranges between 77–84%, but heavy dependence on private schools creates financial stress. Only 39% of camps have alternate learning facilities, and child-friendly spaces are unevenly distributed. Transport and safety concerns continue to hinder regular attendance.
- **Protection:** While most camps report order and peace, protection gaps are serious. One-third of camps lack child-friendly spaces, and 77% have no counselling or psychosocial support. Security infrastructure at camp entrances and common areas is inadequate, increasing risks for women and children. Unaccompanied and orphaned children remain underreported and underserved.

The camp-level assessment reveals that displaced communities in Manipur continue to face serious challenges in food, WASH, health, shelter, education, and protection. While some basic services exist, widespread gaps undermine safety, dignity, and recovery. Urgent short-term measures are needed to strengthen camp services, complemented by mid- and long-term actions that link IDPs with government schemes, support livelihoods, and prepare for safe return or resettlement. Coordinated action between government and humanitarian agencies remains critical to ensure inclusive, accountable, and sustainable support for affected populations

2. BACKGROUND

2.1. Situation Overview

Since the ethnic violence of May 3rd, 2023, Manipur remains in a protracted displacement crisis. As of August 2025, ~57,000 people are still living across 300+ relief camps, primarily in Imphal East/West, Bishnupur, and Churachandpur. Government statements indicate an active push for resettlement, but field and media reports point to uneven progress and persistent protection, WASH, shelter, education, and livelihoods gaps in camps. The crisis has been compounded by heavy monsoon impacts since May 29, 2025—affecting >1.6 lakh people, damaging ~35,000 houses, and triggering ~169 landslides, which further stressed already fragile camp infrastructure and host communities.

Sphere India, with IAG Manipur and PRDA, has therefore conducted a Camp-Level Needs Assessment across four districts—Imphal East, Imphal West, Bishnupur, and Churachandpur—to update evidence on sectoral gaps and inform a joint, targeted response. The assessment covers 594 households (plus 31 camp-in-charge interviews) using stratified sampling aligned with camp populations, with data collection 26–31 July and analysis through 5–8 Aug 2025. Priority attention is on women, youth, PwDs, and other vulnerable groups.

Government Resettlement & 3-Phase Rehabilitation Plan (announced):

Manipur Chief Secretary has publicly committed to closing all relief camps by December 2025, anchored to a three-phase timeline: Phase-1 (July 2025) for households ready to return immediately; Phase-2 (October 2025) for additional returns as security and services improve; and Phase-3 (December 2025) to complete camp closures, with prefabricated housing/financial assistance for those unable to safely return yet. Estimates of houses destroyed by violence range ~7,000–8,000, with aid planned for rebuilding and for homes left dilapidated. Civil society/editorial coverage welcomes the schedule but flags security guarantees, reconciliation, and services restoration as prerequisites for sustainable return.

Current Conditions & Concerns for IDPs (Aug 2025)

- Numbers & camps: Govt/agency briefings cite ~57,000 IDPs across 300+ camps; some early returns reported, but progress varies by district and ethnic geography.
- Security & access: Community groups press for stronger security cover and free highway movement; several stakeholders emphasize return to original villages as the preferred durable solution.
- Monsoon compounding needs: Floods/landslides since late May have damaged thousands of homes, disrupted WASH and health services, and created overlapping shelter and livelihoods needs in affected areas—heightening risk for camp residents
- Services & schemes: The state has extended CMHT health coverage to IDPs, and is deploying prefab housing/financial aid—useful but perceived by some as stop-gap without parallel restoration of safety, schools, and livelihoods in places of origin.
- Policy debate: Opposition and editorial voices question the adequacy and pace of implementation, urging a clearer, funded roadmap for rehabilitation under President's Rule.

TABLE 1: NUMBER OF CAMPS AND RESIDENTS IN 4 DISTRICTS OF MANIPUR

#	District	No. of camps	No. of residents	Updated on
1	Imphal West	21	5732	04 th July 2025
2	Imphal East	16	3394	04 th July 2025
4	Bishnupur	45	9681	04 th July 2025
5	Churachandpur	84	15483	04 th July 2025

3. OVERVIEW OF JOINT RAPID NEEDS ASSESSMENT REPORT

3.1 Timeframe

TABLE 2: ASSESSMENT TIMELINE

Phase / Activity	Date(s)
Pre-Field Preparation	
Identification of assessment areas & sample finalisation	13 Jul 2025
Volunteer identification & roster finalisation	24 Jul 2025
Formation of report writing team & partner coordination groups	25 Jul 2025
Tool contextualisation & delivery to partners	25 Jul 2025
Volunteer orientation on data & safety	25 Jul 2025
Fieldwork	
Household surveys & camp-in-charge interviews	26–31 Jul 2025
Daily coordination & supervision calls	26–31 Jul 2025
Post-Field Analysis & Reporting	
Data cleaning & compilation	01–06 Aug 2025
Final data analysis & sharing with report writers	05 Aug 2025
First draft of assessment report	20 Aug 2025
Peer/Expert review & stakeholder circulation	20 Aug 2025
Design & dissemination of final report	21 Aug 2025

3.2 Methodology:

Based on the prevailing emergency situation in Manipur, Sphere India, in coordination with the State Inter-Agency Group (IAG) Manipur and PRDA, initiated a Camp-Level Needs Assessment to identify the needs of the displaced and affected communities. The assessment focused on Food & Nutrition, Health, Water, Sanitation and Hygiene (WASH), Education, Shelter, Livelihood, and Protection, while also flagging the vulnerabilities of affected communities in accessing basic services and entitlements, particularly in urban camp settings.

The sampling approach and district selection were determined based on secondary government data, impact reports, and consultations with local NGOs, ensuring contextual accuracy and situational awareness. Priority was given to districts with high impact, vulnerability, and active displacement, namely Imphal West, Imphal East, Churachandpur, and Bishnupur

A mixed-methods approach was adopted:

- Quantitative Household Surveys (HH): Conducted to capture household-level sectoral needs and vulnerabilities.
- Qualitative Key Informant Interviews (KIs): Conducted with camp in-charges to understand service provision, gaps, and protection issues.

Sampling Strategy.

- Sample size: 596 households proportionally distributed by camp inmate population across the four districts; plus 31 key-informant interviews with camp in-charges.

Structured, contextualised questionnaires for:

1. Camp Residents (HH tool) capturing sectoral needs and vulnerabilities; and
2. Camp In-Charge capturing camp-level services, gaps, and protection concerns. (Reference links to tool folders are maintained in the internal annex.) .

Rationale behind the Sampling for Assessment: The sampling sizes were determined based on secondary data information available from government reports. Affected areas were chosen from different districts of Manipur. The district was selected on the basis of the impact data, vulnerability, and having thorough discussion with the local NGOs and in consideration of their situational awareness and impact of the event. The households for the survey were selected in a way that ensures the participation of vulnerable groups like women's, elderly people, People with Disabilities (PwDs), children and marginalised communities living in relief camps.

Primary Data Collection: The primary data collection process was initiated by conducting camp level surveys and key informant interviews in the affected districts covering Camps In charges. The questions were designed to grasp the needs and challenges in the sectors like Food and Nutrition Security, Shelter, Protection, Health, Livelihood, Education, and WASH. The Tools and Questionnaires were shared with partners for their inputs before deployment and suggestions from the local humanitarian actors were also included in the questionnaire and data collection methodology. In order to keep the assessment neutral, unbiased, and reflective of the ground reality, local volunteers were engaged, physically visiting and recording responses from the affected population living in camps.

TABLE 3: DETAILS FROM ASSESSED CAMPS

Row Labels	Bishnupur	Churachandpur	Imphal East	Imphal West	Grand Total
Count of Camp/Structure	7	15	5	4	31
Total number of Males (19-59 years)	416	623	467	549	2055
Total number of Females (19-59 years)	566	762	522	557	2407
Total number of Boys (6-18 years)	228	497	261	188	1174
Total number of Girls (6-18 years)	216	499	222	162	1099

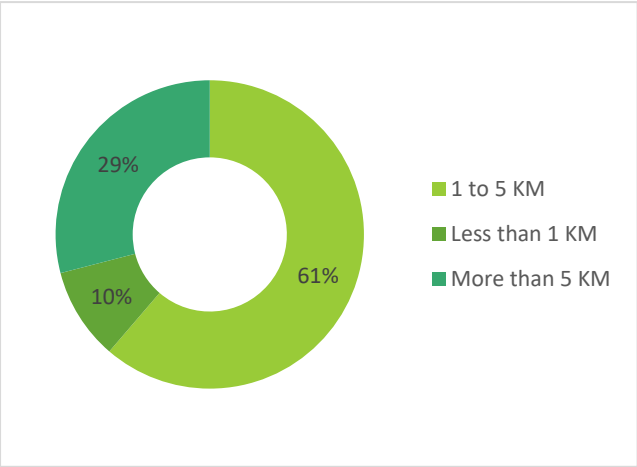
Total number of Babies (0-5 years)	98	417	210	125	850
Total number of Senior Citizens males (Above 60 years)	59	110	110	68	347
Total number of Senior Citizens females (Above 60 years)	68	113	111	90	382
Total number of Pregnant/Lactating Mothers	15	104	37	17	173
Total number of persons with disabilities	11	16	20	30	77
Number of unaccompanied children(below 18 years) present	52	4	6	0	62
Number of orphans (below 18 years) present	19	14	11	0	44

Qualitative and Quantitative Data Analysis: Once the data was collected, the Sphere India team undertook data cleaning and analysis using Microsoft Excel. The findings were systematically examined, and key results were presented through graphs and charts to highlight emerging trends and provide a clear, evidence-based understanding for readers.

An adequate and representative sample size was achieved at the camp level across all four districts, ensuring reliability and credibility of the assessment outcomes.

4. SECTORAL ASSESSMENT & RECOMMENDATIONS

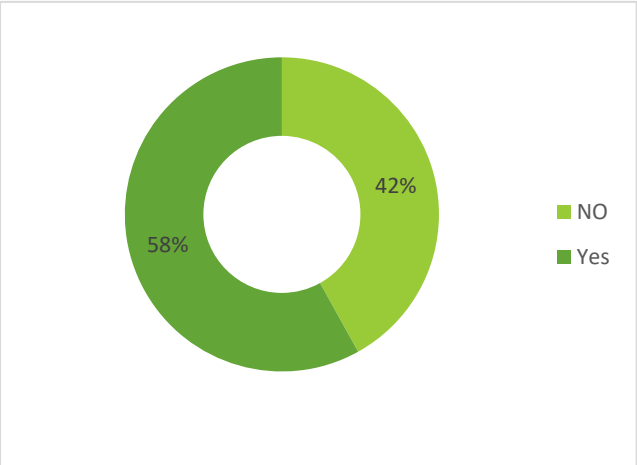
4.1 GENERAL CAMP FACILITIES ASSESSMENT – MANIPUR



GRAPH 1: DISTANCE FROM COMMUNITY HEALTH CENTRE

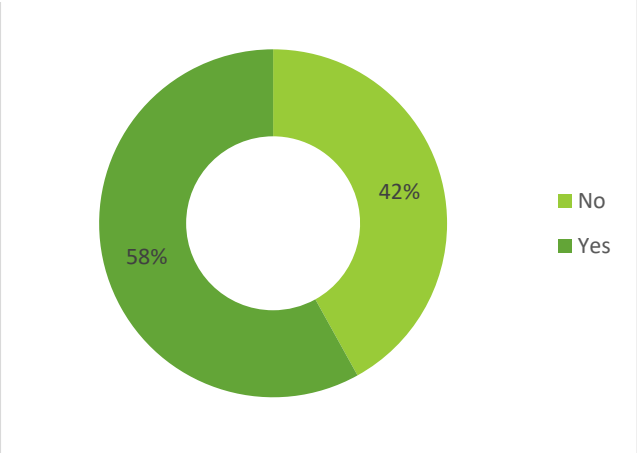
The assessment of 31 displacement camps across Bishnupur, Churachandpur, Imphal East, and Imphal West reveals a mixed picture of essential services, with some areas meeting minimum standards while others show considerable gaps requiring urgent attention.

In terms of access to healthcare, 61% assessed camps are located within 1–5 km of the nearest Community Health Centre, enabling relatively quick medical access, while 10% are within 1 km, offering immediate proximity. However, 29% are situated more than 5 km away, potentially delaying treatment for emergencies and posing particular challenges for pregnant women, elderly residents, and persons with disabilities.



GRAPH 2: WATER CONNECTION TO THE CAMP WITH ADEQUATE WATER AVAILABILITY

Water availability emerges as another mixed picture. A total of 58% of respondents have a functioning water connection with adequate supply to meet daily drinking, cooking, and hygiene needs. On the other hand, 42% of respondents lack reliable water access, forcing residents to rely on alternate or irregular sources, increasing the risk of waterborne diseases and adding extra burden on women and children who often fetch water.

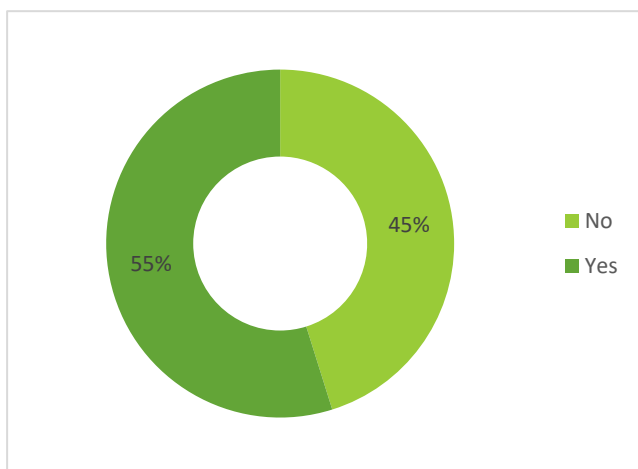


GRAPH 3: ELECTRICITY CONNECTION WITH ADEQUATE LIGHTS/FAN

Electricity provision mirrors this partial coverage. Adequate lighting and fan facilities are available in 58% of assessed camps, improving safety, comfort, and ventilation. Yet, 42% of assessed camps lack reliable electricity, leaving living spaces poorly lit, especially at night, which increases protection concerns and hampers activities like studying, cooking, or charging devices. Similarly, lighting in shared spaces such as hallways, bathrooms, toilets, common areas, and

water points is present in only 55% assessed camps. The absence of adequate illumination in the

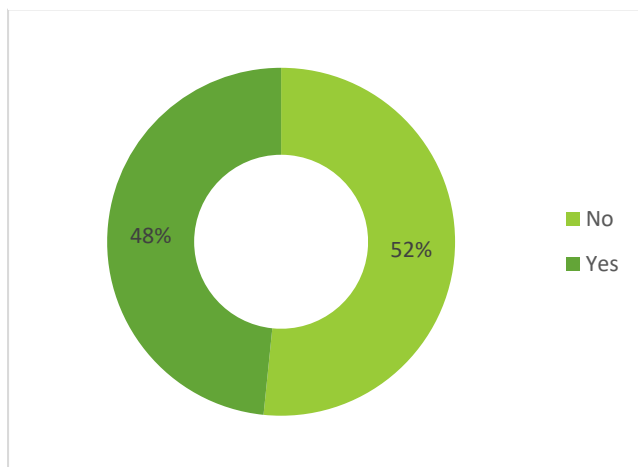
remaining 45% of camps raises the risk of accidents, limits accessibility for persons with disabilities, and reduces security after dark.



GRAPH 4: HALLWAYS, BATHROOMS, TOILETS, COMMON AREAS, WATER SOURCE PROPERLY LIGHTED

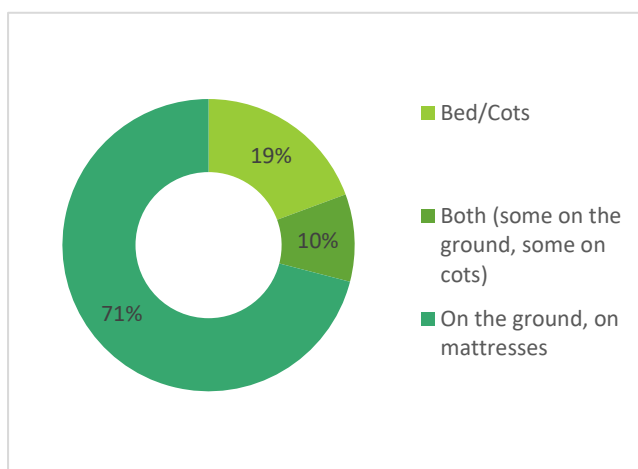
Adequate illumination in common spaces remains inconsistent. While 55% of assessed camps have properly lit hallways, bathrooms, toilets, common areas, and water points, 45% lack sufficient lighting in these spaces, increasing the risk of accidents, limiting accessibility for elderly residents and persons with disabilities, and raising safety concerns for women and girls.

Camp communication systems also need strengthening. Only 48% of assessed camps have clearly displayed contact numbers for a control room or help desk, providing residents with a direct channel for reporting incidents or requesting support. The absence of such information in 52% of camps undermines emergency preparedness and the ability to address grievances swiftly.



GRAPH 5: CONTACT NUMBER OF CONTROL ROOM OR HELP DESK AVAILABLE/DISPLAYED AT THE CAMP

Sleeping arrangements highlight a significant dignity and comfort gap. In 71% of assessed camps, residents sleep on the ground with mattresses, compared to only 19% where beds or cots are provided, and 10% with mixed arrangements. Ground sleeping not only compromises comfort but can also exacerbate health issues, particularly among vulnerable groups such as the elderly, pregnant and lactating mothers, and people with disabilities. Compounding this, only 45% of camps maintain a minimum 1-meter gap between beds, as recommended for privacy and infection control, while 55% operate in overcrowded conditions, heightening the risk of communicable disease transmission.

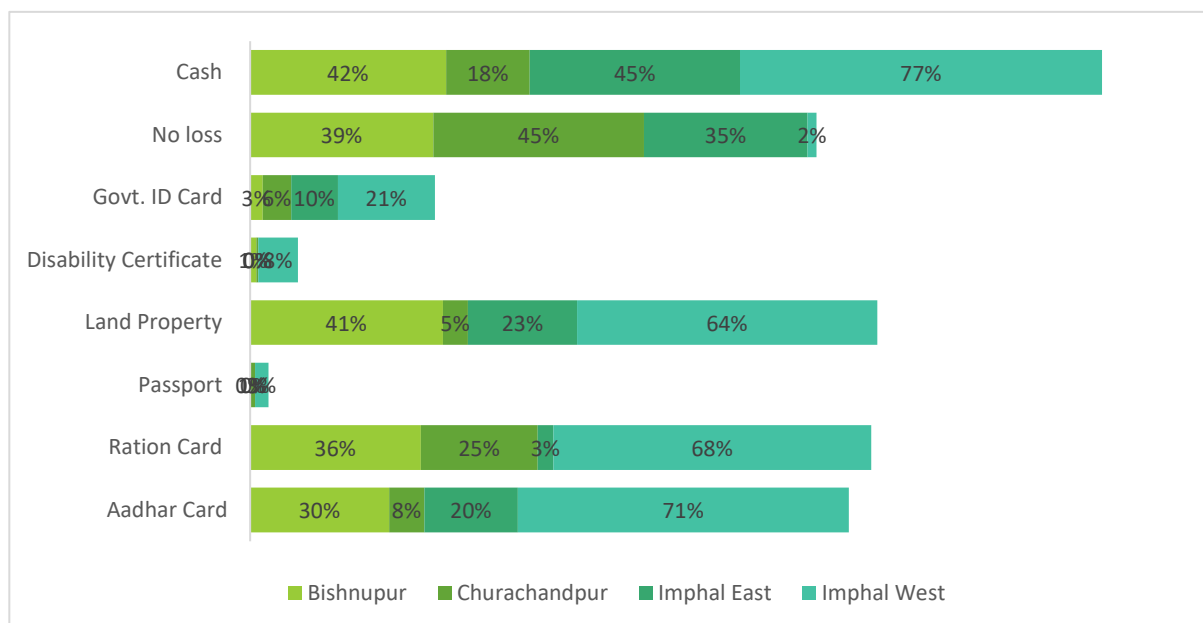


GRAPH 6: AVAILABLE SLEEPING FACILITIES AT CAMP

Overall, the findings highlight that while certain camps meet basic standards for water, electricity, and healthcare access, significant gaps remain in lighting, emergency communication, sleeping infrastructure, and adherence to space standards, areas that require urgent attention to improve the safety, dignity, and well-being of camp residents.

residents.

