

November 2019

Report of Joint Rapid Need Assessment

Bulbul 2019



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Acknowledgement

The Joint Rapid Need Assessment (JRNA) team is thankful to all its stakeholders for giving us this opportunity to study post situation in Three Coastal Districts of West Bengal. We are thankful to all the stakeholders for extending necessary administrative support and providing this opportunity to conduct the JRNA. Executive Committee members were in constant touch before and during the JRNA and made sure that the entire process gets on smoothly. We are also thankful to Government of West Bengal – District, Block and Gram Panchayat officials for providing handholding support and actively participated in JRNA process.

Our work would have not been completed without the support of several community members and leaders we met during the process of JRNA. All of them willingly provided all the information sought from them and patiently participated in the Focus Group Discussions (FGD) and interactions with them.

We are also thankful to other State IAG Member Organizations for sharing their prompt responses and feedback to the questionnaire developed for JRNA.

We hope the JRNA outcome will provide more insights on the post Cyclone Bulbul situation and provide scope for recovery and preparedness measures in coming days by the Government and Civil Society Organizations.

Best Wishes

JRNA Team

State IAG West Bengal



Executive Summary

State Inter Agency Group West Bengal has conducted a Joint Rapid Need Assessment in the three worst hit cyclone Bulbul affected Coastal districts of Southern Bengal.

The JRNA followed sectoral approaches through District and Village level assessment tools in selected Blocks and Gram Panchayats as suggested by the respective District and Block Administrations. The assessment was carried out in randomly selected 102 Cyclone affected communities from 18 Blocks of 3 districts through Focus Group Discussions (FGD) and interview with key informants. Secondary data was collected from respective authorities at District, Block and Panchayat level during the time of assessment.

During the assessment made of the affected people and related analysis on damage to life and livelihood, it was found that food availability in the cyclone-affected area is less than a week. 52% of the population have food availability for less than one week. Only 19% of the people reported that food is available for a period of one month and above. On further analysis, it was found that 38% of male is having a significant loss of calorie intake of food, female (31%) and children (20%). Through the data collected during the assessment it has come into surface that availability of fodder is less than a week. To address the emergency need, district administration had set up 471 relief camps across affected areas.

Under WASH it has been found that 53% of the villages have limited access to safe and clean drinking water. 72% of the population in the affected area were found to be using the toilets within the camp or at public places (schools, Panchayat building etc) but population residing in the area adjacent to the camps are defecating in open area beside rivers and embankments, which increases the possibility of outbreak of water borne diseases. Thus, it clearly reflects the need for awareness campaigns among the community on safe defecation and proper disposal of waste under such situation.

From the aspect of availability of safe drinking water, 49% of the villages are under the risk of water contamination at source with only 51% reporting less or no risk of water contamination. The assessment found the situation is not favourable, as the contamination of water will increase with time. Hence, there is immediate need of water testing of all existing sources and continuous chlorination to ensure access to safe water. It is suggested that menstrual hygiene management (MHM) should be initiated among the effected community during this situation as mostly women are dependent on use of re-useable cloth (51%). There is an immediate need for strategic planning to address MHM with a gender-sensitive and inclusive approach.

This report will help line Departments and Civil Society Organizations to take decisions over intervention strategies, which may be a short term or mid-term in nature.

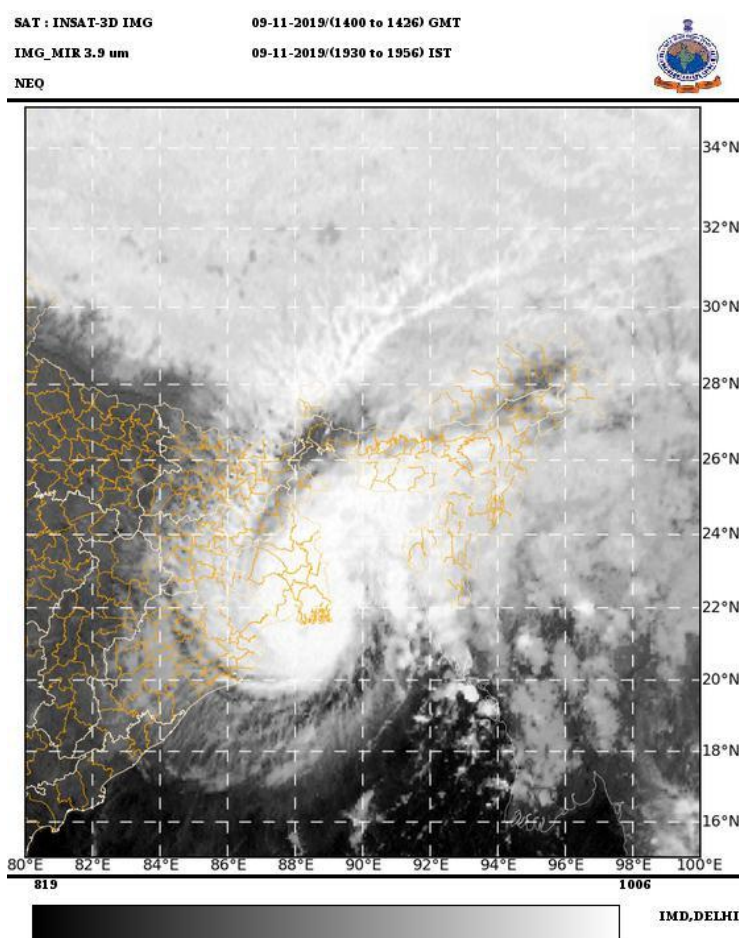
Background

West Bengal is a multi-hazard prone state; flood& cyclone is a regular phenomenon. In the year 2015 and 2017, South Bengal and North Bengal has experienced flood and this year 2019, Very Severe Cyclonic Storm – Bulbul has again (post monsoon) affected South & North 24 Parganas as well as East Medinipur districts of West Bengal.

After year 2009 (Cyclone *Aila*), this year again coastal blocks of South & North 24 Parganas and East Medinipur experienced very severe cyclonic storm for a span of three days from 8th of November 2019 evening to till 10th morning.