A total of 594 household assessments were conducted across Bishnupur (148), Churachandpur (280), Imphal East (60), and Imphal West (106).



GRAPH 7: LOSS OF LEGAL DOCUMENT AMONG AFFECTED FAMILIES

Among the 594 households assessed across Bishnupur, Churachandpur, Imphal East, and Imphal West, a significant proportion reported the loss of essential legal and identity documents. The most commonly reported losses were cash (77%), Aadhar cards (71%), and ration cards (68%), posing immediate challenges for daily sustenance and access to entitlements. In addition, 64% reported the loss of land/property documents, raising long-term concerns related to ownership rights and recovery.

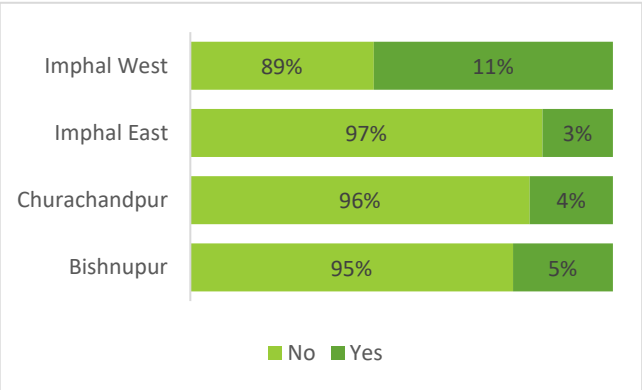
Loss of government-issued ID cards was reported by 21% of respondents, while a smaller proportion (2%) indicated loss of disability certificates, and negligible numbers reported the loss of passports.

Despite these challenges, 2% of households reported no loss of documents, reflecting a small segment of families who were able to safeguard their essential papers.

The findings underscore the urgent need for restoration of documentation support, particularly for cash, Aadhar, ration cards, and land/property records, as these directly impact the ability of families to access relief, entitlements, and longer-term rehabilitation.

In addition to standard identity documents, several affected households reported the loss of various important legal, educational, financial, and personal property documents. These include birth certificates, educational certificates ranging from Class 10 to BA, voter ID cards, driving licenses, PAN cards, ATM cards, and bank-related documents like passbooks and account details. Many also reported the loss of gas connection books, job cards, TDC certificates, and land or vehicle registration papers. In some cases, respondents mentioned that all documents had been completely burnt or

destroyed. Additionally, households reported the loss of personal and livelihood assets such as gold, vehicles, furniture, shop licenses, and cooking essentials.

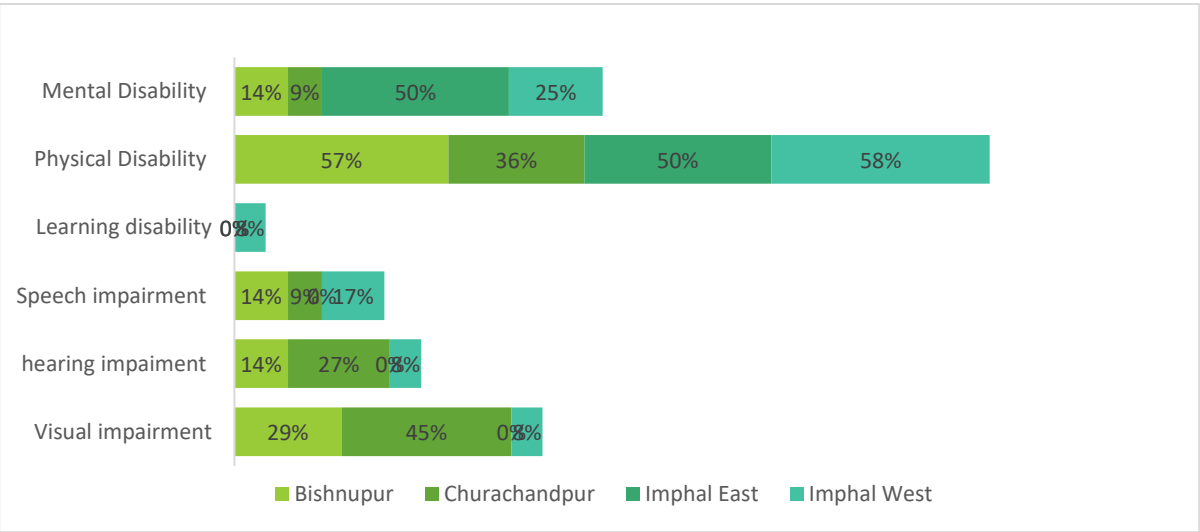


GRAPH 8: DISABILITY STATUS AMONG HOUSEHOLD MEMBERS

As per the camp details collected across the assessed districts, a total of 180 pregnant or breastfeeding women were reported. Imphal West recorded the highest number with 79 women, followed by Churachandpur with 74, Imphal East with 15, and Bishnupur with 12.

Across the assessed households, the presence of persons with disabilities was relatively low but notable. Overall, between 3% and 11% of households in different districts reported having at least one member with a disability. Imphal West recorded the highest proportion

at 11%, while Imphal East reported the lowest at 3%, with Churachandpur (4%) and Bishnupur (5%) falling in between. Although the majority of households (over 89% across all districts) did not report members with disabilities, the findings highlight the importance of ensuring inclusive relief and recovery measures, as even small percentages represent highly vulnerable groups requiring targeted support.



GRAPH 9: TYPE OF DISABILITY IN ASSESSED HOUSEHOLDES

Among the households reporting disability, physical disabilities were the most common, with high prevalence across all districts, reaching 58% in Imphal West, 57% in Bishnupur, 50% in Imphal East, and 36% in Churachandpur. Mental disabilities were also notable, particularly in Imphal East (50%) and Imphal West (25%), while smaller proportions were observed in Bishnupur and Churachandpur. Visual impairments were reported mainly in Churachandpur (45%) and Bishnupur (29%), with limited cases elsewhere. Other forms such as speech impairments and hearing impairments appeared in lower but still relevant percentages across districts, while learning disabilities were the least reported.

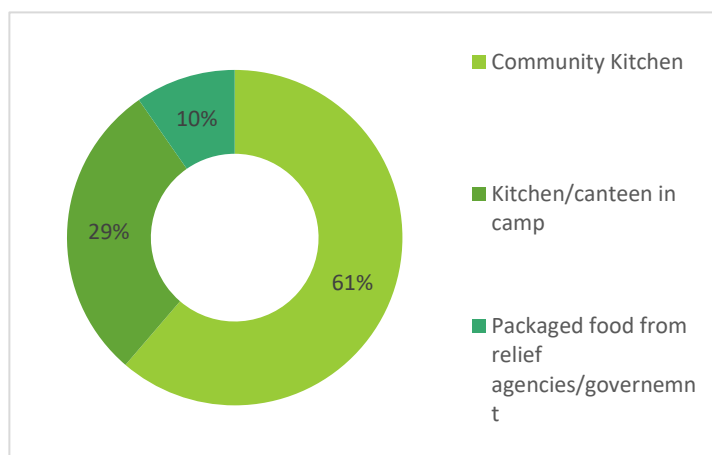
This distribution highlights the need for tailored interventions addressing physical, mental, and sensory disabilities to ensure accessibility, healthcare, and inclusion in recovery efforts.

4.2 FOOD SECURITY AND LIVELIHOOD

Overview

The assessment of 31 displacement camps highlights serious concerns around food security, nutritional adequacy, and supply chain reliability. Most camps rely on community kitchens, but frequent fuel or supply disruptions risk cutting off access to meals, while camps depending on packaged food face even greater nutritional gaps. Food stock levels are critically low, with 71% holding supplies for less than a week, leaving residents highly vulnerable to even short-term delivery delays. Nutritional support for vulnerable groups such as infants, pregnant, and lactating women is absent, and all camps provide only two meals a day, insufficient to meet heightened emergency needs. Cultural appropriateness is also largely unmet, with 84% of camps serving food mismatched to residents' dietary habits, reducing intake and increasing malnutrition risks. While households had relatively stable food access before the disaster, the current dependence on limited staples with little protein, dairy, or vegetables highlights an urgent need for diversified food supplies and tailored nutritional support.

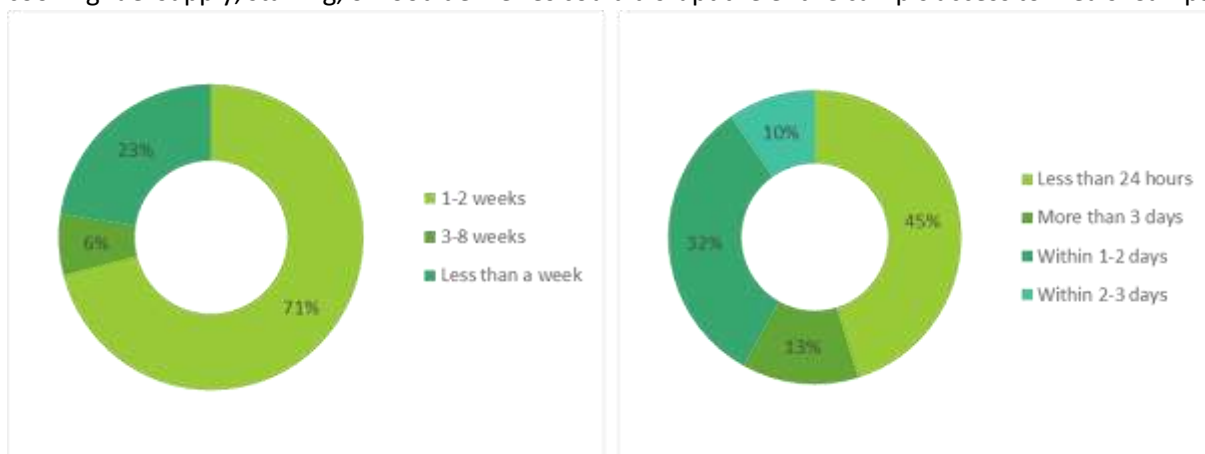
Assessment Findings



GRAPH 10: FACILITIES AVAILABLE FOR PROVIDING COOKED FOOD IN THE CAMPS

The assessment of 31 displacement camps highlights significant challenges in the availability, continuity, and nutritional adequacy of food supplies. Most of the assessed camps (61%) rely on community kitchens as the primary means of preparing and distributing meals. Another 29% operate their own kitchen or canteen facilities, while 10% depend solely on packaged food. While community kitchens provide a structured system for meal preparation, they also create dependency—any interruption in

cooking fuel supply, staffing, or food deliveries could disrupt the entire camp's access to meals. Camps

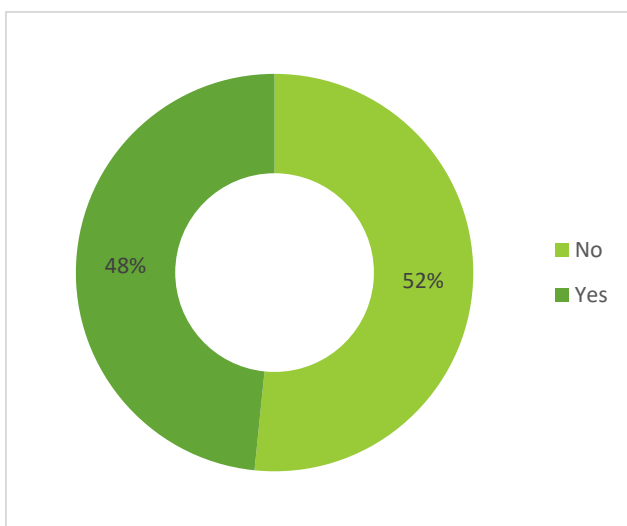


GRAPH 11: ESTIMATED DURATION OF CURRENT FOOD/RATION STOCK IN THE CAMP (LEFT), DURATION OF TIME LAG BETWEEN DEMAND AND SUPPLY OF FOOD STOCKS (RIGHT)

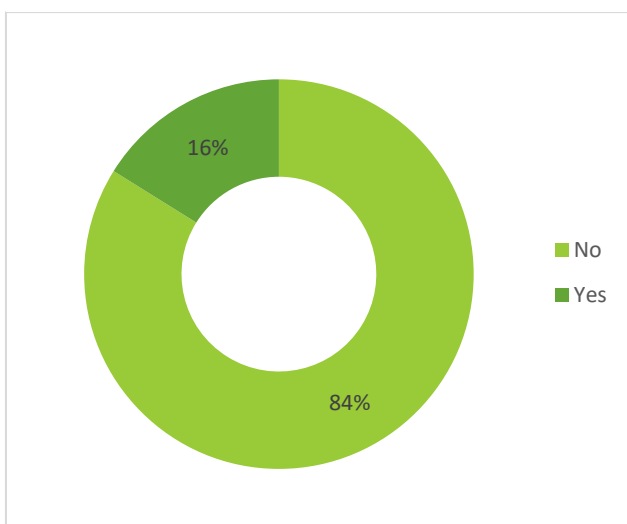
relying on packaged food face an even narrower nutrition profile, with little flexibility for dietary diversity.

The duration of existing food stock is particularly concerning. In 71% of surveyed camps, rations are projected to last less than a week, while 23% hold supplies for only one to two weeks. Just 6% have reserves that could sustain residents for three to eight weeks, and none report stocks exceeding two months. In humanitarian practice, maintaining at least a two-week buffer is critical to safeguard against delays in the supply chain. With nearly three-quarters of camps falling below this safety threshold, even short-term disruptions such as road closures, extreme weather, or administrative delays could result in immediate food insecurity.

Supply chain reliability remains fragile. Nearly half of the camps (48%) have already experienced delays in receiving new stocks, with reported lag times ranging from less than 24 hours in 45% of cases to one or two days in 32%. A smaller proportion (10%) faced two-to-three-day delays, while 13% reported delays exceeding three days. For camps with food stocks lasting only a few days, even a one-day delay can have severe consequences, forcing residents to skip meals, borrow food, or resort to negative coping strategies.



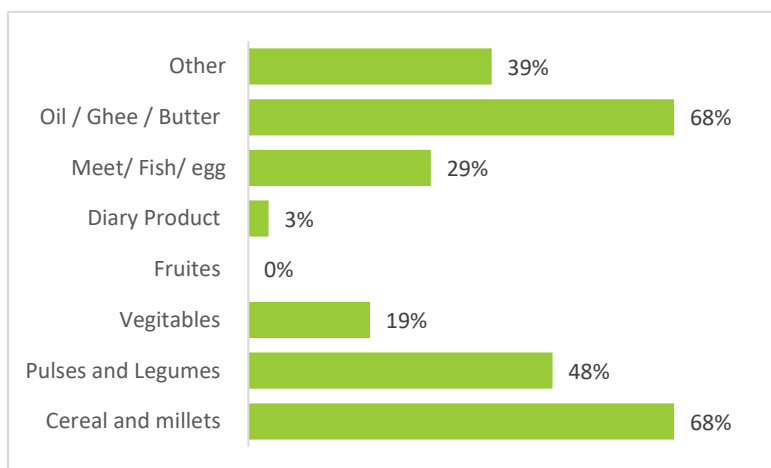
GRAPH 12: TIME LAG IN THE SUPPLY OF FOOD STOCKS



GRAPH 13: CULTURAL APPROPRIATENESS AND DIETARY ALIGNMENT OF FOOD PROVIDED IN CAMPS

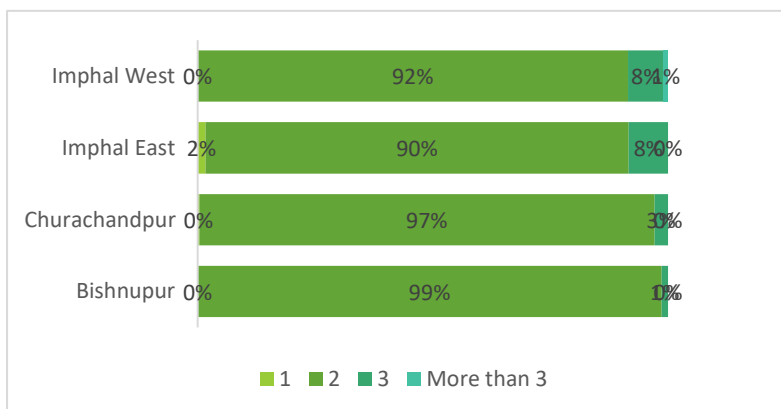
Nutritional support for vulnerable groups is almost entirely absent. None of the camps provide additional or specialised rations for pregnant and lactating women, and there is a marked lack of age-appropriate feeding for infants under six months. In many cases, adult meals are shared with infants, posing serious health risks including malnutrition and stunted growth. This gap not only affects immediate health outcomes but also has long-term implications for maternal and child well-being. Meal frequency is also a concern, as all camps provide only two meals per day. While this may meet basic caloric needs in some cases, it fails to address the heightened nutritional requirements during emergencies, where stress, illness, and physical strain increase energy demands. The long intervals between meals particularly disadvantage children, the elderly, and individuals with medical conditions.

Cultural appropriateness of food remains largely unaddressed. Only 16% of camps provide meals that align with residents' traditional dietary preferences, while the vast majority (84%) serve culturally mismatched food. This often results in reduced intake, as residents may avoid or minimise consumption of unfamiliar meals, further compounding the risk of malnutrition.



GRAPH 14: FOOD ITEMS PROVIDED IN THE CAMPS

The assessment across 31 camps shows that while staples like cereals/millet and oil/ghee/butter are available in 68% of camps, and pulses in 48%, other essential food groups are severely lacking. Meat, fish, and eggs are available in only 29% of camps, vegetables in 19%, dairy in just 3%, and fruits are absent altogether. This heavy reliance on energy-dense staples with minimal protein and fresh produce increases the risk of micronutrient deficiencies, particularly among vulnerable groups such as children, pregnant and lactating women, and the elderly.

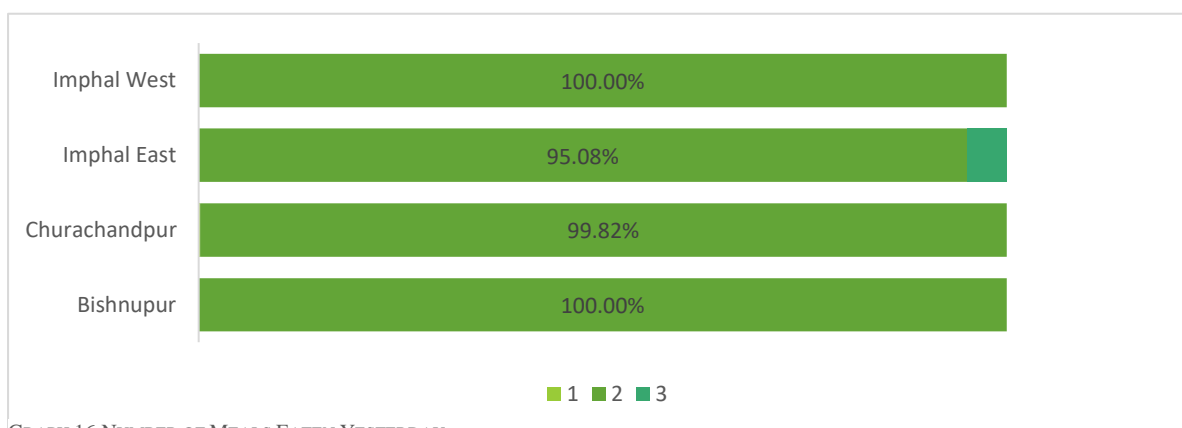


GRAPH 15: PRE-DISASTER FOOD AVAILABILITY

The assessment shows that before the disaster, households across all districts generally had access to at least two to three meals a day. In Bishnupur (99%) and Churachandpur (97%), nearly all respondents reported consuming two meals daily, with a smaller proportion managing three or more. Similarly, in Imphal East (90%) and Imphal West (92%), most households

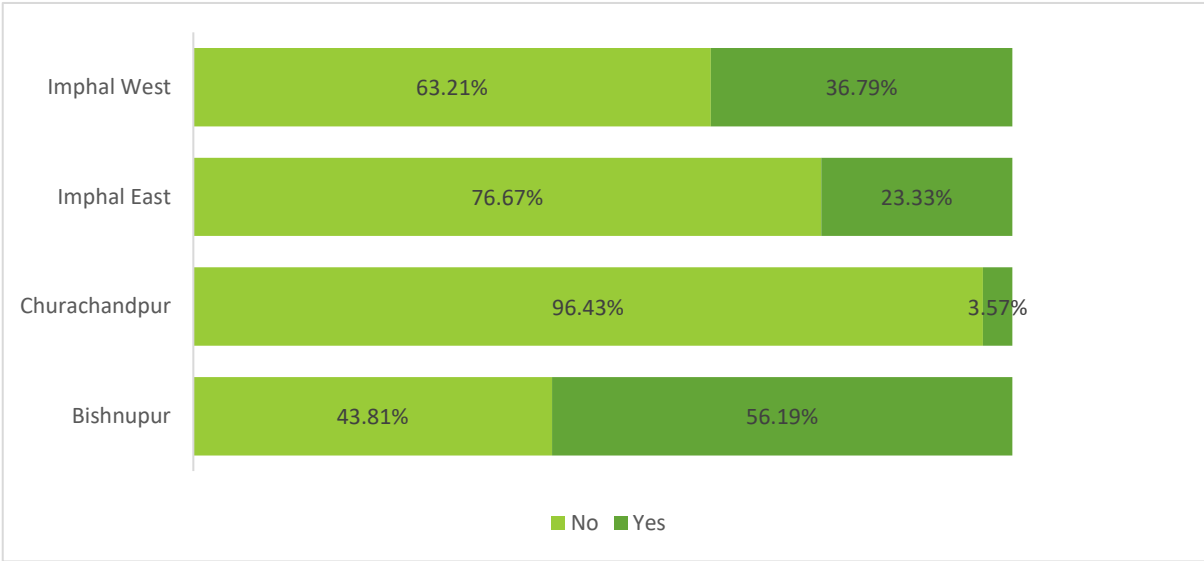
also had two meals a day before displacement, while 8–11% reported having three or more. This indicates that food access prior to the crisis was relatively stable across districts.

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GRAPH 16: NUMBER OF MEALS EATEN YESTERDAY

displacement, while 8–11% reported having three or more. This indicates that food access prior to the crisis was relatively stable across districts.



GRAPH 17: CULTURAL APPROPRIATENESS OF FOOD IN CAMPS

The assessment shows that before the disaster, households across all districts generally had access to at least two to three meals a day. In Bishnupur (99%) and Churachandpur (97%), nearly all respondents reported consuming two meals daily, with a smaller proportion managing three or more. Similarly, in Imphal East (90%) and Imphal West (92%), most households also had two meals a day before displacement, while 8–11% reported having three or more. This indicates that food access prior to the crisis was relatively stable across districts.

Urgent needs

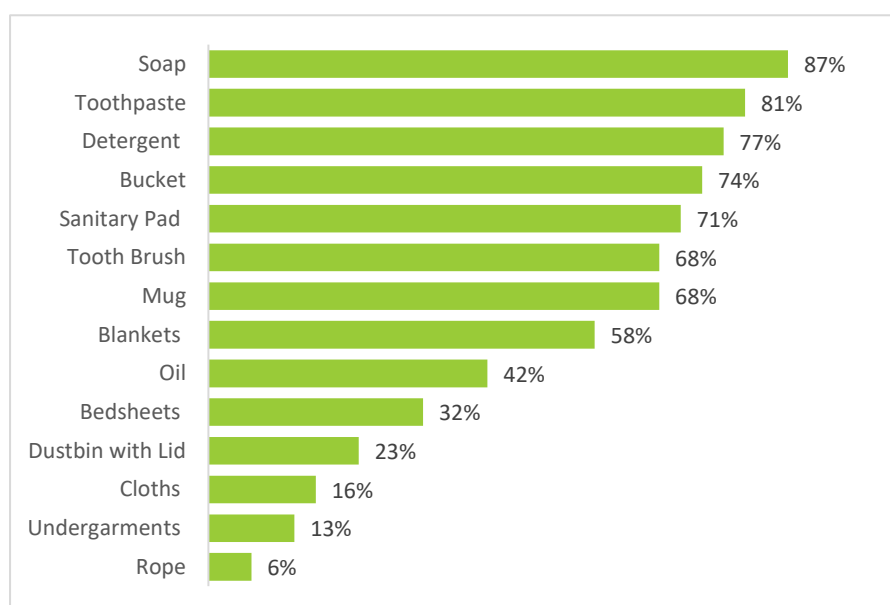
- Strengthening Food Stock Levels – Ensure a minimum two-week buffer of food supplies in all camps to reduce vulnerability to delivery delays.
- Diversified Food Basket – Expand rations beyond staples to include protein sources (meat, fish, eggs, pulses), vegetables, dairy, and fruits to prevent micronutrient deficiencies.
- Special Nutritional Support for Vulnerable Groups – Provide age-appropriate feeding for infants, and targeted rations for pregnant and lactating women, children, elderly, and persons with medical conditions.
- Increase in Meal Frequency – Shift from two meals to at least three meals per day to meet heightened energy and nutritional demands during emergencies.
- Improving Cultural Appropriateness of Food – Adapt meal plans to match the traditional dietary preferences of displaced communities to encourage adequate intake.
- Reliable and Resilient Supply Chains – Strengthen procurement and distribution systems to avoid frequent stock delays and interruptions in community kitchens.
- Nutrition Education and Awareness – Promote awareness of balanced diets, safe infant feeding practices, and proper use of available food supplies to maximize nutritional impact.
- Dedicated Support for Community Kitchens – Ensure steady provision of fuel, utensils, and staffing support for community kitchens to maintain consistent and safe food preparation.

4.3 WATER SANITATION AND HYGIENE

Overview

The WASH situation in displacement camps across Manipur reflects both progress and persistent gaps that directly affect health, dignity, and safety. While most households have received core hygiene items such as soap, toothpaste, detergent, and sanitary pads, many lack essentials like blankets, bedsheets, undergarments, and oil, undermining comfort and dignity, especially for women, children, and the elderly. Menstrual hygiene management remains a serious concern, with only 16% of camps having facilities for safe disposal. Sanitation infrastructure is inadequate, as only 19% of camps have gender-segregated toilets, and 45% of the toilets are temporary, with poor waste management in 61% of locations. Infection control is largely absent, implemented in only 23% of camps, heightening risks of communicable diseases. Access to safe drinking and domestic water is particularly problematic in Churachandpur and Imphal East, while nutritional gaps exist in Bishnupur and Imphal East. The lack of gender-segregated bathing spaces, reported by the majority of respondents across districts, further threatens privacy, safety, and dignity in these fragile settings.

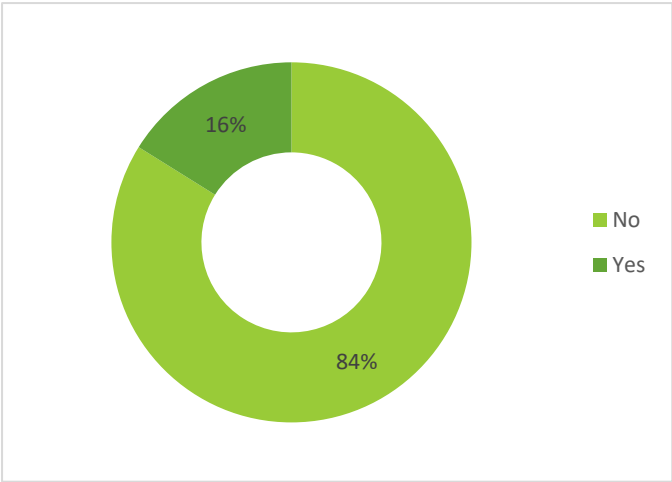
Assessment Findings



GRAPH 18: CONTENTS OF FAMILY HYGIENE KIT PROVIDED AT CAMP

The WASH situation in the displacement camps across Manipur presents a mixed picture: while some essential hygiene items are being supplied, significant gaps persist that compromise health, dignity, and safety. Most households have received core hygiene consumables such as soap (87%), toothpaste (81%), detergent (77%), buckets (74%), sanitary pads (71%), mugs (68%),

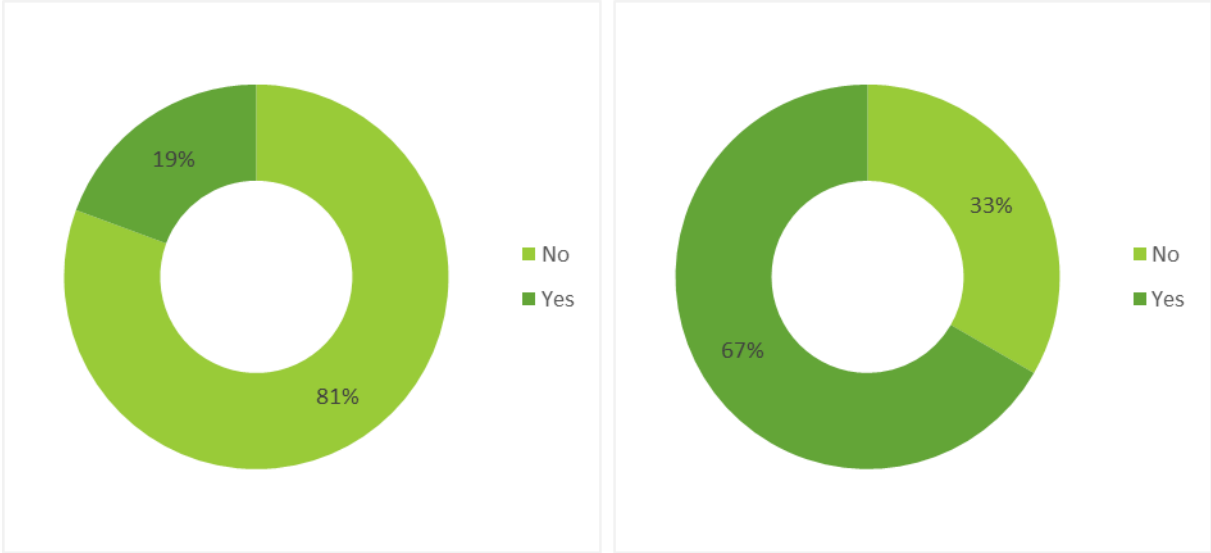
and toothbrushes (68%), which are critical in reducing the risk of communicable diseases. However, other equally important items such as blankets (58%), bedsheets (32%), oil (42%), rope (6%), and undergarments (13%) remain in short supply, leaving many without adequate means to maintain comfort, warmth, and personal dignity — particularly women, children, and the elderly.



Menstrual hygiene management remains a pressing concern. Only 16% of camps have adequate facilities for safe disposal of menstrual waste — including sanitary pads, old newspapers, and dustbins with lids — leaving the vast majority of women and girls without safe and dignified options. This gap directly impacts their mobility, participation in daily activities, and overall psychosocial well-being.

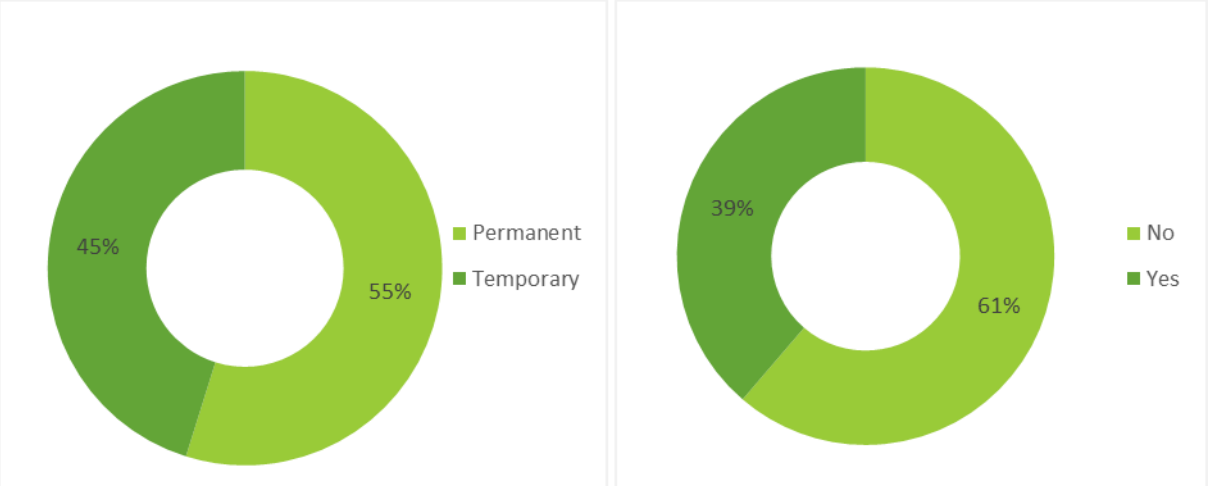
Similarly, the camp in charges also provided information about the toilet facilities, Sanitation infrastructure is

GRAPH 19: MENSTRUAL HYGIENE MATERIALS INCLUDING SANITARY PADS, OLD NEWSPAPERS, DUSTBINS WITH LID ARRANGED



GRAPH 21: AVAILABILITY OF PROPER TOILET FACILITIES SEPARATE FOR MALE AND FEMALE (LEFT), STATUS OF RUNNING WATER (RIGHT)

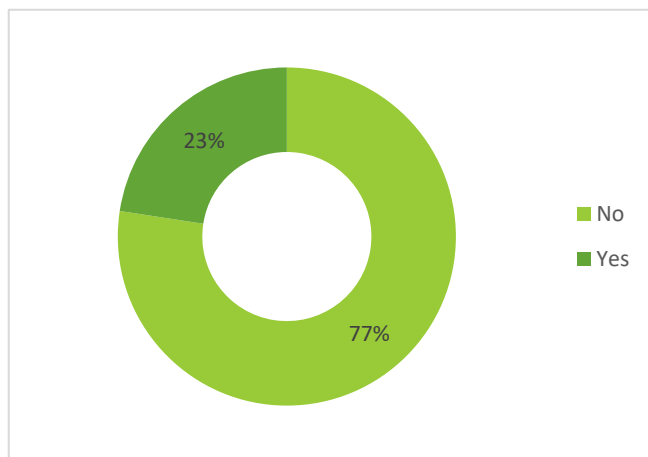
inadequate, with only 19% of assessed camps having separate toilets for men and women. This not only raises serious privacy and safety concerns but also heightens vulnerability to gender-based risks, especially for women and adolescent girls. While 67% of assessed camps report access to running



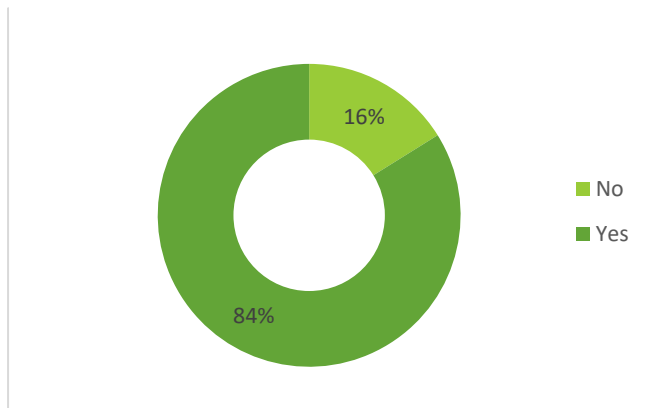
GRAPH 20: CONDITION OF TOILET (LEFT), AVAILABILITY OF WASTE DISPOSAL FACILITY (RIGHT)

water, the remaining 33% rely on irregular or unsafe sources. Furthermore, 45% of the toilets are temporary, underscoring the lack of durable, sustainable facilities and 55% permanent.

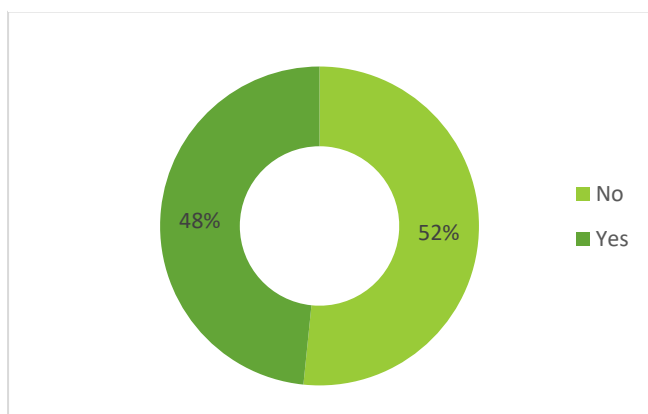
According to the camp in-charges, the condition of toilets varies widely. While 55% are permanent structures, the remaining 45% are temporary installations, which are often less durable, less hygienic,



GRAPH 23: STATUS OF INFECTION CONTROL PRACTICES UNDERTAKEN



GRAPH 22: CAMPS TOILET SAFETY FOR WOMEN AND CHILDREN (NEARBY CAMP, WELL LIT, AT SECURE LOCATION)



GRAPH 24: LAPSES IN CLEANLINESS AT THE SHELTER

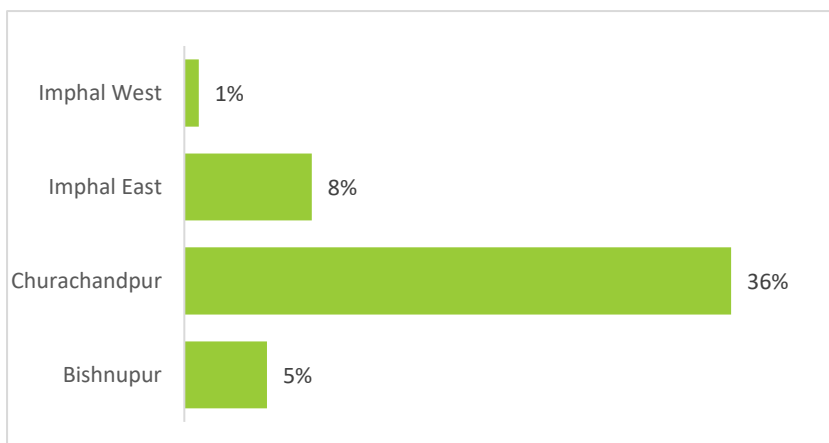
and more challenging to maintain in the long term. Waste management systems are inadequate, with only 39% of camps having structured waste disposal facilities. The absence of proper waste management in 61% of locations has already led to unsanitary conditions, accumulation of refuse, and increased vector-borne disease risks.

Infection control measures — such as regular disinfection, proper waste handling, and hygiene promotion — are only implemented in 23% of camps. The remaining 77% have no systematic approach to prevent the spread of communicable diseases, leaving the population vulnerable to outbreaks of diarrhoea, skin infections, and other hygiene-related illnesses.

Encouragingly, 84% of camps, according to camp in-charges, reported that toilets are located in nearby, well-lit, and secure areas, providing a safer environment for women and children. However, safety is only one part of the equation — without privacy, cleanliness, and adequate maintenance, these facilities cannot fully meet community needs.

Lapses in overall camp cleanliness were observed in 48% of camps. These include irregular cleaning of toilets, stagnant wastewater, and accumulated solid waste. According to camp in-charges, these lapses are often due to shortages of cleaning supplies, lack of dedicated sanitation staff, or insufficient community participation in cleaning activities.

Overall, the findings indicate that while certain basic WASH provisions are in place, the gaps in menstrual hygiene, waste management, infection control, and gender-segregated sanitation require urgent attention. These deficiencies, if not addressed promptly, will continue to undermine public health, safety, and dignity in the camps.



GRAPH 25: UNAVAILABILITY OF ACCESS OF SAFE WATER

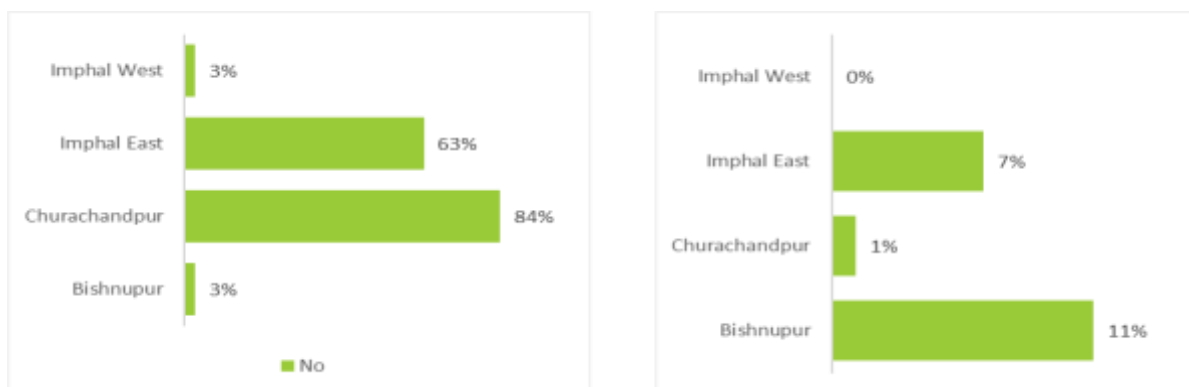
When we assessed camp inmates across Bishnupur (148), Churachandpur (280), Imphal East (60), and Imphal West (106), several critical gaps emerged in access to water and nutrition.