The situation aggravated from 8th November 2019 night onwards when upper air circulation and depression moved towards West Bengal and resulted a heavy rain and storm with an initial speed of 110 to 120 km/ hr increasing to 130 to 135 km/hr on 9th November 2019 at 8 pm near Digha. It passed through between Sagar Island and Bakkhali (South 24 Parganas) on 9th evening and crossed Samshernagar of Hingalgunj Block (North 24 Parganas) on 10th November 2019 around 2 a.m. (early morning hours).

State IAG West Bengal has issued two Situation Reports, one pre cyclone emergency coordination meeting and then conducted a post cyclone Emergency Coordination Meeting at IAG Secretariat. Based on the decision taken in the meeting, a Joint Rapid Need Assessment (JRNA) was proposed by the State IAG members.



Impact of Cyclone

On 9th November, it took the form of severe Tropical Cyclone with an estimated maximum wind speed of 100-120 km/hrs crossing West Bengal Sunderban coast. The cyclone made a landfall between Sagar Island and Bakkhali at 8 pm almost on 9th November. After severely hitting various parts of East Medinipur, South 24 Parganas and North 24 Parganas named Digha, Khejuri, Nandigram, Ramnagar I & II, Contai I & II, Sagar, Bakkhali, Fresergunj, Mousani, Buneshyamnagar, Kakdwip, Namkhana, Patharpratima, Kultali, Sibrapur, Haripur, Mathurapur- II, Basanti, Gosaba, Sandeshkhali-I & II, Hanshnabad and Hingalgunj for around eight hours.

Electricity

Power supply was totally off around 120 hrs due to uprooting of electricity poles and trees. Hingalgunj to Sandeshkhali, Bakkhali to Kumirmari. Everywhere the scenario was same including Govt hospitals also.

Communications

Huge number of trees uprooted resulting in disruption of road communication. Telecom towers were also affected which resulted in failure of mobile network communication.

Water & Sanitation

Sunderban areas normally depend on hand pumps, ponds and PHE piped water supply for meeting the water needs. Due to disruption of power supply, tube water supply collapsed. Usage of contaminated pond water for bathing, cleaning kitchen utensils and other cleaning needs was of concern. Pond water has become blackish due to fallen trees and leaves, emitting foul odor.

In the cyclone-hit areas, most of individual household toilets have undergone damages. Use of toilets has decreased due to bad condition of the toilets and unavailability of water. As a result of this situation, open defecation has increased.

Shelter

Shelter is one of the main concerns for a large population. Here *Pucca* houses (Concrete roof) have not suffered much damage. Due to falling of trees, in many areas, Kutchha houses (thatched and tin shed) have received partial or full structural damage. There is more demand for relief supply of tarpaulins in Sunderban blocks of North and South 24 Parganas.

Livelihood

Winter Vegetables and paddy crops have suffered severe damages because of severe storm and continuous rain. Almost 65% paddy fields are affected and about 75% paddy field, 90% of standing vegetable, 90% pond fishery and 90% betel vine orchards lost due to storm surge and water logging. Livestock, mainly goat and birds are (almost 30%) mostly affected in the said areas.

Other observation

Due to stagnation of rainwater in most of the areas, there is a high risk of prevalence of vector diseases. As of today, North 24 Parganas is one of the major affected districts of mosquito borne epidemic called “Dengue”.



Field Assessment

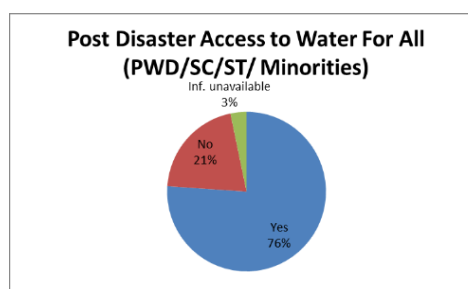
The Joint Rapid Needs Assessment (JRNA) was carried out in 102 worst affected villages of 3 (three) districts (South 24 Parganas, North 24 Parganas and E. Medinipur) in West Bengal in joint collaboration with State IAG and its associated member Organizations those who are presently working in Sunderban Islands. The JRNA team comprises of representatives from SSDC, Sabuj Shangha, ACID, PSJKS, BD, DSWS, PPUS, Digambarpur Angikar, SGEA, HDC, GGBK, INSS, CS, BMCDM, RLSK, BTS, TDH Foundation, SWCWI for North & South 24 Parganas and Kajla Jana Kalyan Samiti (KJKS)-East Medinipur, and CASA. The JRNA was conducted on 13th & 14th November 2019 simultaneously in three worst affected districts in teams. The JRNA also includes first-hand information received through Situation Reports from our associate agencies working in the affected districts and secondary data from Government Sources.

1. Water Sanitation & Hygiene (WASH)

Following a disaster, WASH (water, sanitation and hygiene) is one of the core areas where interventions are immediate need to prevent outbreak of waterborne diseases in the affected communities.

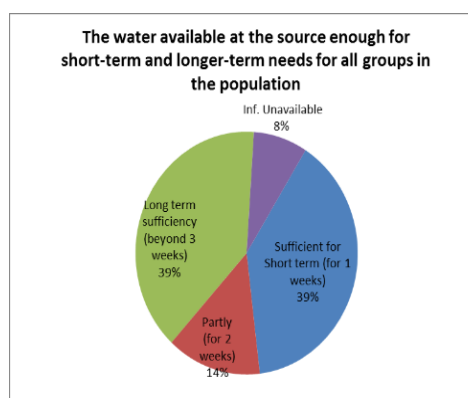
1.1. **Accessibility to water**

- 1.1.1. Accessibility to safe drinking water was a major challenge for the cyclone-affected people.
- 1.1.2. During the assessment in 102 the most affected villages, it was observed that 76% of the people with Disabilities/ SC / ST and minorities have access to safe drinking water.



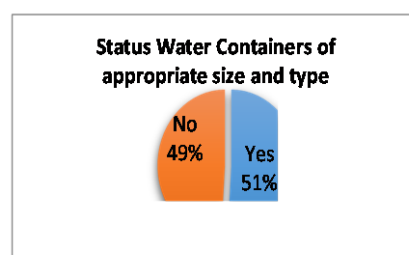
1.2. **Availability of water at the source:**

- 1.2.1. The women collect water from the source. Majority of the households in most of the villages collect water from nearby tube wells/hand pumps.
- 1.2.2. 47% (48/102) of the affected communities reported about contamination of hand pumps due to inundation.
- 1.2.3. 53% of the population has availability of water for 1-2 weeks only.