Access to safe drinking water was most problematic in Churachandpur (36%), followed by Imphal East (8%) and Bishnupur (5%), with only 1% of inmates in Imphal

West reporting such issues.

For domestic water needs such as cooking, bathing, and cleaning, the situation appeared more severe, particularly in Churachandpur (84%) and Imphal East (63%), while Bishnupur (3%) and Imphal West (3%) were comparatively better off.

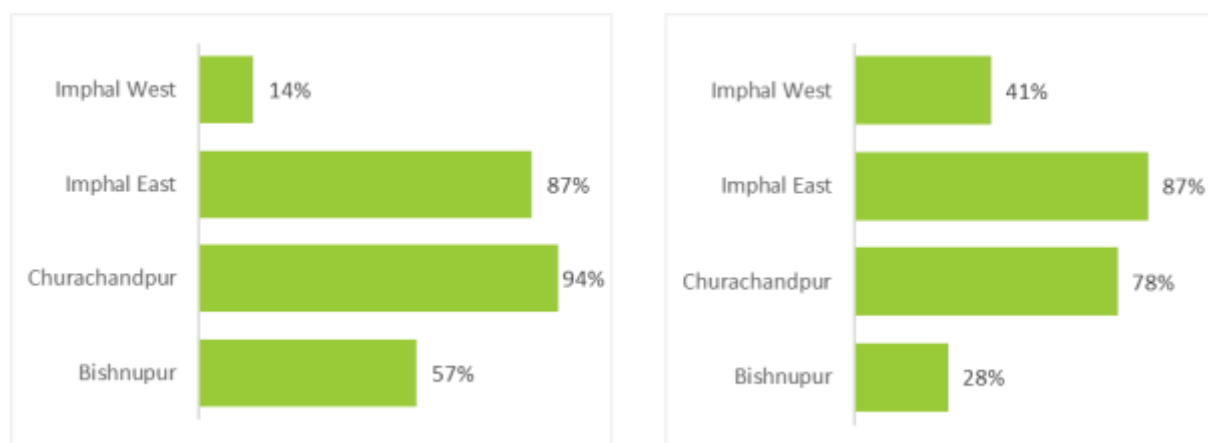
In terms of nutritional support, the unavailability of soup and liquid food—critical for children, the elderly, and the sick—was reported mainly in Bishnupur (11%) and Imphal East (7%), while Churachandpur (1%) and Imphal West (0%) reported minimal issues.



GRAPH 26: UNAVAILABILITY OF WATER FOR DOMESTIC NEEDS (LEFT), UNAVAILABILITY OF SOUP IN HOUSEHOLD(RIGHT)

A large proportion of respondents reported the unavailability of separate bathing spaces for men and women, with the problem most severe in Churachandpur (94%) and Imphal East (87%). More than half of the respondents in Bishnupur (57%) also highlighted this gap, while Imphal West (14%) was relatively better but still showed vulnerabilities.

The lack of gender-segregated bathing facilities not only undermine privacy and dignity, particularly for women and adolescent girls, but also raises risks of safety, protection, and health concerns in already fragile humanitarian settings.



GRAPH 27: UNAVAILABILITY OF SEPERATE BATHING SPACE FOR MEN AND WOMEN (LEFT), UNAVAILABILITY OF SOLID WASTE MECHANISM AT CAMP (RIGHT)

Urgent Needs

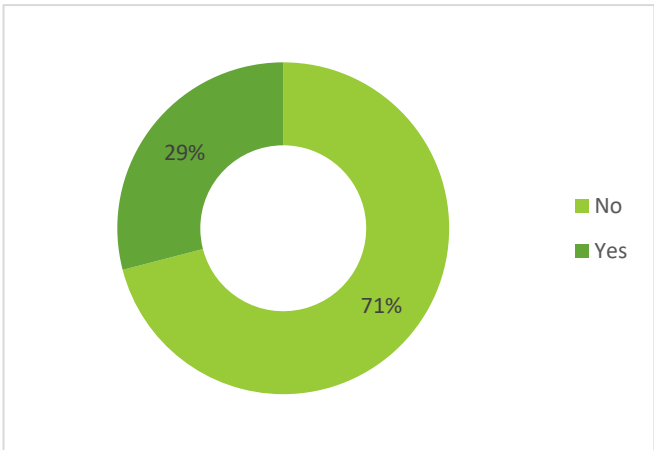
- Improved access to safe drinking water – especially in Churachandpur, Imphal East, and Bishnupur, where availability remains highly inadequate.
- Separate and safe bathing facilities for men and women to ensure privacy, dignity, and protection, particularly for women and adolescent girls.
- Gender-segregated toilets to address safety, privacy, and gender-based protection concerns.
- Adequate menstrual hygiene management facilities including safe disposal systems, dustbins with lids, and awareness support.
- Strengthened waste management systems to prevent unhygienic conditions, refuse accumulation, and vector-borne disease risks.
- Infection control measures such as regular disinfection, hygiene promotion, and proper waste handling across all camps.
- Adequate supply of essential hygiene items (blankets, bedsheets, undergarments, ropes, oil, etc.) to protect health, comfort, and dignity.
- Dedicated sanitation staff and cleaning supplies to improve camp cleanliness and sustain regular maintenance.

4.4 HEALTH

Overview

The assessment of displacement camps across Bishnupur, Churachandpur, Imphal East, and Imphal West revealed serious health gaps. Only 29% of assessed camps had functional health facilities, leaving the majority without immediate access to consultation or treatment. Just 3% reported having an on-call physician, while most depended on temporary or visiting staff. Ambulance services were absent in 81% of assessed camps, severely limiting emergency response. Medicine availability was also poor, with only 16% of camps stocking drugs for chronic diseases, and essential medicines for common illnesses often missing. Mental health concerns such as sleeplessness, anxiety, irritability, and substance abuse were widely reported, yet psychosocial support was rarely available. Preventive services, including vaccination and reproductive health support, were unevenly present, highlighting the urgent need to strengthen health service delivery in the camps.

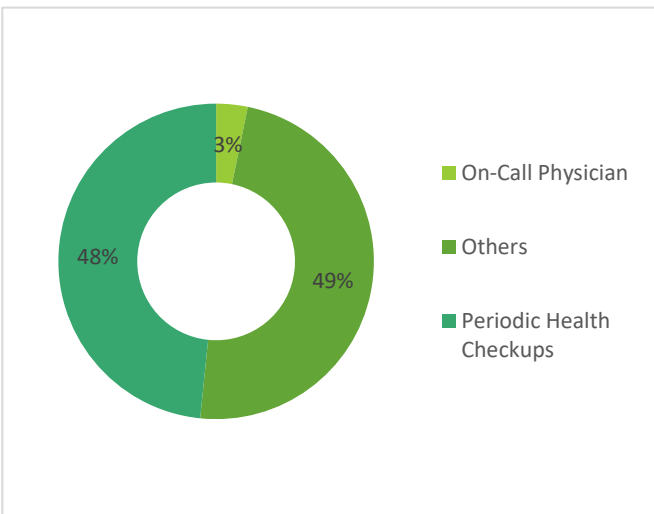
Assessment Findings



GRAPH 29: AVAILABILITY OF HEALTH FACILITY

According to camp in-charges, the health situation across camps is marked by severe service gaps and inconsistent access to care. Only 29% of the surveyed camps have a functional health facility on site, meaning the remaining 71% have no designated space for medical consultations, emergency care, or basic treatment. The absence of such facilities forces residents many of whom are elderly, children, or people with disabilities to travel outside the camp for even minor health concerns. This not only delays treatment but also exposes them to

additional physical, emotional, and financial strain. In a humanitarian context, the lack of a nearby health point significantly increases the risk of preventable complications and mortality.

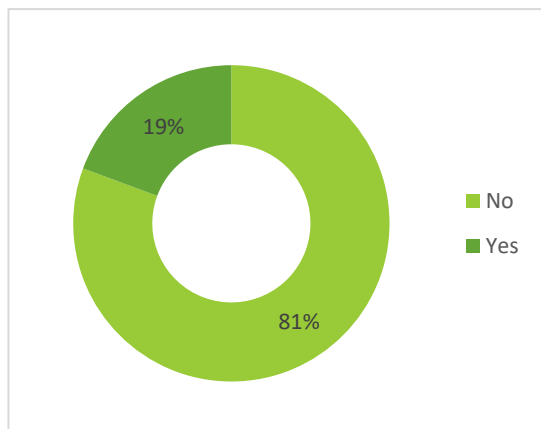


GRAPH 28: MEDICAL FACILITIES IN CAMPS

According to the camp in-charge, the assessment of medical facilities in camps reveals that healthcare provision is uneven and heavily reliant on temporary arrangements. Only 3% of camps have an on-call physician, indicating limited immediate access to medical consultation, which poses a risk during emergencies or for individuals with chronic conditions. In contrast, 48% of camps have “other” forms of medical support, such as visiting health workers or paramedics, which help fill service gaps but may not be adequate for serious or specialized care. Similarly, 48% of

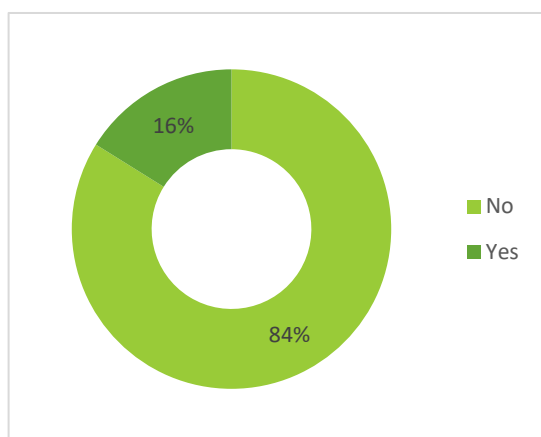
camps conduct periodic health checkups, which are essential for monitoring general health, detecting

diseases, and addressing nutritional needs, but their periodic nature means urgent medical concerns may remain unaddressed. Overall, while nearly half the camps have some form of health intervention, the minimal availability of full-time medical staff highlights a critical gap in healthcare access for camp residents.



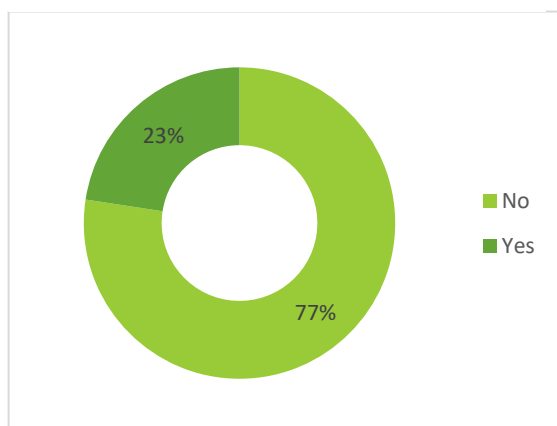
GRAPH 30: AVAILABILITY OF AMBULANCES AND OTHER EMERGENCY TRANSPORTATION FACILITIES

Emergency medical transportation is another major gap. Across all surveyed camps, 81% reported having no ambulance or vehicle for medical emergencies. The problem is especially acute in Bishnupur and Churachandpur districts, where not a single camp has access to patient transport. In life-threatening situations such as severe injuries, childbirth complications, or sudden deterioration in chronic illnesses, this absence means valuable time is lost arranging alternative transport. In emergency medicine, even a delay of minutes can be fatal, underscoring how critical this service gap is for camp residents.



GRAPH 31: AVAILABILITY OF COMMON MEDICINES FOR LIFESTYLE DISEASES

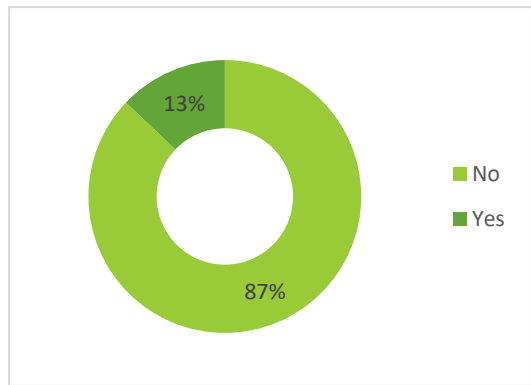
The supply of essential medicines — both for chronic and acute illnesses is alarmingly inadequate. Only 16% of camps have medicines for lifestyle diseases such as diabetes and hypertension readily available and 84% of camps does not have common medicines. Without uninterrupted treatment, these patients risk complications like heart attacks, strokes, and kidney failure. Additionally, medicines for acute illnesses such as diarrheal diseases, respiratory infections, and skin conditions are often missing, which is particularly dangerous in crowded, resource-limited camp settings where infections spread quickly.



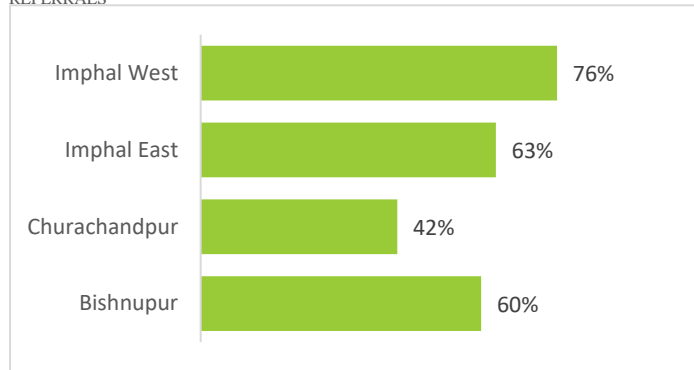
GRAPH 32: FACILITY OF TELE-COUNSELLING SERVICES AT CAMP

As per the camp in charges, psychosocial support services are severely lacking. Only 23% of camps have access to tele-counselling, and just 13% can refer patients to specialized services such as dialysis. This gap leaves individuals with complex mental health needs, chronic kidney disease, or other specialized conditions without proper treatment pathways. The prolonged stress of displacement, combined with unmet medical needs, creates a compounding crisis for both physical and mental health.

Access to specialized medical care is even more constrained, with just 13% of camps able to refer patients to services such as dialysis, cancer care, or advanced diabetes treatment and 87% does not

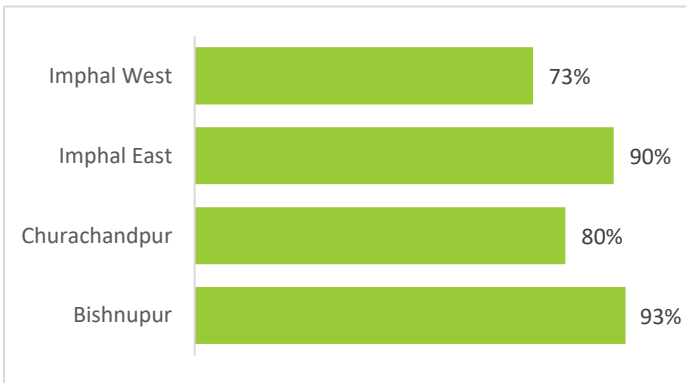


GRAPH 33: FACILITIES FOR PROVIDING DIALYSIS/DIALYSIS REFERRALS



GRAPH 34: HOUSEHOLD REQUIRING MEDICAL ATTENTION

with smaller numbers visiting private hospitals (8%), camp clinics (2%), NGO clinics (1%), and other sources (1%). Churachandpur showed a similar trend, with 63% using government hospitals, followed by private hospitals (26%), pharmacies (8%), camp clinics (1%), general practitioners (1%), and others (2%). In Imphal East, all affected households (100%) relied solely on government hospitals, while in Imphal West, 84% sought care from government hospitals, 12% from private hospitals, 2% from camp clinics, and 1% from pharmacies. Overall, the data highlights a strong dependence on public healthcare facilities across the affected areas, with



GRAPH 35: UNAWARE OF PRE-EXISTING MENTAL ISSUE

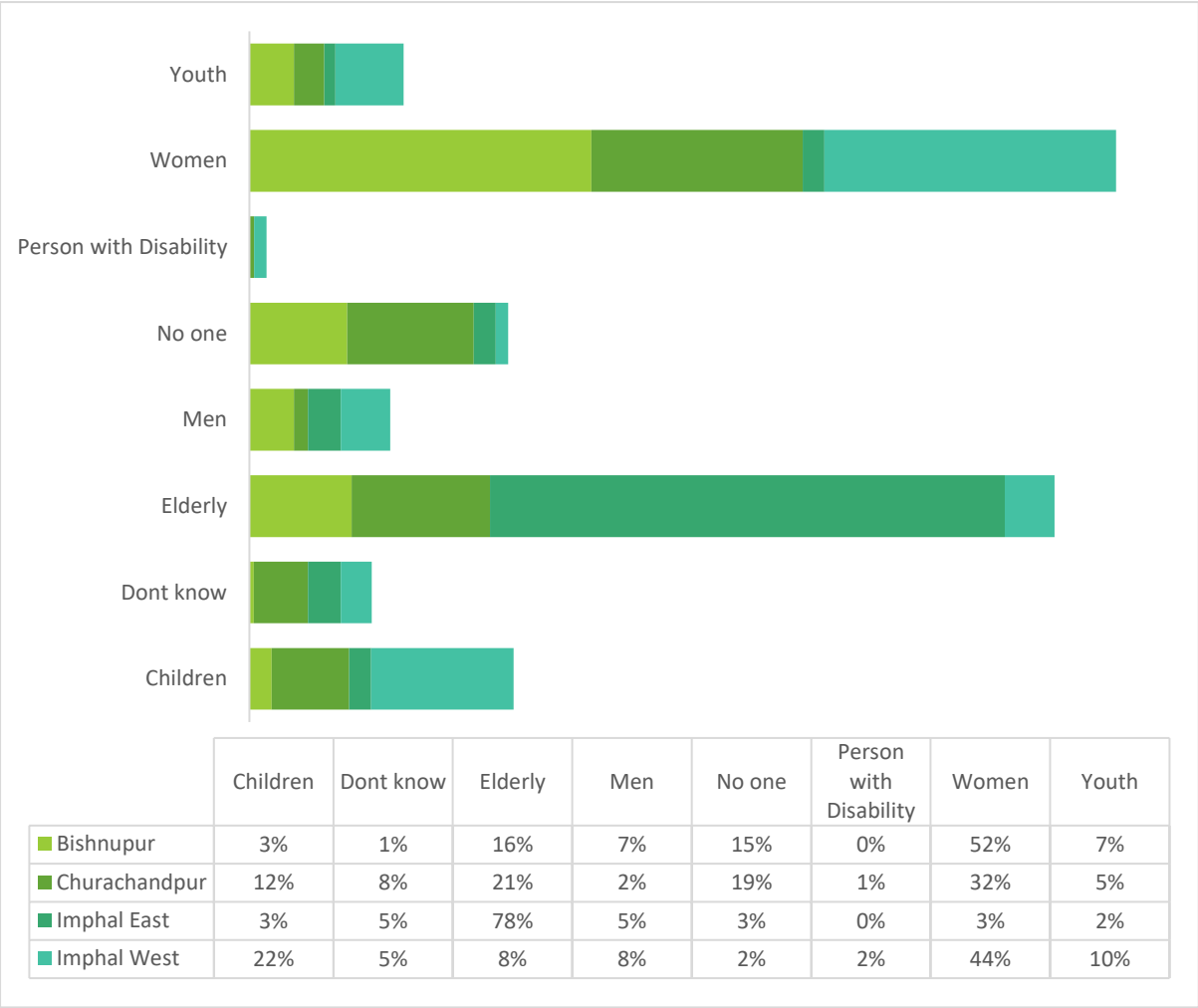
members of the household, alongside significant impact on elderly persons (16%) and youth (15%). In Churachandpur, the impact is more evenly spread, with children (21%) and elderly persons (19%) being most affected. Imphal East reports an overwhelming concentration of challenges among children (78%), while in Imphal West, the greatest burden is on “other” household members (44%) and children (22%).

provide such facilities. For individuals with chronic kidney disease or other complex health conditions, this gap can have life-threatening consequences. The lack of referral pathways often forces patients to travel long distances at high personal cost an option that is rarely feasible in displacement situations. As a result, preventable complications and fatalities become an ever-present risk, highlighting the urgent need to strengthen specialized healthcare linkages for camp populations.