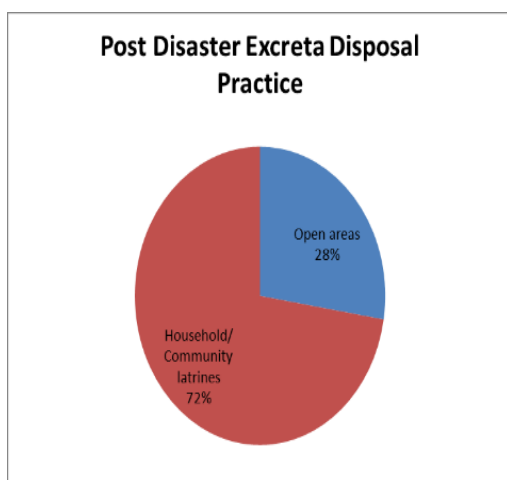


1.3. **Availability of water storage containers**

- 1.3.1. 51% of the people reported that they do not have appropriate water storage container, which may lead to risk to consuming contaminated water.



1.4. **Current excreta Disposal Practices (Post Disaster)**

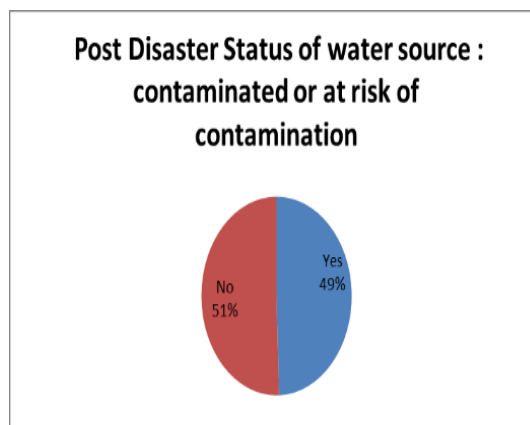


1.4.1 It is observed that 28% of the affected populations are defecating in open areas and 72% are using household /community toilets but these toilets are partially in damaged condition. It is important to note that government had declared these villages 'open defecation free' during pre-disaster conditions.

1.4.2 Due to damaged infrastructure of the toilets along with defecation in open areas, there is high risk for outbreak of cholera, diarrhea and other waterborne disease in the post disaster situation.

1.5. **Risk of water contamination at source**

- 1.5.1. 49% of the affected villages have been reported about contamination risk of hand pumps due to collapsing of the sewerage system
- 1.5.2. Communities expressed lack of know how about disinfection of hand pumps.
- 1.5.3. Hence, there is immediate need of assessing the status of contamination (bacteriological contamination or at least absence/presence of fecal coli form) for all the drinking water sources in the affected communities.



1.6. **Menstrual hygiene practices of women (Pre disaster)**

- 1.6.1. The menstrual hygiene is one of the key needs for the women and adolescent girls. It was found that 88% of women and adolescent girls are using cloth and others use sanitary pads.
- 1.6.2. FGD with women and adolescent girls shared about their poor knowledge and practice of safe disposal of the sanitary pads

2. **Shelter**

Shelter is one of the main concerns as a large population has lost their shelter with their houses fully damaged or on the verge of collapsing. People are seeking refuge in permanent as well as temporary shelters, such as public buildings, schools, community building, etc. Some people are staying on the roadside, with the relief assistance provided as tarpaulin.

Damage to shelter has been extensive in the villages visited in Namkhana, Kakdwip, Gosaba Basanti and Hingalgunj block. Nearly 78% of households are in need of immediate shelter. Statistics shows immediate shelter need of households in the villages of three districts that the teams visited.

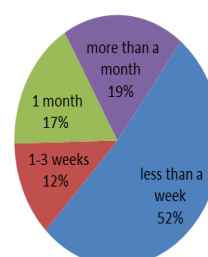
2.1. **Individual Household Dwellings**

- 2.1.1. Approximately 78% of Kutchha houses in rural areas of South 24 Parganas district was fully or partially damaged.
- 2.1.2. Approximately 80% houses of Kutchha houses at Fresergunj, Sibrampur was totally or partially reported damaged.
- 2.1.3. Almost all households living in Kutchha houses have lost either their roofs or walls due to falling of trees on the structure. The reported damaged houses were mainly mud structures in all 3 districts
- 2.1.4. Namkhana, Kakdwip, Hashnabad, Hingalgunj are the most affected blocks where the households are mainly living in Kutchha houses, followed by Kultali and Sandeshkhali blocks which was also impacted and displaced with full or partly damage of their houses.
- 2.1.5. Almost 49 percent people with disability has reported that they had access to relief camps in the enumerated areas
- 2.1.6. A total of 8,274 was reported highly damage in during the enumeration in 102 village while 16,337 was reported partially damage in the 3 districts
- 2.1.7. In Namkhana and Fresergunj there has highest fully damaged houses followed by Mousani and at Deulbari village in Kultali Block has 4092 partially damage.
- 2.1.8. 7274 HH were found to be in need of immediate shelter
- 2.1.9. The highest number of people reported in need of immediate shelter Namkhana, Followed by Sandeshkhali-I, Hingalgunj, Kakdwip, Kultali and Sagar Blocks
- 2.1.10. Almost 99 percent people has reported immediate exposure to mosquito bites
- 2.1.11. 78% has reported that they are exposed to cold due to unavailability of blankets or due to they did get access to it.
- 2.1.12. 62 % of the people feared due to darkness due to snakes and reptiles
- 2.1.13. 58 % of the HH reported that they are in need of immediate of kitchen utensils,
- 2.1.14. 52 % of HH reported that they are in need of immediate of hygiene materials such napkins, chlorination for water
- 2.1.15. 50 % people reported to have immediate need of torch lights as Kultali, Patharpratima & Gosaba block has no electricity and will take 3 months to reach the blocks.
- 2.1.16. 50 % HH reported that they are in need of immediate of blankets as the temperature went down due to the advent of winter in the region
- 2.1.17. 25 percent of HH reported to have immediate need of fuel