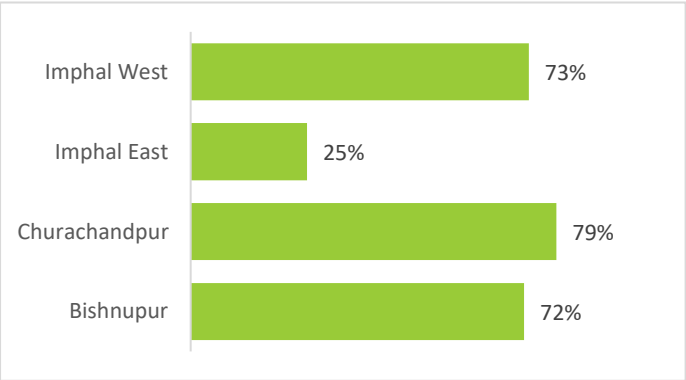
A considerable proportion of displaced households continue to require medical attention, with the highest need reported in Imphal West (76%), followed by Imphal East (63%), Bishnupur (60%), and Churachandpur (42%). Across all districts, households reporting health problems after the disaster or conflict predominantly sought treatment at government hospitals. In Bishnupur, 88% accessed government hospitals, with smaller numbers visiting private hospitals (8%), camp clinics (2%), NGO clinics (1%), and other sources (1%). Churachandpur showed a similar trend, with 63% using government hospitals, followed by private hospitals (26%), pharmacies (8%), camp clinics (1%), general practitioners (1%), and others (2%). In Imphal East, all affected households (100%) relied solely on government hospitals, while in Imphal West, 84% sought care from government hospitals, 12% from private hospitals, 2% from camp clinics, and 1% from pharmacies. Overall, the data highlights a strong dependence on public healthcare facilities across the affected areas, with private and alternative sources playing a smaller but notable role in some districts.

Mental health concerns are prevalent, with a high level of awareness of pre-existing conditions across districts, ranging from 73% in Imphal West to 93% in Bishnupur. The groups most affected by mental health challenges vary by location.

In Bishnupur, more than half (52%) of the reported challenges affect “other”



GRAPH 37: HOUSEHOLD MEMBERS FACING GREATEST MENTAL HEALTH CHALLENGES

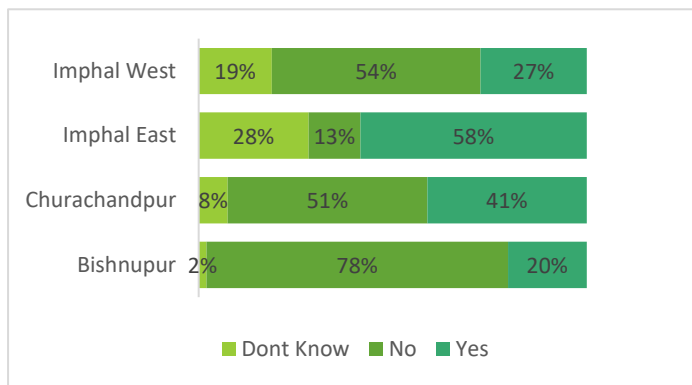


GRAPH 36: NO COUNSELLING RECEIVED FOR MENTAL HEALTH

Despite the high awareness levels, access to Mental Health and Psychosocial Support (MHPSS) remains severely limited. Over 70% of households in Bishnupur, Churachandpur, and Imphal West report having no access to such support, while in Imphal East, one in four households still lack access.

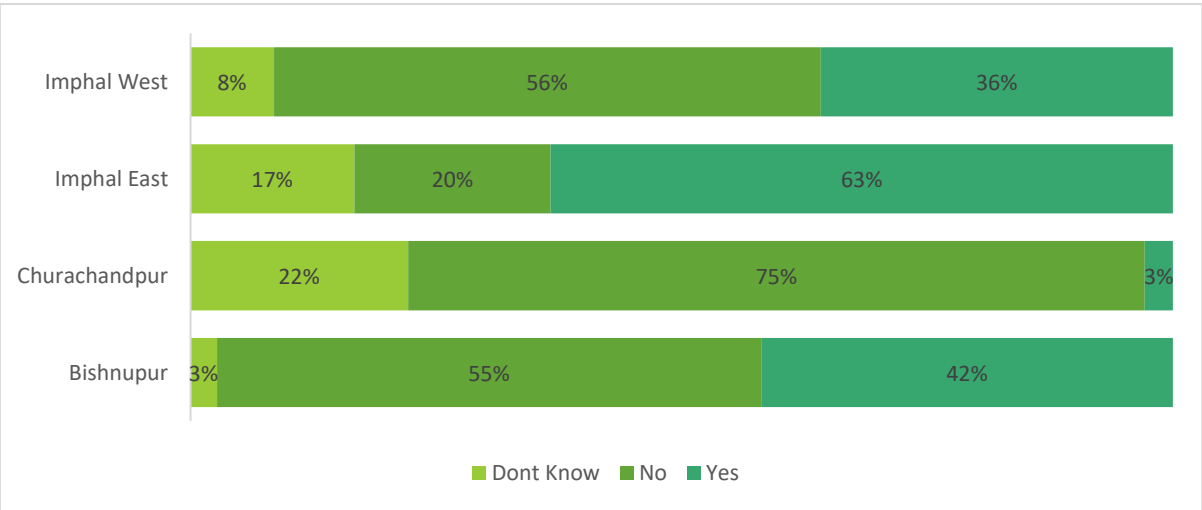
Preventive health measures through vaccination drives show varied coverage.

Bishnupur records the highest completion of vaccination drives at 78%, followed by Imphal West (54%) and Churachandpur (51%). Imphal East has the lowest full vaccination coverage (13%), and also the highest rate of households with no vaccination (58%). Churachandpur follows closely with 41% reporting no vaccination. These gaps indicate a risk of preventable disease outbreaks in camp settings.



GRAPH 38: VACCINATION DRIVES IN CAMPS

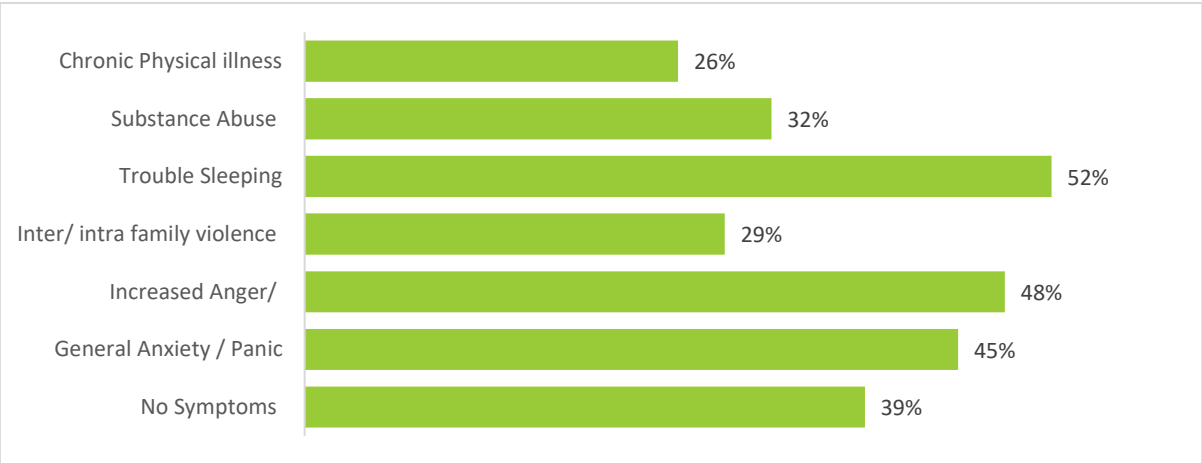
Availability of reproductive health support is uneven across districts. Churachandpur (75%) and Bishnupur (55%) report higher availability of services, followed by Imphal West (56%). Imphal East has the lowest access at just 20%. While some districts have relatively higher coverage, gaps remain, especially in ensuring consistent and comprehensive access to reproductive health services for displaced



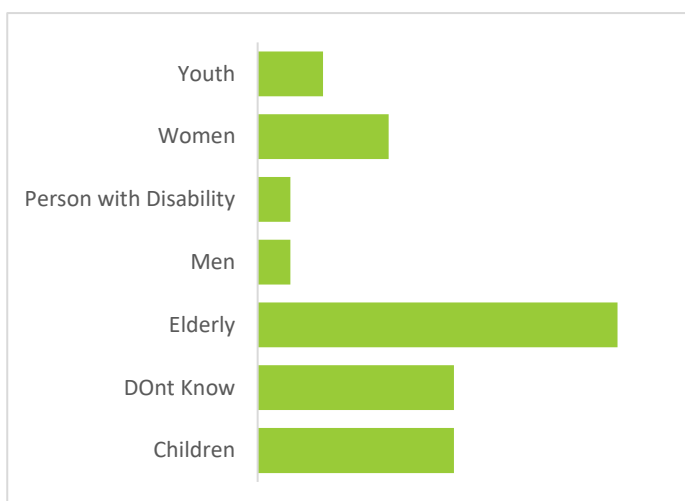
GRAPH 39: AVAILABILITY OF REPRODUCTIVE HEALTH SUPPORT

populations.

The mental health situation in camps reflects the psychological toll of displacement. Trouble sleeping is the most common issue, affecting 52% of respondents, followed by increased anger or irritability (48%), anxiety or panic attacks (45%), inter/intra-family violence (29%), substance abuse (32%), and chronic physical illness (26%). These symptoms are indicative of prolonged trauma, stress, and uncertainty, and if left unaddressed, they can lead to long-term mental health disorders and social instability within the camps.



GRAPH 40: SYMPTOMS OBSERVED IN CAMP AFTER DISPLACEMENT



GRAPH 41: GROUPS MOST AFFECTED BY MENTAL HEALTH ISSUES IN THE CAMP

As per the Camp Incharges, when disaggregating by vulnerable groups, the elderly emerge as the most affected by mental health issues (35%), followed by children (19%) and women (13%), with 19% of respondents unsure. This breakdown indicates that older populations may be disproportionately experiencing isolation, fear, and health deterioration, while children are showing early signs of stress and trauma.

Urgent Needs

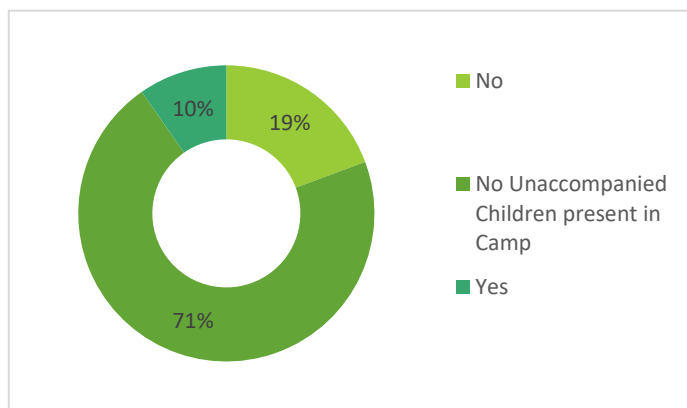
- Strengthening access to primary healthcare services in camps, including setting up functional health posts.
- Deployment of on-call doctors and trained health staff to ensure timely treatment and follow-up.
- Provision of 24/7 ambulance services for emergency referral and critical cases.
- Regular supply of essential medicines, particularly for chronic illnesses, maternal health, and children.
- Mobile medical units to reach underserved and remote camps.
- Psychosocial support and mental health services to address stress, trauma, and substance abuse.
- Reproductive, maternal, neonatal, and child health (RMNCH) services including vaccination drives.
- Disease surveillance and outbreak control measures to prevent communicable disease spread

4.5 PROTECTION

Overview

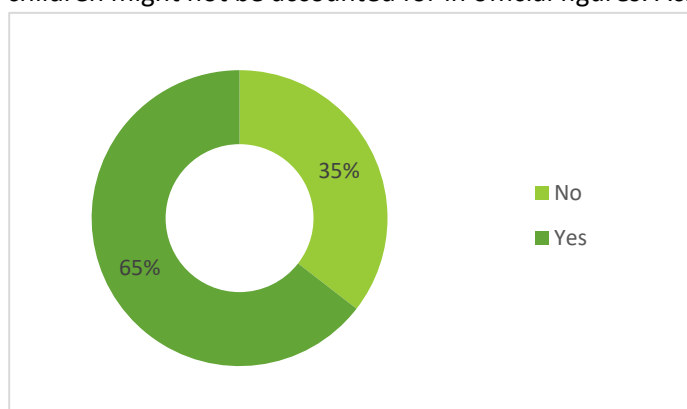
The protection situation across assessed camps reflects critical gaps in safeguarding vulnerable groups, particularly children, women, and the elderly. While 71% of assessed camps reported no unaccompanied children, underreporting remains a concern, risking delays in intervention and care. Child-friendly spaces are absent in one-third of camps, and 77% lack structured counselling or psychosocial support, leaving residents to cope with trauma without professional assistance. Volunteers dedicated to child protection and psychosocial care are available in only 19% of camps, underscoring limited specialized support. Despite 90% of camps reporting overall peace and order, inadequate security infrastructure at entrances and boundaries (58%) leaves camps exposed to risks. Women and children face heightened vulnerabilities, including worsened mental health, disruption of education, and in some locations, increased risk of violence or family separation. Education continuity also remains a pressing challenge, with needs ranging from safe transport to schools to the establishment of learning spaces within camps.

Assessment Findings



GRAPH 43: REPORTING OF UNACCOMPANIED/ORPHANED CHILDREN TO DCPO/1098

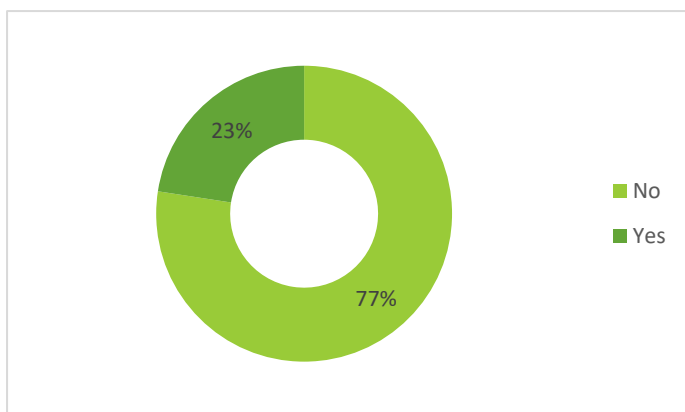
According to camp in-charges from the assessed districts, the situation of unaccompanied and orphaned children remains a sensitive protection concern. While Bishnupur (29%) and Imphal East (14%) reported such cases to the District Child Protection Officer (DCPO) or through the 1098 helpline, many other camps either had no such cases or had them unreported. Churachandpur and Imphal West, in particular, showed zero confirmed reports, though anecdotal evidence suggests that some vulnerable children might not be accounted for in official figures. Across all districts, 71% of assessed camps had no unaccompanied children, 19% had unreported cases, and only 10% had been formally documented and reported. The underreporting not only delays official intervention but also risks children slipping through the cracks in care and protection.



GRAPH 42: AVAILABILITY OF CHILD FRIENDLY SPACE

Child-friendly spaces, designed to offer safe and supportive environments for children, were available in only 65% of surveyed camps, leaving a substantial one-third without such facilities.

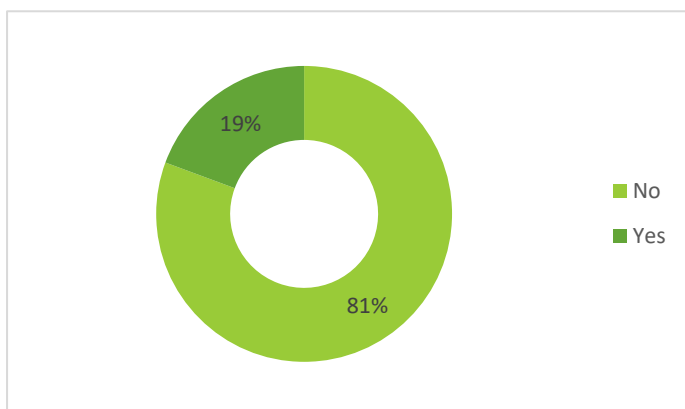
Churachandpur had the highest availability (73%), closely followed by Imphal East (80%). Bishnupur lagged behind at 57%, and Imphal West showed the most significant gap at only 25%.



GRAPH 44: AVAILABILITY OF COUNSELLING AND PSYCHOSOCIAL SUPPORT

When it comes to **counselling and psychosocial support services**, the gaps are even starker. Only Bishnupur (43%) and Imphal West (50%) reported having some form of structured counselling. Churachandpur's availability dropped sharply to 13%, and Imphal East had none at all. Overall, 77% of camps lack dedicated mental health or psychosocial support, leaving residents particularly children, women, and the elderly — to cope with trauma and stress without

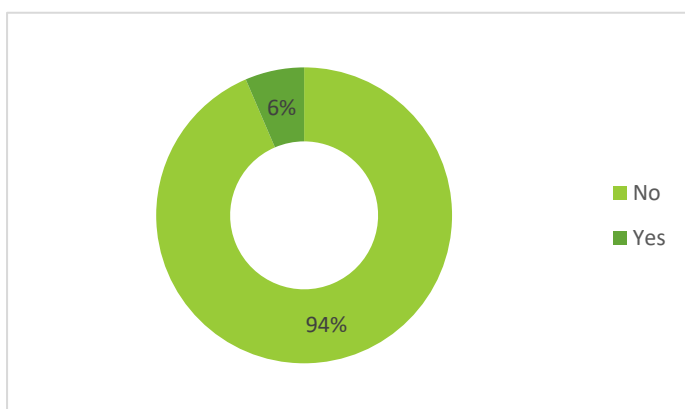
professional assistance. Several in-charges linked this absence directly to worsening anxiety, depression, and behavioural issues in camps.



GRAPH 45: AVAILABILITY OF SPECIFIC VOLUNTEERS FOR CHILD-FRIENDLY SERVICES AND PSYCHO-SOCIAL SUPPORT IN CAMPS

The **presence of specific volunteers** for child-friendly services and psychosocial care was another glaring gap. It shows that a significant majority 81% of surveyed camps do not have such volunteers available, while only 19% do have these resources. This highlights a considerable gap in the provision of specialized support for children in camp settings, suggesting that most camps may lack the necessary personnel to deliver essential child-friendly and psycho-social

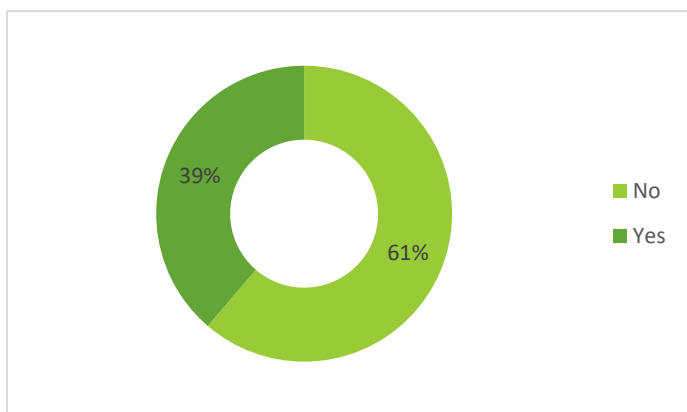
services.