3. **Food Security & Livelihood :**

- 3.1. As per the random sample survey and interaction with selected affected communities in shelter points, the team observed that the maximum availability of food with people is less than a week.
- 3.2. Relief distribution reported in all districts and block but it is very difficult to say the number

Food Availability in the Affected Area



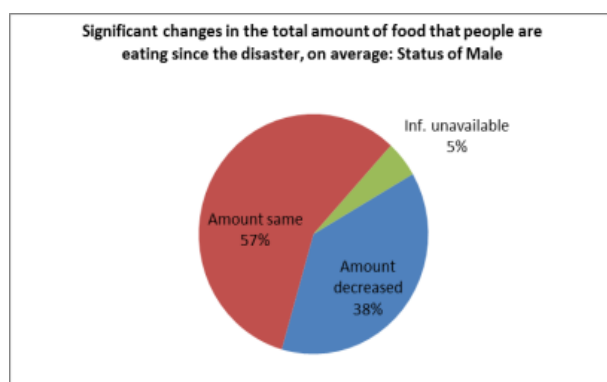
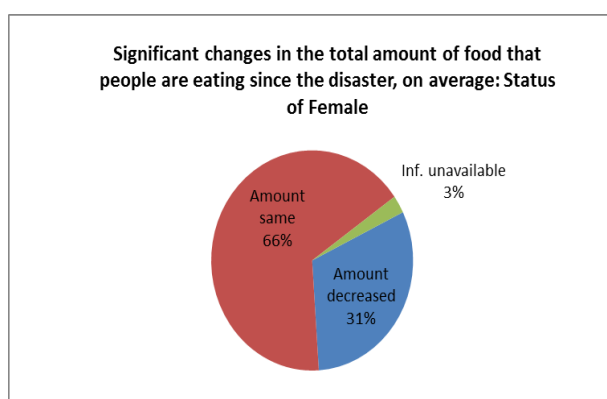
of household / families in affected areas have received relief and in what quantity.

3.3. Baby food provided to few of the relief camps in both the districts where people who took shelter as reported during the visit to.

3.4. JRNA is reflecting that 52% of the respondents have available food stock for less than a week. 12% of the respondents have available food for a period of 1 to 3 weeks, 17% can feed themselves for a period of one month with their food stock and 19% of the total respondents can manage beyond one month of period with their available food.

3.5. Among the female 31% of food intake reduced, whereas for the male the percentage is 38%. Among the children, 20% of them are now having less food intake.

3.6. JRNA found that 35% of the population having access over Anganwadi Centres and 37% having access over Public Distribution System.



3.7. JRNA survey team found that only 14% of the surveyed areas markets are fully functional, 84% partially functional and 1% of the market is fully not functional.

3.8. 21% of the Households have lost their livestock.

3.9. The livelihood of the villagers such as agriculture, weaving, livestock rearing, daily labor and paddy plantation mainly affected due to cyclone.

3.10. In East Medinipur District, in the surveyed area 100% Agriculture fields are fully damage: Paddy fields are completely damage at the area. Vegetables and Rabi crops are also damage.

3.11. Small and Marginal cultivators have not insured their Crops and livestock, which is a major loss for them. It is also noticed that “Financial Risk Transfer” mechanism is absent among the affected farming communities.

3.12. Winter Vegetables and paddy crops have suffered severe damages because of wind and continuous rain.

3.13. Almost 75% paddy field affected and almost 90% vegetables field damaged due to heavy rain and water logging. Few horticulture crops like papaya, Banana, coconut, mango crops were also damage.

3.14. Roadside timber trees like eucalyptus, subabul had also uprooted a lot due to heavy rain and wind.

3.15. Pond water has become blackish due to fallen trees and leaves, giving a bad odor. Much kind of fish also died because of this in few areas.

3.16. Livestock mainly goat and birds are (almost 30%) mostly affected in the said areas.

3.17. Post Cyclone situation most of the villages responded that amount of food consumption reduced. One of the reason pointed out by the responders that availability of vegetables in the market reduced and simultaneously price of vegetables in the local market increased where as they have limited sources of income.

3.18. In many of these areas Cooking Utensils, Fuel and Chula (mostly in Primary Schools) inundated and not in condition to use. School administration is taking initiative for cleaning of School premises, disinfection of Tube Wells and then restart Mid-Day Meal programme.

3.19. As reported by local authority, fodders for the livestock are provided to the communities in affected GPs. However, maximum respondent have expressed that it may be consumed within a week time.

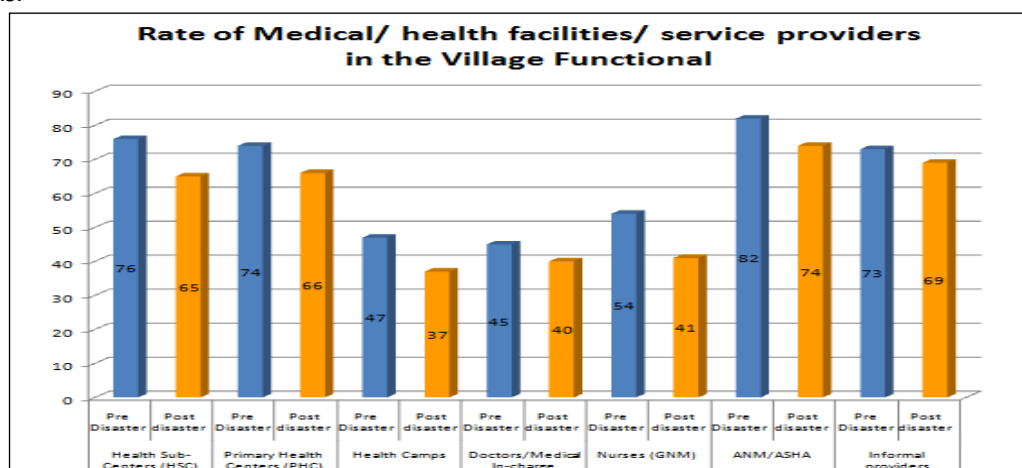
3.20. Markets in the assessment areas found partially affected and people are having limited access to the market in the worst affected blocks of South and North 24 Parganas.