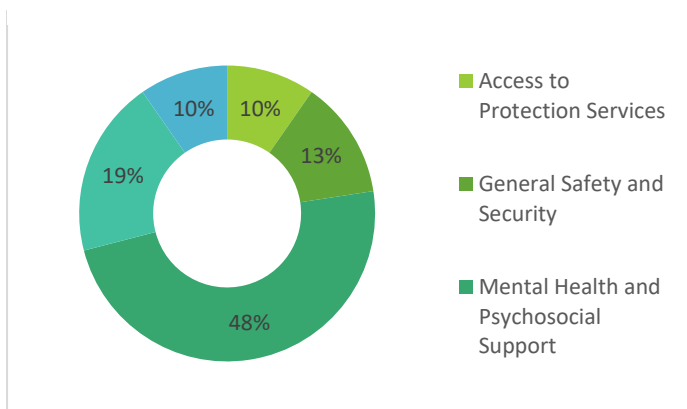
GRAPH 46: PRESENCE OF CHILDREN IN THE CAMP WHO HAVE LOST BOTH PARENTS

On the matter of **children who had lost both parents**, Bishnupur (14%) and Churachandpur (7%) reported such cases, while Imphal East and Imphal West reported none. Although the overall proportion (6%) appears small, camp in-charges stressed that these children are often the most at risk, requiring sustained emotional, educational, and livelihood support. **Children who had lost either their mother or father** were much more common — present in 57% of Bishnupur and Imphal West camps, 33% of

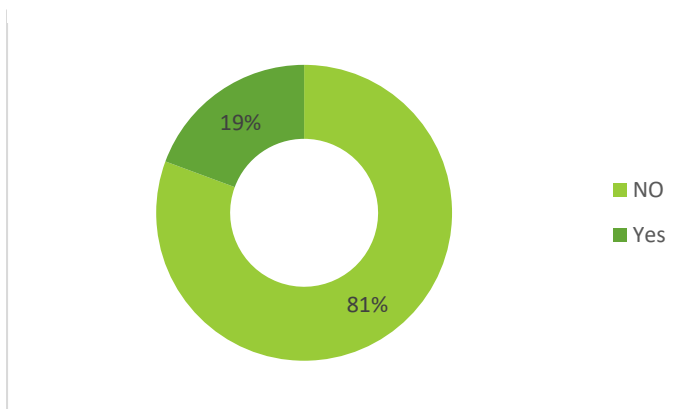
Churachandpur, and 20% of Imphal East. This wider group also faces heightened vulnerability due to reduced household income and support systems.



GRAPH 47: PRESENCE OF CHILDREN IN THE CAMP WHO HAVE LOST EITHER MOTHER OR FATHER



GRAPH 48: TOP PROTECTION NEEDS OF THE COMMUNITY FOR THE NEXT TWO WEEKS



GRAPH 49: PRESENCE OF ANTI-SOCIAL ELEMENTS OR CRIMINAL BEHAVIOR AROUND THE CAMP

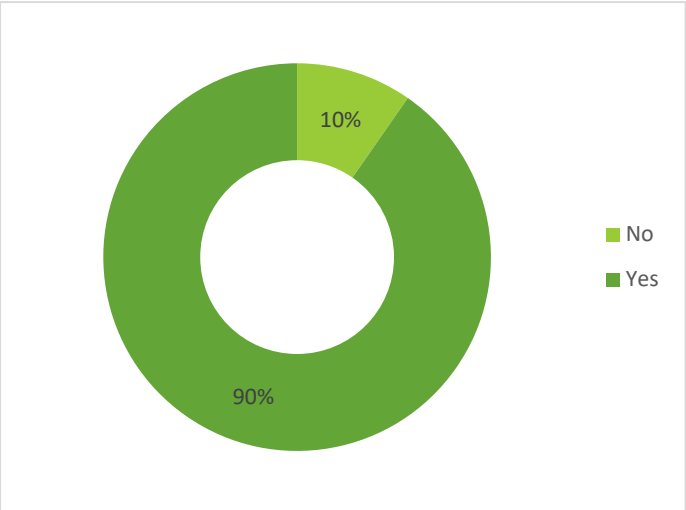
When asked about the most pressing protection needs for the upcoming two weeks, camp incharges most frequently highlighted mental health and psychosocial support as a priority (48%), followed by other immediate protection interventions (19%), and general safety and security measures (13%). Needs specific to women and children's safety (10%) and access to protection services (10%) were also emphasised. This reflects an acute recognition of the psychological toll of displacement, alongside the necessity of maintaining secure and protective environments.

Encouragingly, the majority of camps (90%) reported that peace and order are generally maintained within their boundaries. However, concerns remain regarding **security infrastructure**—58% of camps reported inadequate security at entrances, boundaries, and gates, creating potential risks for unauthorised entry or security breaches.

While the presence of anti-social elements or criminal behaviour was relatively low (19%), incharges stressed the importance of ongoing vigilance, given the psychological impact of any such incidents on already vulnerable populations.

Beyond immediate protection, incharges identified a range of infrastructure needs essential to ensuring safe and dignified

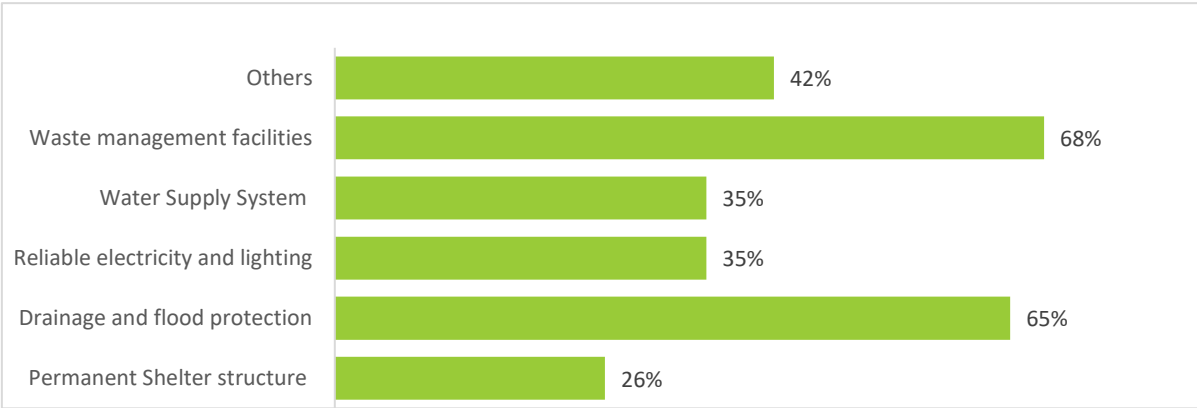
living conditions. Waste management facilities (68%) and improved drainage/flood protection (65%) were cited most often, followed by demands for reliable electricity/lighting and water supply systems (35% each). Bishnupur highlighted the urgent need for separate toilets for males and females, while Churachandpur noted requirements spanning from community kitchens and fencing to emergency lighting and water tank installations.



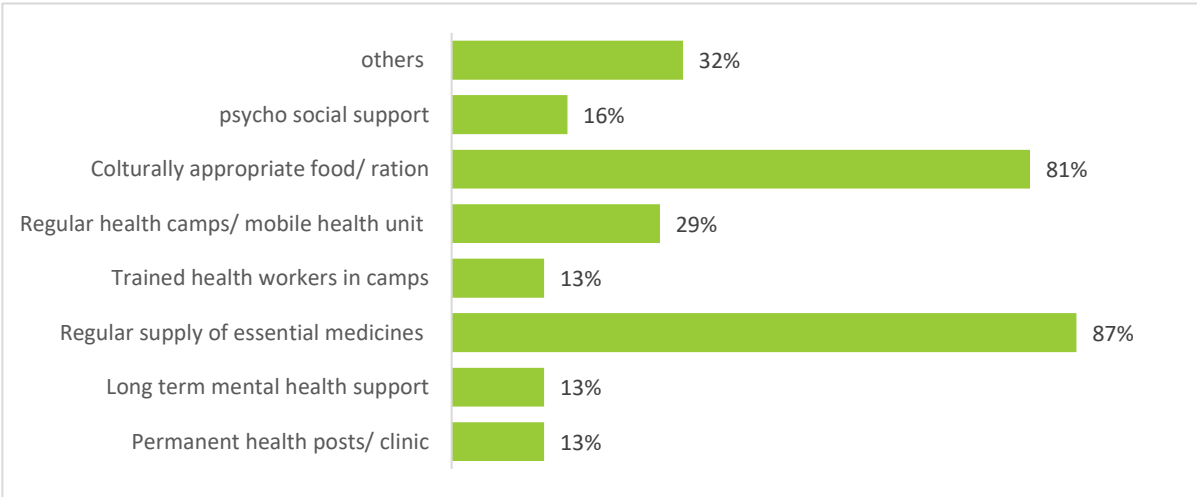
GRAPH 52:SAFETY, SECURITY, AND MAINTENANCE OF PEACE AND ORDER IN THE CAMP

From a longer-term perspective, the most critical support need reported was a regular supply of essential medicines (87%), followed closely by culturally appropriate food/ration provision (81%). Other frequently mentioned needs included regular health camps or mobile units (29%), permanent health posts/clinics (13%), trained health workers (13%), and long-term mental health support (13%). The data also reveal locally specific priorities Churachandpur stressed livelihood support and green vegetable provision, while Imphal West highlighted transportation for hospital visits and

medical emergencies.

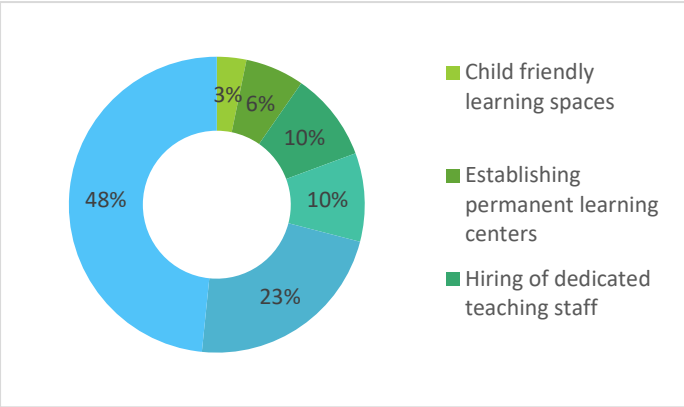


GRAPH 51: TOP 3 INFRASTRUCTURE NEEDS TO ENSURE SAFE AND DIGNIFIED LIVING CONDITIONS IN THE CAMP

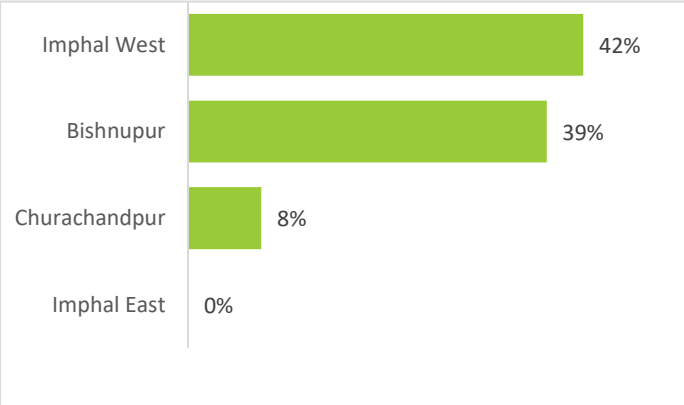


GRAPH 50: TOP 3 LONG-TERM SUPPORT NEEDS TO MAINTAIN HEALTH AND WELL-BEING OF CAMP RESIDENTS

Sustaining children’s education in camps emerged as a key concern. Transportation to nearby schools was the most frequently cited need (48%), followed by provision of school supplies/uniforms (23%), hiring of dedicated teaching staff (10%), and establishing permanent learning centres (6%). Bishnupur



GRAPH 53: SUPPORT NEEDED TO SUSTAIN CHILDREN’S EDUCATION AND WELL-BEING IN THE CAMP

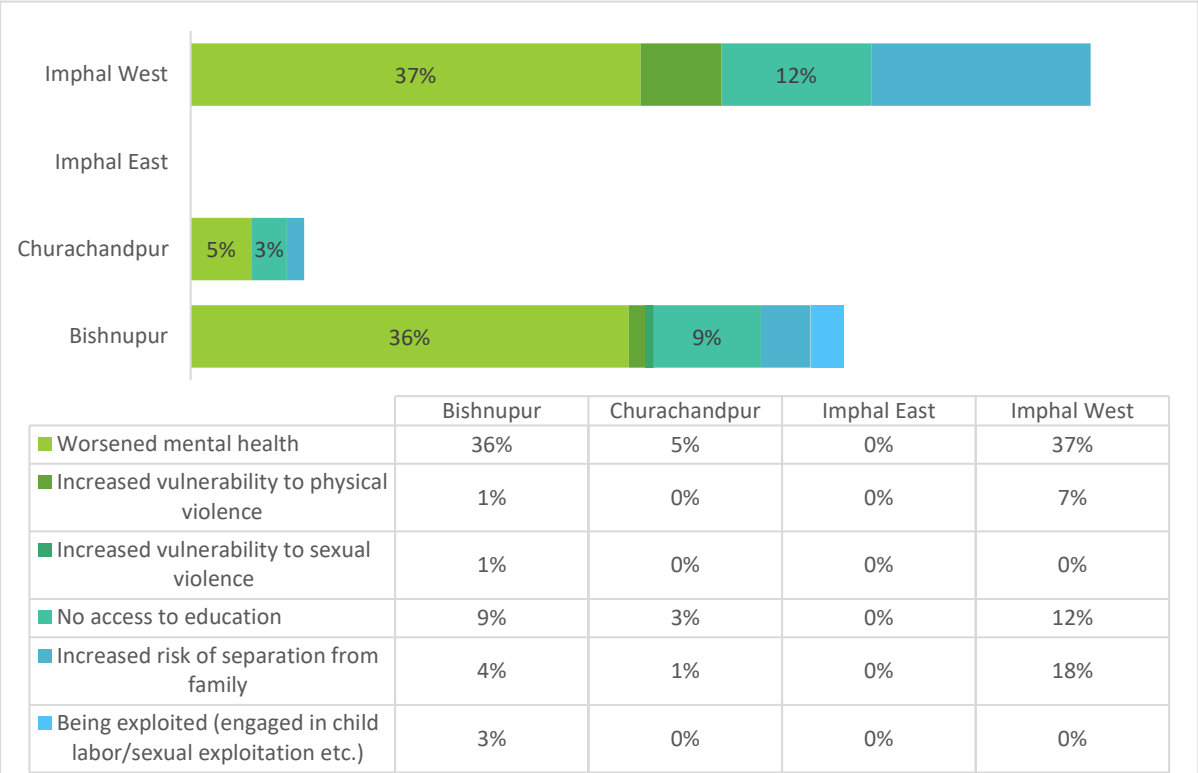


GRAPH 55: PEOPLE THAT REQUIRE PROTECTION SERVICES

and Churachandpur camp incharges noted the urgent need for child-friendly learning spaces and safe study environments, underlining education as both a right and a stabilising factor in the lives of displaced children.

A significant proportion of assessed displaced households report the need for protection services, with the highest levels in Imphal West (42%) and Bishnupur (39%), followed by Churachandpur (8%).

The main concerns affecting women and children vary across locations, but worsened mental health is the most frequently reported in Bishnupur (36%) and Imphal West (37%). Increased vulnerability to physical violence is most evident in Imphal West (7%), while the risk of sexual violence remains low across all districts. Educational disruption is most prominent in Imphal West (12%)

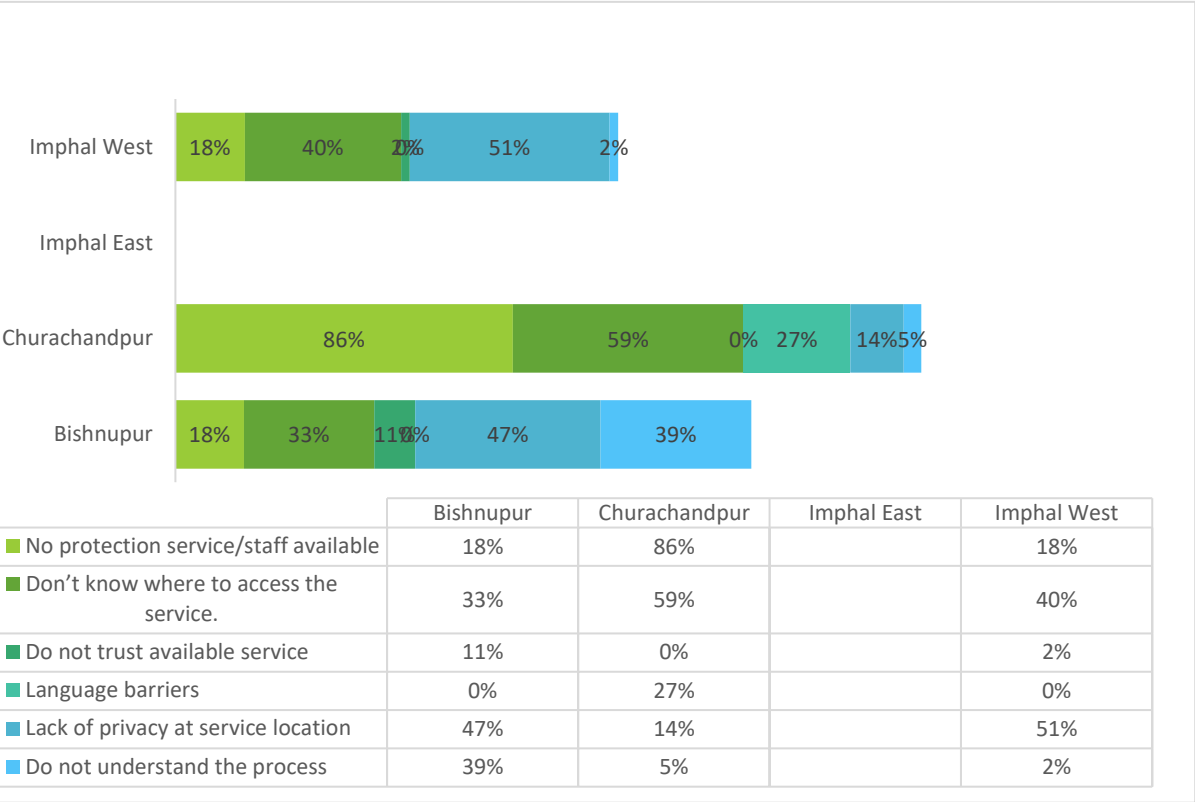


GRAPH 54: MAIN CONCERNS ON PROTECTION OF CHILDREN AND WOMEN

and Bishnupur (9%), with Imphal West also reporting the highest risk of separation from family (18%).

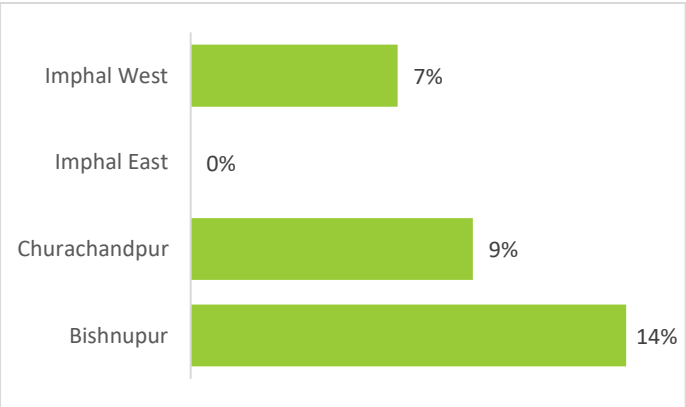


Exploitation through child labour or sexual exploitation is reported in Bishnupur (3%) but not in other districts.



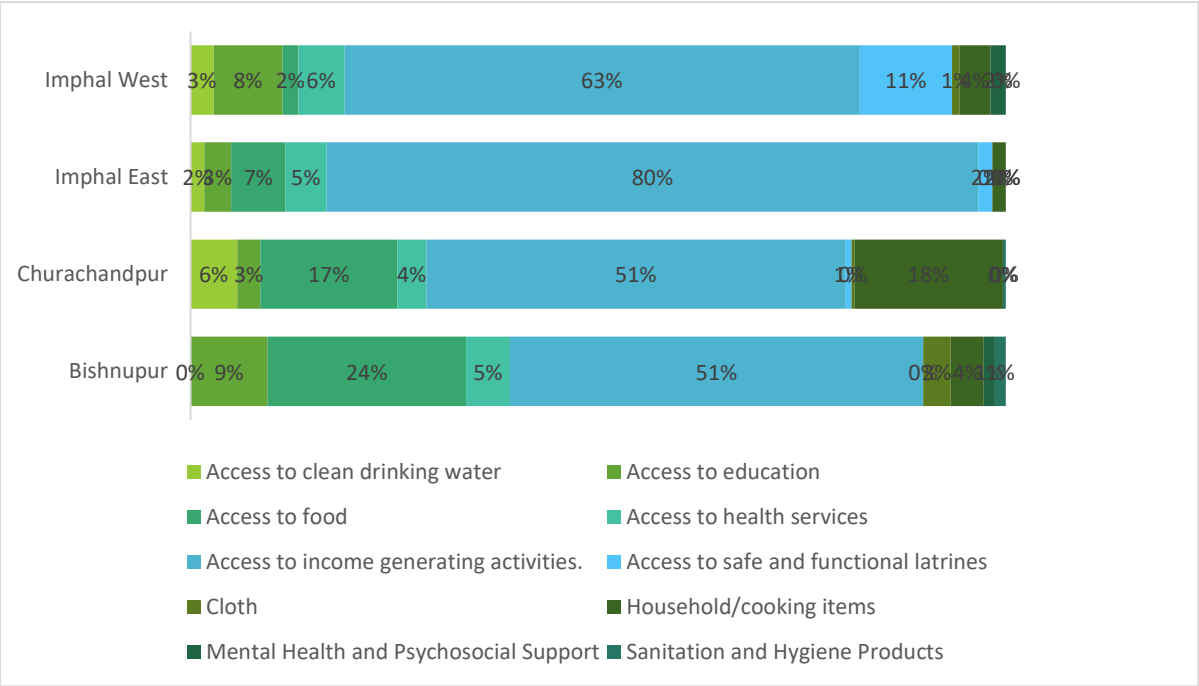
GRAPH 56: CHALLENGES FACED IN ACCESSING PROTECTION SERVICE

Challenges in accessing protection services reveal multiple barriers. In Churachandpur, the absence of protection services or staff is reported by 86% of respondents, along with widespread lack of knowledge on where to access services (59%). Bishnupur and Imphal West show similar but less severe patterns, with a significant number citing lack of privacy at service locations (47% in Bishnupur, 51% in Imphal West) and difficulties in understanding service processes (39% in Bishnupur). Trust issues are more prominent in Bishnupur (11%) than elsewhere, while language barriers are reported only in Churachandpur (27%).