3.21. 70% insufficiency of animal fodder was observed.

4. Health

4.1. Access to the health services increased at community level through relief & medical camps.

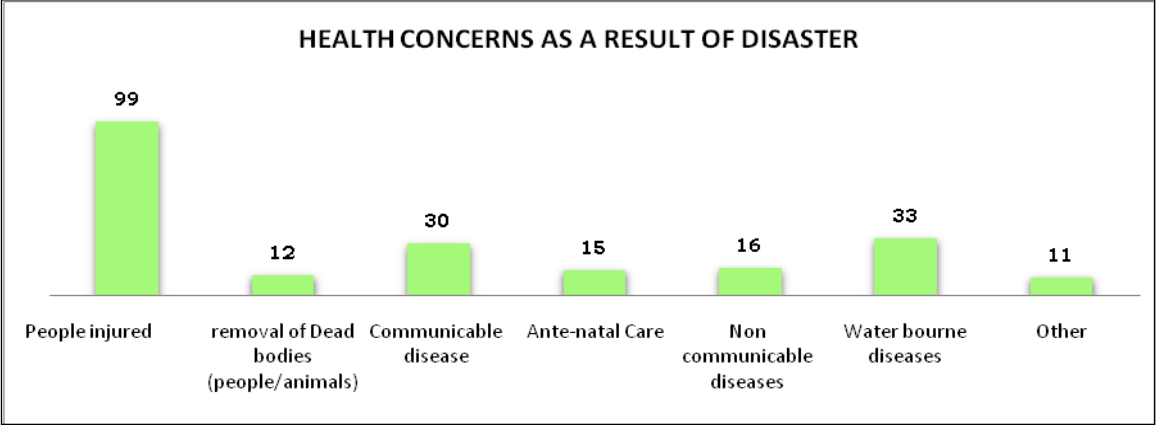
4.2. Medical camps found in all the affected areas mostly operated by the paramedics and ANM/ASHAs.



4.3. Pregnant and lactating mothers, elderly, differently able persons were found most vulnerable along with women and children.

4.4. Snakebite and collapsing of houses are reported to be the major cause of casualty in affected areas. Wall collapsed, electrocution, uprooting of trees and breakage of tree branches are among of other reasons of casualty in cyclone-affected areas.

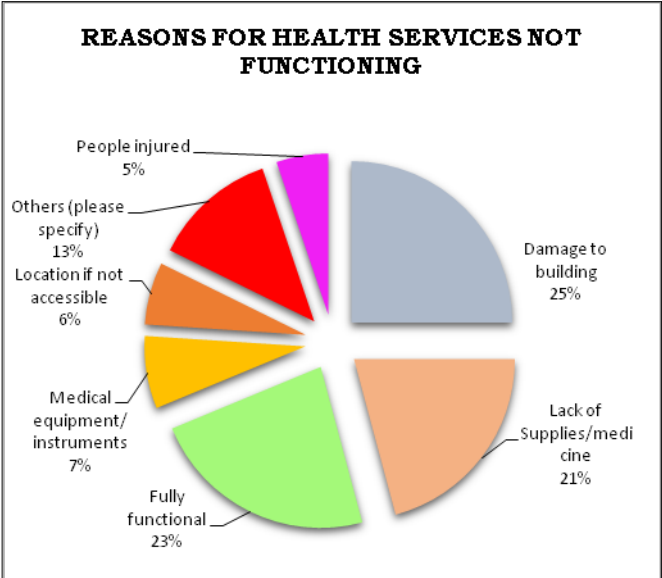
4.5. An inter-sectoral coordination has been established by the respective District Administration as



a result of which Health Department is closely coordinating with the PHED for the disinfection of water bodies, tube wells, public places (through sufficient bleaching powder) and ensure safe drinking water to the affected population.

4.6. Public Health Engineering Department distributed water pouches immediately at the Multipurpose Cyclone Shelters and Relief centres. Health Staffs are engaged in generating awareness through group meetings, door-to-door visit, meetings, etc. in the villages and the schools.

4.7. There was no such interruption in Basic Health services like ANC, PNC, Immunization, Basic



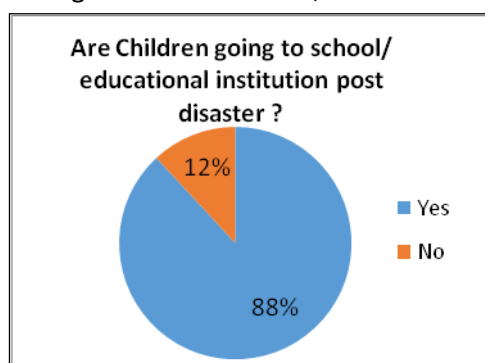
Emergency Obstetric Care, etc. after 10th November 2019. Country boats are being used to transfer the Pregnant Women to the nearest Health Facilities.

4.8. Adequate drugs, Anti-venom Serums and other medicines were available with districts hospitals, PHCs and those drugs are stored in sub-depots in various areas of the districts.

4.9. During the assessment, it was reported the injured people were treated by the locally available health facilities and doctors and the patients were reported alive.

5. Education

5.1. Cyclone Bulbul has affected education system in the three districts of West Bengal and there is damage to infrastructure, educational materials, lack to access to schools due to breakdown of



communication system.

5.2. 12% of the children were not attending the school due to breakdown of communication system, displacement to multipurpose relief centres and relative homes with families.