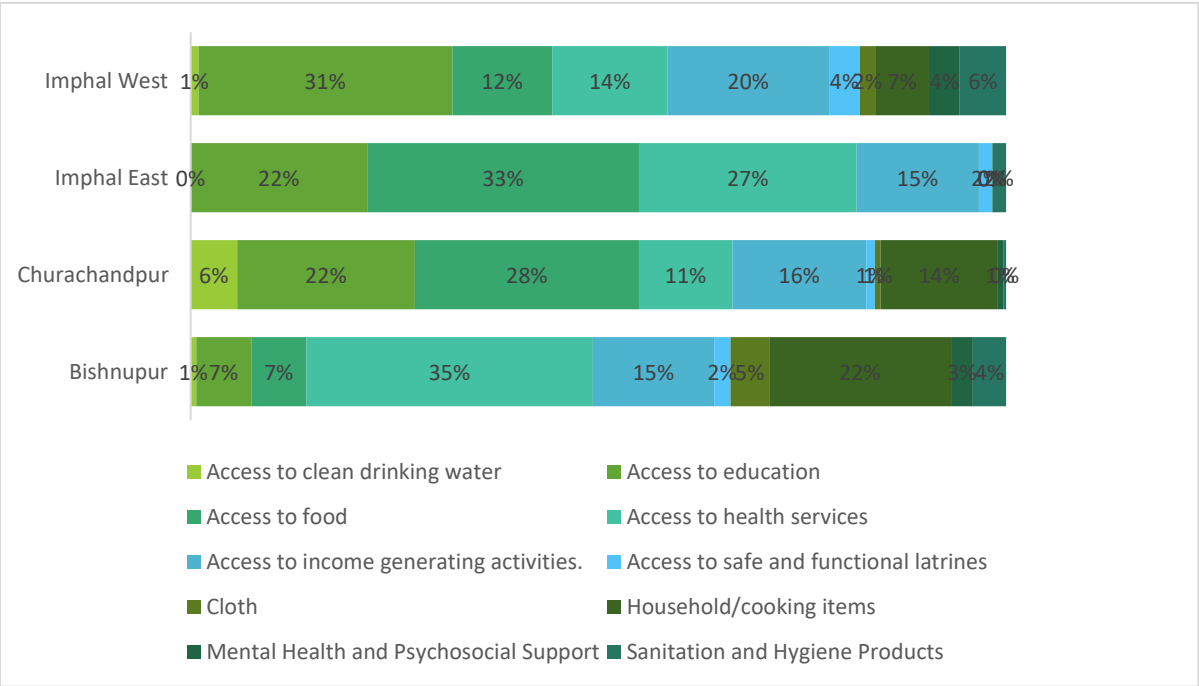
GRAPH 57: LACK OF SAFETY PERCEIVED BY WOMEN AND CHILDREN IN CAMPS

The perception of safety among women and children in camps varies, with Bishnupur reporting the highest lack of safety (14%), followed by Churachandpur (9%) and Imphal West (7%). No safety concerns were reported in Imphal East. These findings point to pockets of heightened insecurity, particularly in Bishnupur.



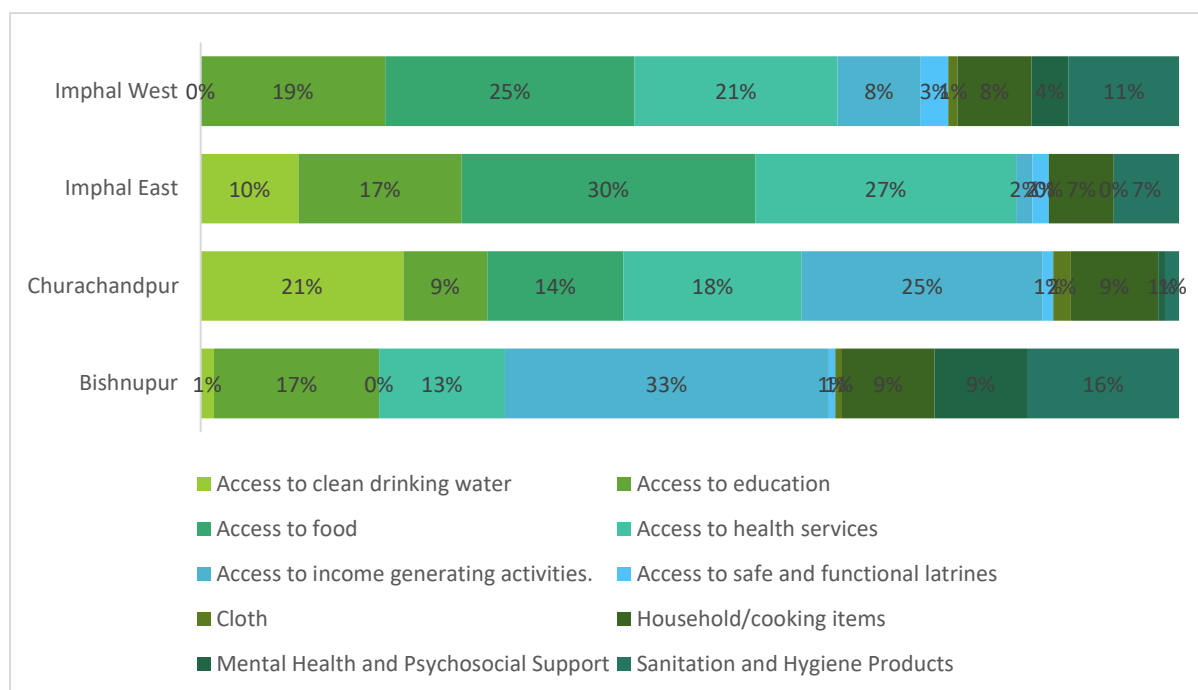
GRAPH 58: FIRST PRIORITY NEED

Priority needs data further reveal underlying protection-related vulnerabilities. Income-generating activities emerge as a top first priority across most districts—80% in Imphal East, 63% in Imphal West, and 51% in both Bishnupur and Churachandpur.



GRAPH 59: SECOND PRIORITY

For second and third priorities, access to education, food, and health services repeatedly rank high, indicating that the lack of basic needs is intertwined with protection risks. Bishnupur, for example, cites access to health services as a major second priority (35%), while Churachandpur and Imphal East consistently highlight food access among their top needs.



GRAPH 60: THIRD PRIORITY

Urgent Needs

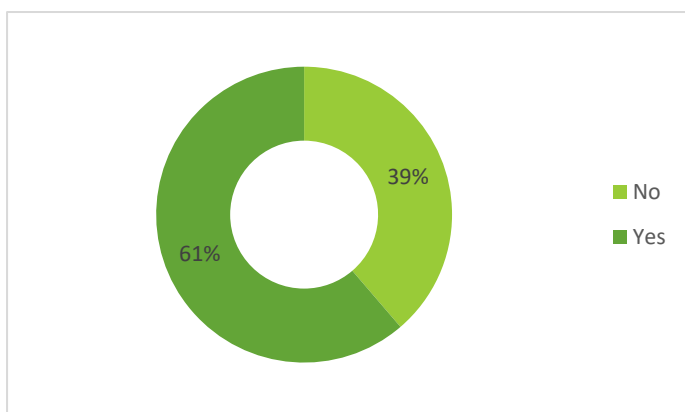
- Establishment of child-friendly spaces and recreational areas to ensure protection, learning, and psychosocial well-being of children.
- Deployment of trained counsellors and psychosocial support staff in camps to address trauma, stress, and mental health issues.
- Strengthening of camp security measures, including proper fencing, guarded entrances, and adequate lighting to reduce risks of violence and exploitation.
- Volunteers and trained child protection staff to monitor and support vulnerable children, especially unaccompanied or at-risk cases.
- Provision of safe and accessible education opportunities, including temporary learning spaces or safe transportation to schools.
- Targeted support for women, elderly, and persons with disabilities, ensuring privacy, mobility assistance, and protection from abuse.
- Strengthened family tracing and reunification mechanisms for separated or unaccompanied children.
- Regular awareness and training sessions on child protection, GBV prevention, and community-based safeguarding practices.

4.6 EDUCATION

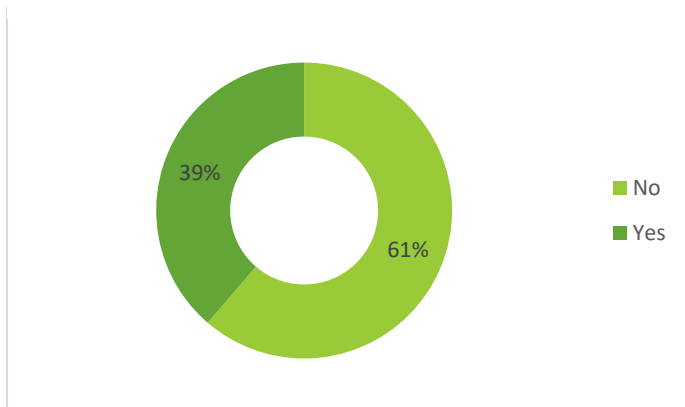
Overview

The education sector findings from the surveyed camps reveal both positive trends and critical gaps. Across Bishnupur, Churachandpur, Imphal East, and Imphal West, school attendance among children ranged between 77% and 84%, though some remain out of school. A heavy dependence on private schools, especially in Imphal East (96%) and Imphal West (76%), poses financial challenges for displaced families. Only 39% of surveyed camps reported alternate education facilities, while child-friendly spaces were available in just over half, with significant shortages in Imphal East. Overall, while attendance levels are relatively high in the surveyed camps, inadequate alternate education and uneven access to child-friendly spaces limit comprehensive support for children's learning and well-being.

Assessment Findings



GRAPH 62: PROVISION OF CHILD FRIENDLY SPACES IN THE CAMP



GRAPH 61: PROVISION OF ALTERNATE EDUCATION IN THE CAMP

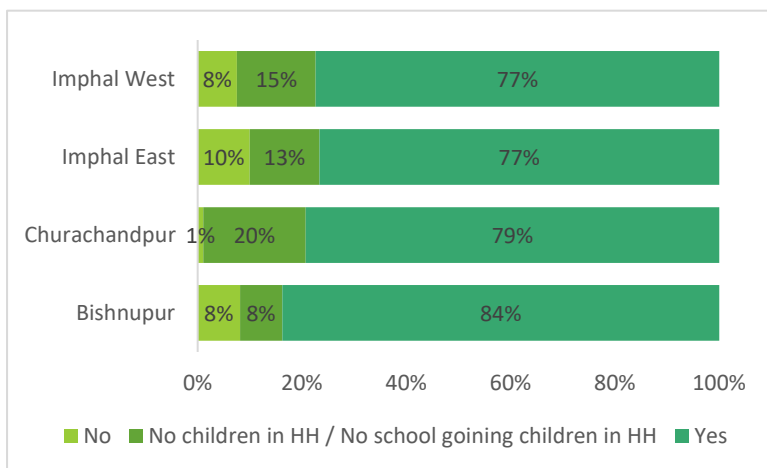
Discussions with camp in-charges reveal a mixed scenario in the provision of education-related services within the camps. Regarding alternate education facilities, 39% of the assessed camps reported having such provisions, while the remaining 61% lacked them entirely.

In terms of child-friendly spaces (CFS), the trend is more encouraging. 61% of assessed camps reported having dedicated child-friendly spaces, while 39% lacked such facilities.

The overall findings suggest that while a majority of camps have made provisions for child-friendly spaces, access to alternate education remains limited, leaving a significant proportion of children without structured learning opportunities. Camp in-charges often cited resource constraints, lack of trained educators, and insufficient materials as barriers. Strengthening alternate

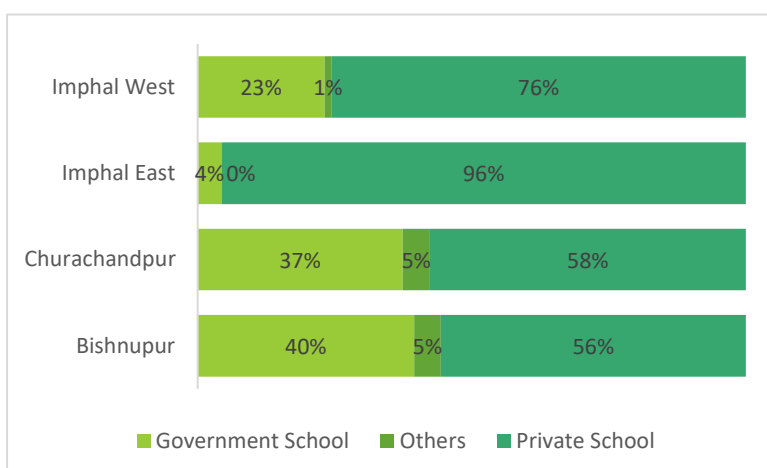
education delivery, alongside sustaining child-friendly spaces, is essential to support the psychosocial and educational needs of children in these camps.

The camp residents assessment across Bishnupur, Churachandpur, Imphal East, and Imphal West shows that while most children attend school, access and attendance vary by district and school type, with gaps in child-friendly spaces. Barriers such as inadequate facilities, transport issues, financial constraints, and safety concerns hinder regular attendance for displaced children.



GRAPH 63: M EDUCATION STATUS OF CHILDREN IN THE CAMP

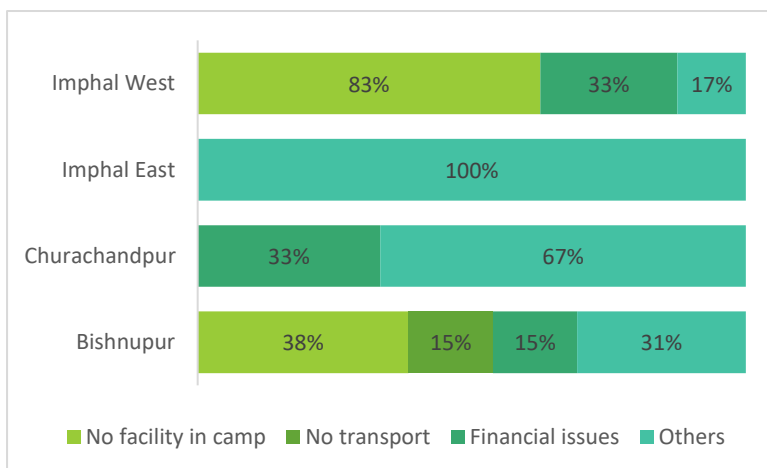
79% attendance, with 20% of households having no school-going children. Both Imphal East and Imphal West reported 77% attendance; however, a proportion of children remain out of school despite being of school age. These figures suggest that while a majority of displaced children are enrolled, targeted measures are required to ensure that all children have equitable access to education.



GRAPH 64: TYPES OF SCHOOLS ATTENDED BY CHILDREN IN THE CAMP

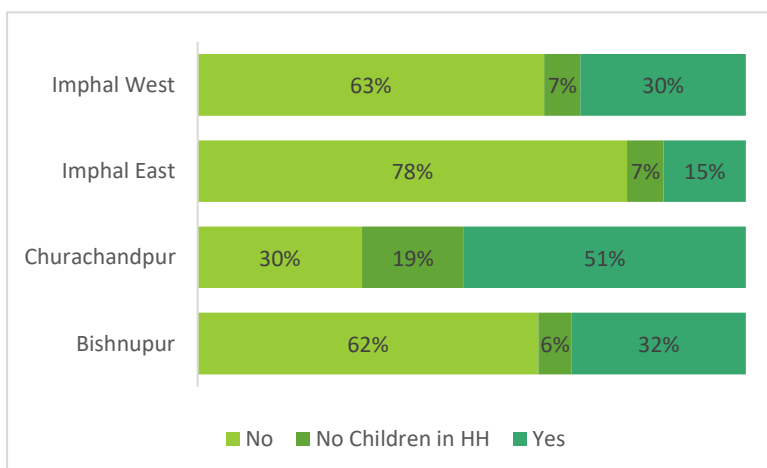
Patterns in the type of schools attended reveal notable district-level differences. In Bishnupur and Churachandpur, enrolment is relatively balanced between government schools (40% and 37%) and private schools (56% and 58%), indicating utilisation of both public and private options. In contrast, Imphal East shows an overwhelming reliance on private schooling (96%) with minimal government school attendance (4%), potentially increasing financial strain on displaced households. Imphal West also reflects a strong preference for private schools (76%) over government schools (23%). Minimal representation in the 'other' category across districts suggests limited access to alternative or non-formal education services. Among 18 respondents, the highest number of children attending both government and private schools was in Churachandpur (11 cases), followed by Bishnupur (6) and Imphal West (1), with a few noting community school attendance or that children were too young for enrolment.

The education situation in displacement camps across Bishnupur, Churachandpur, Imphal East, and Imphal West reflects encouraging levels of school attendance among children, though significant gaps persist. In Bishnupur, 84% of households reported that their children are attending school, while 8% indicated non-attendance and another 8% reported having no school-going children. Churachandpur recorded



GRAPH 65: REASONS FOR NOT ATTENDING SCHOOL

while in Imphal West, the absence of facilities was dominant (83%), alongside financial difficulties (33%). Many 'other' responses indicated households without children or children not currently in school, most notably in Imphal East (6 households), followed by Bishnupur (4), Churachandpur (2), and Imphal West (1). Some noted their households mainly comprised adults or lacked educational support for children.



GRAPH 66: AVAILABILITY OF SEPARATE CHILD-FRIENDLY SPACES IN THE CAMP

opportunities for recreational, emotional, and social development, particularly in prolonged displacement contexts. Expanding and standardizing access to these spaces across all districts could contribute to improved child protection and holistic well-being.