5.3. Most of the schools was utilized as the multipurpose

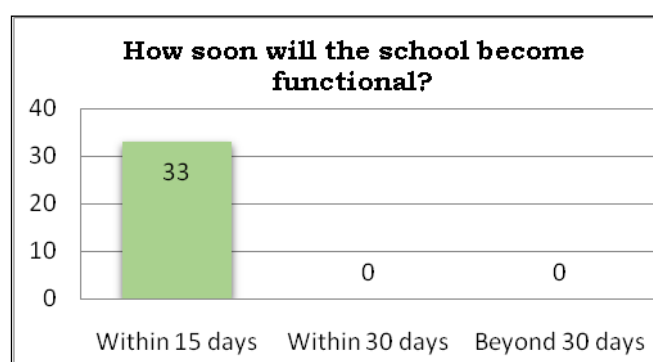
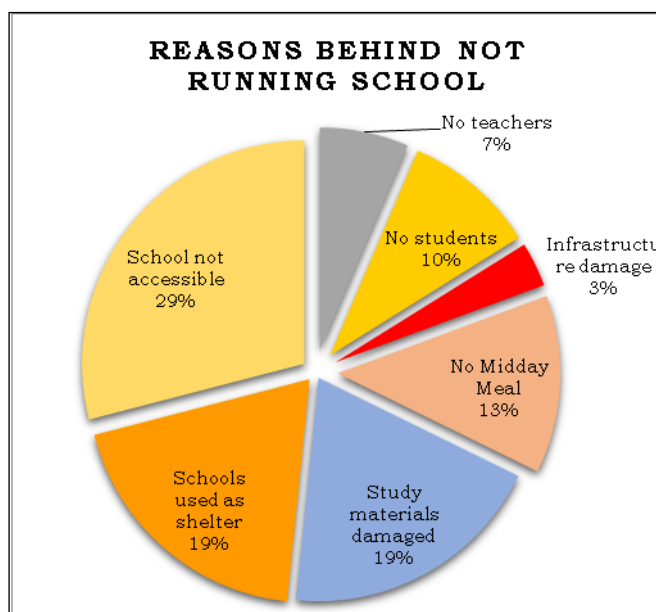
relief centres. In most of the cases, there is partial damage in the school infrastructure.

5.4. Damage to study materials includes Teaching Learning Materials were damaged of about 19% at the schools in the coastal area.

5.5. Most of the Anganwadi centres were not functioning as the centres were damaged and Anganwadi workers could not reach the village as reported by the community people.

5.6. The hostel students were sent back to home, hence, remain cut off from their peers.

5.7. As there was collapse in the markets & communication system, schools could not be reached and therefore 13% schools could not provide the mid-day meal to the students.



5.8. 33 schools are predicted to be functional within the next 15 days by prioritizing the school services and rest schools are already functioning in the affected districts of West Bengal.

5.9. Schools and classrooms that were partially damaged are being cleaned and disinfected before children can resume classes.

6. Protection

- 6.1. Child Friendly spaces not established at relief camps
- 6.2. Approximately 1087 pregnant women (7-8 month) found in the assessed areas.
- 6.3. No instances of sexual abuse, domestic violence child abuse and exploitation recorded till the date of assessment.
- 6.4. No institution/ children homes were found to be reported in the assessed areas catering to orphans or separated children in affected areas
- 6.5. In most of the cyclone affected villages, the persons with special needs are more at risk.
- 6.6. Due to large-scale displacement, children do not have access to school; hence, remain cut off from their peers. This may create stress and increase burden from psychosocial aspects.

Recommendations

1. Water Sanitation & Hygiene (WASH)

1.1. Immediate Needs

- 1.1.1. Chlorine tablets need to be distributed as the people are using the hand pumps /tube wells for drinking water purposes those were reported inundated.
- 1.1.2. Distribution of household filters.
- 1.1.3. Water quality testing (exclusively for bacteriological contamination/ presence of fecal coli form) must be done to ascertain the contamination of drinking water sources due to cyclone and raise in water level.
- 1.1.4. Undertaking disinfection or chlorination of tube wells preferably through user-friendly procedures to ensure communities also learn and practice.
- 1.1.5. Distribution of hygiene kit including menstrual hygiene management (containing of bathing soap, detergent soap or powder, plastic mug, plastic bucket with lid, sanitary napkin etc.) for the affected families.
- 1.1.6. Intensive awareness campaigns on hand washing practices across all affected communities.
- 1.1.7. Supply of portable drinking water to the affected population communities by PHED (Public Health Engineering Department) for providing safe drinking water to affected population. It should include safe disposal mechanism in case bottled/ pouch should be supplied among the affected population.
- 1.1.8. For use of water pouch in different places there would some mechanism of disposal of used water pouch.
- 1.1.9. Organizing interface meeting about proper use of hygiene kits prior to distribution.
- 1.1.10. Menstrual hygiene is one of the basic needs during emergency. Therefore, increasing awareness on menstruation hygiene is the primary need to respond and it should not be limited to the distribution of sanitary pads, rather address the socio-cultural practices. Because of that, there is a need for strategic planning for inclusive approach to address Menstruation Hygiene Management with a gender-sensitive perspective.

1.2. Mid-term needs (3-6 months)

- 1.2.1. Intensive awareness campaigns on hand washing with soap (critical times in daily life conditions and proper techniques of hand washing).
- 1.2.2. Training of volunteers and community members on WASH preparedness measures, such as user-friendly disinfection of hand pumps, safeguarding

measures against contamination of hand pumps and skills for promotion of key hygiene practices.

- 1.2.3. Safeguarding the existing community level hand pumps/ tube wells from contamination through provisioning of platform and waste-water disposal mechanisms.
- 1.2.4. Undertake repair of damaged household and community toilets.
- 1.2.5. Undertake repair of damaged WASH infrastructures in schools (as these schools also serve as the purpose of shelter during disaster times).

1.3. Long-term needs

- 1.3.1. Intensive awareness on key hygiene practices including menstrual hygiene management among the affected communities.
- 1.3.2. Intensive awareness sessions on WASH related preparedness measures in communities for PRIs, Anganwadi workers and ASHA should be conducted regularly.
- 1.3.3. Rehabilitation of damaged household and community toilets.
- 1.3.4. Provisioning of adequate (gender segregated toilets) WASH infrastructure facilities in schools with accessible features for persons with disabilities as well addressing the needs for menstrual hygiene management (exclusive toilets attached with incinerator and washing facilities).
- 1.3.5. Promotion of 'built back better approach' through following key measures:
- 1.3.6. Provision of raised platform (above the maximum flood level) for new community level hand pumps.
- 1.3.7. Incorporating safeguarding measures (squatting floor raised above the maximum flood level with raised pits) in construction of household /community toilets under government schemes to prevent fecal contamination during floods in future times.
- 1.3.8. Training of PRI members on parameters to ensure safe sanitation facilities while implementing government run sanitation programmes.
- 1.3.9. Advocacy with government to promote sanitation (excreta disposal) facilities appropriate to the high water table regions.