Barriers to school attendance differ across districts. In Bishnupur, the main challenge was the absence of educational facilities within camps (38%), followed by transport (15%) and financial constraints (15%). In Churachandpur, one-third cited financial issues, while most (67%) reported 'other' reasons, such as safety concerns or household circumstances. In Imphal East, all cases fell under 'other' reasons,

The availability of separate child-friendly spaces in camps essential for safe play, informal learning, and psychosocial support remains uneven. Churachandpur responded the highest availability (51%), followed by Bishnupur (32%) and Imphal West (30%). Imphal East reported the lowest availability at 15%, with 78% of households indicating no such facilities. The absence of child-friendly spaces in a significant number of camps may hinder

Urgent Needs

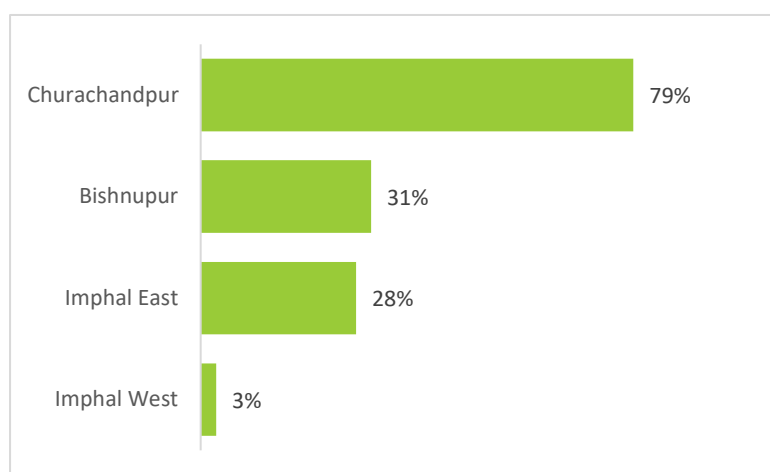
- Many surveyed camps lack structured learning opportunities, leaving a large number of children without access to regular schooling. Setting up alternate education facilities within the camps is urgently required to ensure continuity of learning.
- Child-friendly spaces are essential for safe play, informal learning, and psychosocial well-being of children. Expanding these spaces in camps would help create secure environments that support children's recovery and growth.
- A shortage of trained teachers has been highlighted as a major barrier. Recruiting volunteer educators and equipping them with training in both teaching methods and psychosocial support will help address the gap.
- Children in camps often do not have access to basic resources like books, stationery, and learning aids. Providing these along with minimal infrastructure such as benches, blackboards, or mats is necessary for effective learning.
- Families in some districts depend heavily on private schools, which places a huge financial burden on displaced households. Subsidies, scholarships, or support with school fees are needed to prevent vulnerable children from dropping out.
- Lack of reliable and safe transport is preventing children from accessing schools outside camps. Arranging organized transportation services or establishing learning hubs closer to the camps will help improve attendance.
- Safety concerns, especially for girls, often discourage parents from sending children to schools far from camps. Measures such as secure routes, community escorts, and gender-sensitive facilities will encourage regular attendance.
- Not all children are able to rejoin formal schools immediately, particularly those who have missed several months of education. Non-formal classes, peer learning initiatives, and community-run education options can provide flexible pathways to keep them engaged.

4.6 SHELTER

Overview

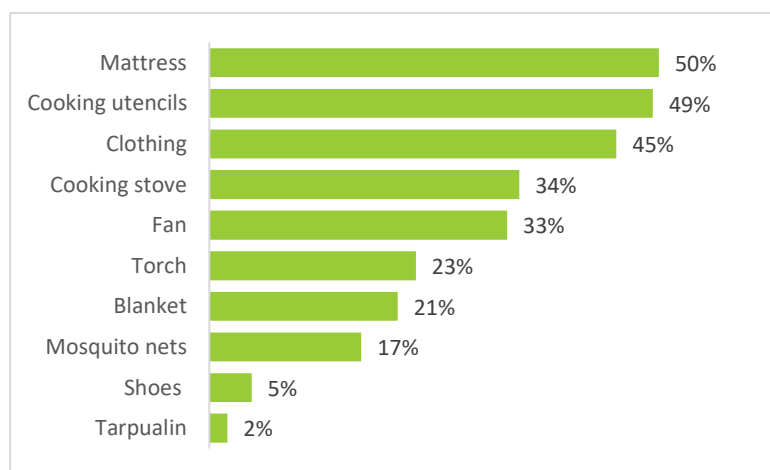
The findings highlight major gaps in basic facilities, with Churachandpur reporting the highest absence of fans, lights, and windows. Non-food item (NFI) needs were consistently emphasized across districts, with mattresses, cooking utensils, and fans emerging as the most urgent, though the scale of need varied between locations. Shelter suitability was another concern, with 42% overall reporting conditions unfit for the current weather, particularly acute in Imphal East where 85% of households expressed concern. Awareness of the government's rehabilitation plan was also found to be very low, with most residents either unaware or unsure of its existence. Overall, the assessment points to an urgent requirement for improved camp infrastructure, targeted NFI support, and stronger communication on government-led rehabilitation measures.

Assessment Findings



GRAPH 67: UNAVAILABILITY OF FANS/LIGHTS/WINDOWS IN CAMPS

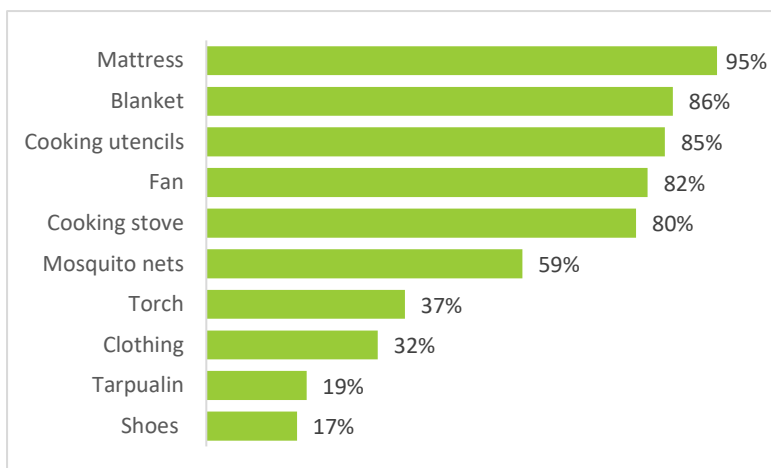
concern compared to other districts.



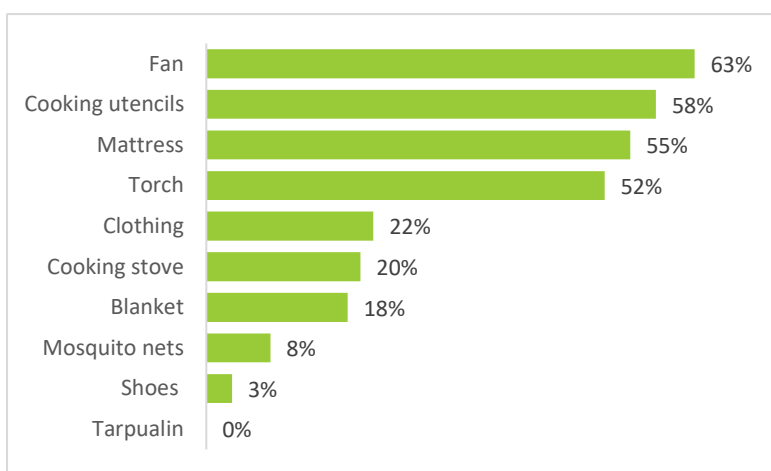
GRAPH 68: TOP NFI NEEDS - BISHNUPUR

The assessments revealed significant variation across districts regarding the unavailability of basic ventilation and lighting in camps. In Churachandpur, a large majority (79%) of assessed households highlighted the absence of fans, lights, or windows, indicating acute gaps in camp infrastructure. In Bishnupur (31%) and Imphal East (28%), the issue was raised by nearly a third of respondents, while in Imphal West (3%) it appeared as a minor

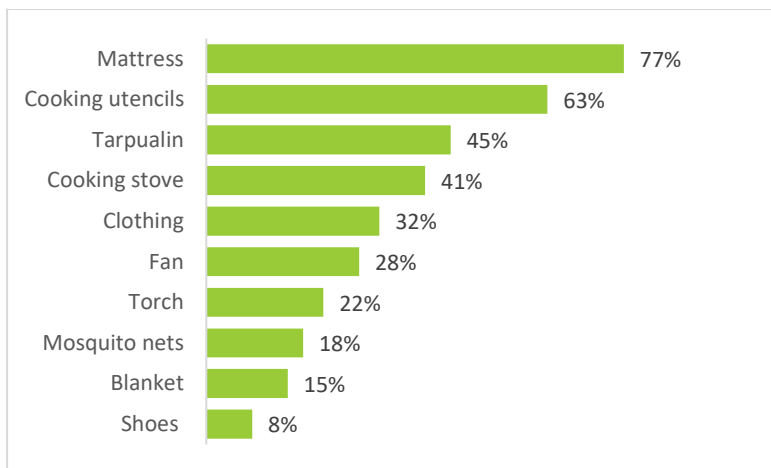
In Bishnupur, where 148 households were assessed, the most pressing non-food item (NFI) needs included mattresses (50%), cooking utensils (49%), and clothing (45%). Other items such as cooking stoves (34%), fans (33%), and torches (23%) were also frequently cited. A smaller proportion of respondents emphasized needs for blankets (21%), mosquito nets (17%), and shoes (5%), with tarpaulins (2%) being the least mentioned.



GRAPH 70: TOP NFI NEEDS - CHURACHANDPUR



GRAPH 69: TOP NFI NEEDS - IMPHAL EAST



GRAPH 71: TOP NFI NEEDS - IMPHAL WEST

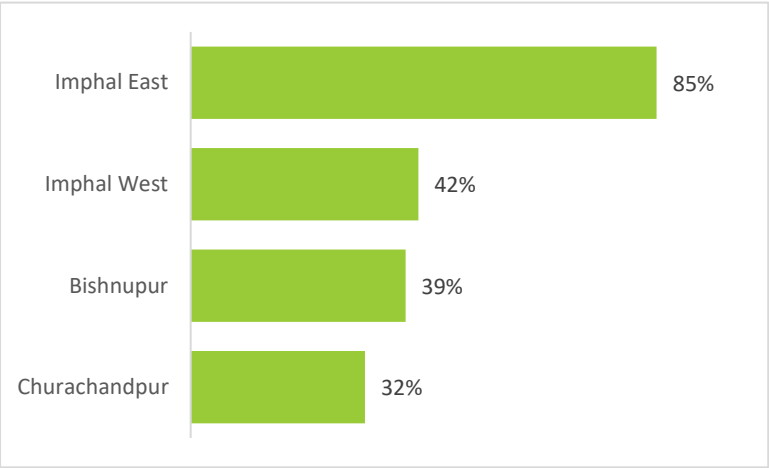
In Churachandpur, based on 280 household assessments, the demand for NFIs was considerably higher than other districts. Nearly all households pointed to a critical need for mattresses (95%), followed by blankets (86%), cooking utensils (85%), fans (82%), and cooking stoves (80%). Over half of the respondents also highlighted the importance of mosquito nets (59%). Relatively fewer households mentioned torches (37%), clothing (32%), tarpaulins (19%), and shoes (17%), but these still represent notable gaps in basic camp supplies.

Among the 60 households assessed in Imphal East, the most common NFI needs included fans (63%), cooking utensils (58%), and mattresses (55%). Close to half (52%) also pointed to the lack of torches. Needs such as clothing (22%), cooking stoves (20%), and blankets (18%) were mentioned less frequently. A smaller segment highlighted mosquito nets (8%), shoes (3%), while tarpaulins (0%) were not reported as a need in this location.

From the 106 assessments conducted in Imphal West, the most pressing need identified was mattresses (77%), followed by cooking utensils (63%). Tarpaulins (45%), cooking stoves (41%), and clothing (32%) were also highlighted by a significant proportion. Other needs such as

fans (28%), torches (22%), and mosquito nets (18%) were also present, while blankets (15%) and shoes (8%) were relatively less mentioned.

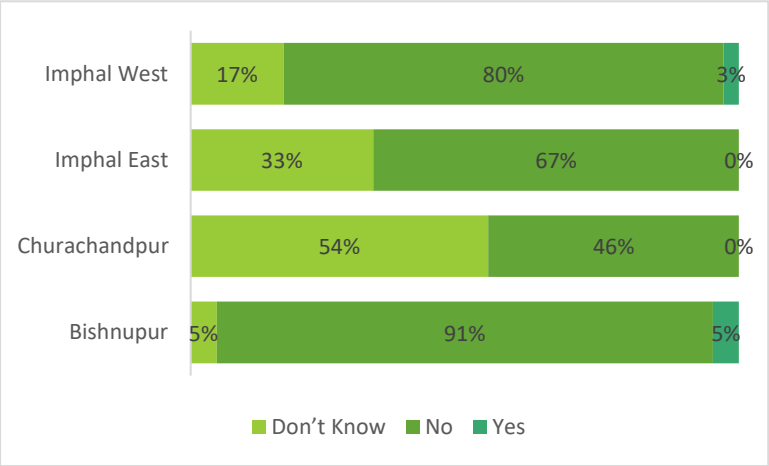
Other NFI needs mentioned: Cooking Gas, Bed, lightning solutions (such as torch, emergency lights), storage boxes (such as almirah, box, cupboard etc.) and hygiene kits.



GRAPH 72: SHELTER UNSUITABILITY IN CURRENT WEATHER

From the 106 assessments conducted in Imphal West, the most pressing need identified was mattresses (77%), followed by cooking utensils (63%). Tarpaulins (45%), cooking stoves (41%), and clothing (32%) were also highlighted by a significant proportion. Other needs such as fans (28%), torches (22%), and mosquito nets (18%) were also present, while blankets (15%) and shoes (8%) were relatively less mentioned. Overall 42% camp

residents fell present camp conditions are not suitable for present weather conditions



GRAPH 73: AWARENESS OF GOVERNMENT REHABILITATION PLAN

When asked about awareness of the government’s rehabilitation plan, responses varied widely. In Bishnupur, almost all assessed households (91%) stated they were not aware, with only 5% acknowledging awareness and another 5% unsure. In Churachandpur, over half (54%) reported they did not know, while the rest (46%) stated they were not aware at all. In Imphal East, a third (33%) reported “don’t know,” while the remaining 67%

said they were not aware. In Imphal West, 17% were uncertain, 80% were not aware, and only 3% acknowledged awareness of the government’s rehabilitation plans. Out of 10 responses who confirmed that they knew about the rehabilitation plan, 9 of them informed that they received communication from government about three phase rehabilitation plan and they were included in first phase of rehabilitation

Urgent Needs

- Urgent improvement in camp infrastructure, especially ventilation and lighting, as highlighted by 79% of households in Churachandpur and around one-third in Bishnupur and Imphal East.
- Provision of mattresses remains a critical need across districts, with very high demand (95% in Churachandpur, 77% in Imphal West, 55% in Imphal East, and 50% in Bishnupur).
- Distribution of blankets is urgently required, particularly in Churachandpur (86%), where weather conditions make camps unsuitable.
- Cooking utensils and stoves are major gaps, cited by 85% in Churachandpur, 63% in Imphal West, and nearly half in Bishnupur.
- Fans are needed in many camps to address heat and poor air circulation, with 82% demand in Churachandpur and 63% in Imphal East.
- Tarpaulins are essential for strengthening temporary shelters, with higher demand in Imphal West (45%) compared to other districts.
- Mosquito nets were highlighted in Churachandpur (59%) and Bishnupur (17%), showing gaps in protection against vector-borne diseases.
- Torches and other lighting solutions remain critical, especially in Imphal East (52%) and Churachandpur (37%), due to unsafe night conditions.
- Clothing was consistently mentioned, with notable demand in Bishnupur (45%) and Imphal West (32%).
- Overall, 42% of camp residents reported shelters as unsuitable for prevailing weather conditions, posing heightened risks to health and safety.

5. RECOMMENDATIONS

5.1. FOOD & NUTRITION SECURITY (FNS)

Short-term

- Maintain a minimum two-week buffer stock of food in every camp to avoid disruptions during roadblocks, floods, or supply delays.
- Provide three culturally appropriate meals daily, ensuring inclusion of local food habits to avoid food rejection.
- Give targeted supplementary nutrition to infants, pregnant & lactating women, elderly, and PwDs who have higher needs.

Mid-term

- Diversify rations by adding proteins, vegetables, dairy, and fruits to prevent micronutrient deficiencies.
- Strengthen procurement and supply chains to reduce frequent shortages and delivery delays.
- Ensure community kitchens have steady supply of fuel, utensils, and trained staff to maintain reliable services.
- Promote awareness on safe infant feeding and balanced diets among mothers and caregivers.

Long-term

- Integrate displaced households with government schemes such as PDS, ICDS, and Mid-Day Meals.
- Encourage household-level food security through kitchen gardens, poultry, or small livestock.
- Include nutrition-sensitive planning in the state's rehabilitation and resettlement framework.

5.2. WATER, SANITATION & HYGIENE (WASH)

Short-term

- Provide immediate access to safe drinking water, especially in water-scarce camps of Churachandpur and Imphal East.
- Set up gender-segregated toilets and bathing facilities to ensure privacy, safety, and dignity for women and girls.
- Distribute complete hygiene kits including menstrual hygiene items with safe disposal options.

Mid-term

- Establish systematic waste management and regular disinfection to prevent vector-borne diseases.
- Deploy dedicated sanitation staff with adequate cleaning supplies to maintain camp hygiene.
- Replace temporary toilets with semi-permanent structures designed for longer use.
- Conduct hygiene promotion campaigns focusing on safe water use and infection prevention.

Long-term

- Develop piped water supply systems and drainage infrastructure in both camps and return sites.
- Build sustainable WASH facilities, including waste treatment and flood-proof sanitation.
- Mainstream menstrual hygiene and safe WASH practices in schools and community centres.

5.3. HEALTH

Short-term

- Establish temporary health posts inside camps with trained paramedics and basic medicines.
- Deploy on-call doctors and mobile health units to reach underserved camps quickly.
- Provide 24/7 ambulance or referral transport to reduce delays in life-threatening cases.
- Ensure consistent supply of essential drugs for chronic illnesses, maternal care, and childhood diseases.

Mid-term

- Expand immunization and reproductive health services to cover all IDP camps.
- Provide structured MHPSS (counselling, group therapy) to address trauma, stress, and substance abuse.
- Develop clear referral pathways for dialysis, cancer, and advanced chronic illness management.
- Organize regular health camps focusing on children, elderly, and PLWs.

Long-term

- Construct permanent health centres and clinics in resettlement areas.
- Train community health workers for first aid, early detection, and referral support.
- Integrate displaced populations into CMHT, Ayushman Bharat, and state health insurance schemes.
- Strengthen epidemic preparedness through community-based disease surveillance.

5.4. EDUCATION

Short-term

- Establish temporary classrooms or alternate education facilities within camps to ensure continuity.
- Provide children with basic learning materials like books, stationery, mats, and blackboards.
- Arrange organized, safe transport to nearby schools to minimize dropout.
- Expand child-friendly spaces in camps to combine informal learning with psychosocial support.

Mid-term

- Recruit volunteer or community teachers and train them in child-centred, trauma-sensitive teaching.
- Initiate non-formal learning and bridge classes for children who have missed months of schooling.
- Provide subsidies or scholarships to children attending private schools, reducing burden on families.
- Introduce safe routes and community escorts for girls to attend schools without fear.

Long-term

- Mainstream displaced children into government schools through re-enrolment drives.
- Develop inclusive school infrastructure in return/resettlement areas with special support for PwDs.
- Strengthen digital and alternative learning platforms to ensure continuity during future crises.
- Institutionalize DRR and school safety measures as part of the education system.

5.5. PROTECTION

Short-term

- Establish child-friendly spaces with recreational and psychosocial activities to reduce stress.
- Improve camp security through fencing, lighting, and guarded entry points to reduce risks.
- Activate family tracing and reunification mechanisms for unaccompanied or separated children.
- Train community volunteers on child protection and prevention of GBV cases.

Mid-term

- Deploy professional counsellors to provide trauma support and GBV prevention services.
- Conduct awareness sessions on children's rights, GBV, and safe community practices.
- Provide targeted assistance to women, elderly, and PwDs, ensuring privacy and mobility support.
- Facilitate documentation recovery (Aadhar, ration cards, land papers) to enable access to services.

Long-term

- Form community-based protection committees in resettlement areas to monitor risks.
- Integrate child welfare, women's protection, and legal aid services into state rehabilitation.
- Build reconciliation and peacebuilding programmes to address ethnic divides and promote social cohesion.
- Establish long-term MHPSS services for children and adults exposed to prolonged trauma.

5.6. SHELTER & NFIS

Short-term

- Distribute NFIs such as mattresses, blankets, stoves, utensils, fans, mosquito nets, and torches.
- Provide tarpaulins, repair kits, and ventilation improvements to make shelters weather-safe.
- Ensure adequate lighting in common spaces to improve safety at night.

Mid-term

- Construct semi-permanent shelters with proper ventilation and protection against monsoon/heat.
- Provide cash or voucher assistance so households can replace NFIs based on their needs.
- Improve communication with IDPs about the government's 3-phase rehabilitation plan.
- Strengthen communal facilities like kitchens, drainage, and lighting systems.

Long-term

- Build durable, climate-resilient housing under state-led rehabilitation.
- Integrate DRR into housing reconstruction with stronger materials and safer locations.
- Facilitate restoration of land and property documentation for displaced households.
- Strengthen government–community partnership for sustainable housing solutions.

Annexure

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Questionnaire

[Camp In charge Tool](#)

[Camp Residence Tools](#)

Gallery: Field Photographs





LOCALLY LED BY:



SUPPORTED BY:



Note:

1. The locally led organizations as those who have direct presence in the state of Manipur
2. Defined as National/Local actors as per IASC guidelines on subject.



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