2. Shelter

2.1. Immediate needs

- 2.1.1. Immediate supply of shelter kits, lighting solutions, utensils, stoves etc. and financial support to households those who have totally or partly lost their houses.
- 2.1.2. Immediate need of blankets for the people to warm up in the cold temperature
- 2.1.3. Immediate need of fogging of mosquito replants in all the cyclone prone area

Run temporary shelters for at least 15 days with food supply to facilitate temporary accommodation to those who have lost their dwellings and allow them to focus on repairing their houses.

2.1. Mid-term needs (3-6 months)

- 2.1.1.** Non Food Items should be part of relief materials
- 2.1.2.** Sanitary Napkins should be distributed to the affected areas as the water in most of the areas has been contaminated.
- 2.1.3.** Tarpaulins should be given to all the full or partially affected houses so as to keep them safe till the repairing of their house gets completed

2.2. Long-term needs

- 2.2.1.** Rebuild resilient houses mainly in the closer in the beaches and Sagar Island which were highly impacted

3. Food Security & Livelihood

3.1. Immediate needs

- 3.1.1.** Unconditional cash transfer to the most affected families to meet their basic needs.
- 3.1.2.** Food and nutrition support to the displaced population should be continued for at least one month.
- 3.1.3.** Nutrition supplements should be provided to the children adequately for at least a period of 3 month.
- 3.1.4.** Kitchen cum nutrition garden can be promoted in the affected areas.

3.2. Mid-term needs

- 3.2.1.** Promotion of Apiculture (Honey cultivation) for the coming winter season will help affected communities to earn from their area instead of migrating to other places.
- 3.2.2.** Liaison with NRLM/WBSRLM by IAG Secretariat to influence livelihood related work for women in cyclone affected habitations

3.3. Long-term Needs

- 3.3.1.** Crop and livestock insurance
- 3.3.2.** Livestock support especially for the families whose houses / cattle were lost due to cyclone and those who have lost their pisciculture
- 3.3.3.** Advocacy with agriculture department on assessment and restoration of farming practices in the affected areas.
- 3.3.4.** Seed support required immediately
- 3.3.5.** Hortical plants and other big trees uprooted at huge rate (Neem- 50%) and should be emphasized on re-plantation of trees to conserve ecosystem.

4. Health

4.1. Immediate needs

- 4.1.1. More Doctors required from other unaffected districts to support the Medical Camps.
- 4.1.2. IEC materials on safe health & hygiene practices need to be distributed among the affected population through relief & medical camps.
- 4.1.3. Adequate mobility facilities (like boats and vehicles) need to be made available especially for the movement of medical teams in cyclone-affected areas.

4.2. Mid-term needs (3-6 months)

- 4.2.1. Communication strategy need to be developed for creating massive awareness among the public on safe health & hygiene practices during cyclone and other disaster periods. IEC materials need to be adequately distributed among the affected population.
- 4.2.2. Inter-sectoral preparedness need to be strengthened further beforehand of the cyclone/ any disaster situation for handling mass casualty and managing the surge of patient movements to health facilities

4.3. Long-term needs

- 4.3.1. Health facilities / institutions in cyclone/ disaster prone areas need to be mapped and preparedness measures (constitution of medical teams, safe storage of medicines, preservation of Cold chain system etc.) further to be strengthened considering the inundation and impact on the health facilities experienced in the current cyclone.

5. Education

5.1. Immediate needs

- 5.1.1. Due to breakage of windows, roof sheets TLM has been damaged in a number of schools which may be provided
- 5.1.2. Cleanliness drive in each of the affected schools.

5.2. Mid-term needs (3-6 months)

- 5.2.1. Ways of integrating non-disruption of Children's education in community level risk management plans
- 5.2.2. Development of School Safety Plan in vulnerable schools
- 5.2.3. Repairing of affected school buildings

5.3. Long-term needs

- 5.3.1.** Child Centered DRR in the severely affected areas could help reduce the impact especially on children.
- 5.3.2.** Promotion of safe learning facilities as guided by the Comprehensive School Safety Framework
- 5.3.3.** Relocation of schools those are more vulnerable to disaster prone area.

6. Protection

6.1. Immediate needs

- 6.1.1.** Provision of psychosocial support for children who have undergone the trauma first in their lives
- 6.1.2.** Restoration of normalcy and routine activities in the lives of the children
- 6.1.3.** Functional VLCPCS would help identify further protection issues and take timely action
- 6.1.4.** Local level action on identifying families dealing with loss of legal documents
- 6.1.5.** Vigilance over movement of persons to reduce the chance of trafficking
- 6.1.6.** School level and community level awareness on basic safety and security related issues

6.2. Mid-term needs (3-6 months)

- 6.2.1.** Ways of integrating protection issues in community level risk management plans
- 6.2.2.** Development of a roster of persons and children moving out of the village or moving in for any reason, whether it is work or education
- 6.2.3.** Community awareness on early warning and basic safety skills especially the areas close to the vulnerable pockets and Multi-Purpose Cyclone Shelters

6.3. Long-term needs

- 6.3.1.** School students needs to be trained as rural champions who can alert communities on unusual weather events
- 6.3.2.** Inclusion and analysis of Child Risks and mitigation strategies in Disaster Management Plans
- 6.3.3.** Village Level Disaster Management Plans should include Protection issues of vulnerable communities

Field Assessment Process

The methodology included collection of primary and secondary data at all levels including the State, Districts, Blocks, Gram Panchayats and Village levels from the District IAG members as well as the Government Institutions. With the help of the Common Assessment Tool, Key Informant Interview (KII) and Focus Group Discussions (FGD), the primary data was collected from the Village, Gram Panchayats, Block and District levels. The steps used in the complete process have been outlined as below:

1. Orientation on JRNA process and tools by lead organization at each district.
2. Identification of worst affected blocks based on primary and secondary data in consultation with the district IAG Members.
3. Identification of worst affected Blocks/Panchayats/Village in consultation with District EOC/Disaster Management Officers/BDO/NGOs
4. Field assessment with FGD, Key Informant Interview, Geo-tagging pictures
5. Debriefing by the field assessment team
6. Data entry/compilation
7. Data analysis and Reporting by the lead organizations
8. Draft JRNA Sharing
9. Sharing of final JRNA Report



Tools

- JRNA District Tool
- JRNA Village Tool

Field Assessment

1. The Joint Rapid Needs Assessment was carried out in 102 villages of 3 severely affected districts in West Bengal. The lead agencies, which were involved in the Joint Rapid Needs Assessment, namely Sabuj Shangha, ACID, PSJKS, SSDC, BD, DSWS, PPUS, Digambarpur Angikar, SGEA, HDC, GGBK, INSS, CS, BMCDM, RLSK, BTS, TDH Foundation, SWCWI for North & South 24 Parganas & Kajla Jana Kalyan Samiti (JKKS)-East Medinipur, and CASA. JRNA conducted on 13th & 14th November 2019 simultaneously in three worst affected districts in

teams. JRNA also includes first-hand information received through SitReps from our partner agencies working in the affected districts and govt. data at all levels.

2. Total 1025 persons were interviewed / consulted through Focus Group Discussion

3. District Administration, Sub Division, Block and Gram Panchayat level officials were consulted during JRNA

Involvement of Organizations during JRNA Process (Planning, Data Collection, Analysis and Report writing)

UNICEF, TDH FOUNDATION, CASA, BD, ACTION AID ASSOCIATION, The Save the Children, PRISM, ABCD, CARITAS, WVI, Oxfam India, INSS, SGEA, CS, SWCWI, BMCDM, SS, ACID, PSJKS, KJKS, RLSK, DA, SSDC, INSS, GGBK, DSWS, PPUS, HDC, BFCWS, BTS.

Debriefing by the Final Assessment Team

On 16th of November 2019, Assessment team debriefed and conducted primary tabulation of findings, analyzed data and took the responsibility of drafting JRNA Report.

Annexure: I

Abbreviations of Organizations

ACID	Andrews pally Centre for Integrated Development
BD	Bithari Disha
BMCDM	Bagmari Mother and Child Development Mission
BTS	Baikunthapur Tarun Sangha
CASA	Church's Auxiliary for Social Action
CS	Canning Swanirbhar
CS	Canning Swanirbhar
DA	Digambarpur Angikar
DSWS	Dhagagia Social Welfare Society
GGBK	Goranbose Gram Bikash Kendra
HDC	Human Development Centre
INSS	Indranarayanpur Nazrul Smriti Sangha
KJKS	Kajla Jana KalyanSamity
PPUS	Panitar Palli Unnayan Samiti
PPUS	Panitar Pally Unnayan Samity
PSJKS	Paschim Sridhar Jana Kalyan Samiti
PSJKS	Paschim Sridharkati Jana Kalyan Samiti
RLSK	Ramakrishna Loka Sava Kendra
RLSK	Ramkrishna Loka Seva Kendra
SGEA	Sunderban Green Environment Association
SS	Sabuj Sangha
SSDC	Sunderban Social Development Centre
SSDC	Sunderban Social Development Centre
STC	Save the Children
SWCWI	Sonartari Woman and Child Welfare Institution
TDH	Terre des homes

Annexure: II

Assessment Areas

S.N	STATE	DISTRICT	BLOCK	GP	VILLAGE
1	WEST BENGAL	NORTH 24 PARGANAS	HASHNABAD	BHOWANIPUR-I	BHURKUNDA
2	WEST BENGAL	NORTH 24 PARGANAS	HASHNABAD	BHOWANIPUR-I	SULKUNI
3	WEST BENGAL	NORTH 24 PARGANAS	HASHNABAD	BHOWANIPUR-II	SRIFALTALA
4	WEST BENGAL	NORTH 24 PARGANAS	HASHNABAD	RAMESWARPUR-BARUNHAT	KATAKHALI
5	WEST BENGAL	NORTH 24 PARGANAS	HASHNABAD	RAMESWARPUR-BARUNHAT	SOUTH BARUNHAT
6	WEST BENGAL	NORTH 24 PARGANAS	HINGALGUNJ	JOGESHGUNJ	HEMNAGAR
7	WEST BENGAL	NORTH 24 PARGANAS	HINGALGUNJ	JOGESHGUNJ	MADHABKATI
8	WEST BENGAL	NORTH 24 PARGANAS	HINGALGUNJ	GOBINDAKATHI	MALIKANA GHUMTI
9	WEST BENGAL	NORTH 24 PARGANAS	HINGALGUNJ	KALITALA	PARGHUMTI
10	WEST BENGAL	NORTH 24 PARGANAS	HINGALGUNJ	KALITALA	SAMSERNAGAR
11	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI -I	KALINAGAR	GHOSHPUR
12	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI -I	KALINAGAR	PUTIMARI
13	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI -I	NAZAT – II	NAZAT
14	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI -I	NAZAT –I	BAUNIABAD
15	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI -I	SEHARA	RADHANAGAR
16	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI-II	KORAKATI	DHUCHNIKHALI
17	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI-II	MONIPUR	ATAPUR
18	WEST BENGAL	NORTH 24 PARGANAS	SANDESHKHALI-II	MONIPUR	MONIPUR
19	WEST BENGAL	PURBA MEDINIPUR	CONTAI-I	MAZILAPUR	BAGHURAN
20	WEST BENGAL	PURBA MEDINIPUR	CONTAI-I	MAZILAPUR	MAZILAPUR
21	WEST BENGAL	PURBA MEDINIPUR	CONTAI-I	MAZILAPUR	RAGHU SARBARH JALPAI
22	WEST BENGAL	PURBA MEDINIPUR	CONTAI-I	MAZILAPUR	RAMCHANDRAPUR
23	WEST BENGAL	PURBA MEDINIPUR	CONTAI-III	DEBENDRA	FATEPUR
24	WEST BENGAL	PURBA MEDINIPUR	CONTAI-III	KANAIDIGHI	BHAINTGARH

25	WEST BENGAL	PURBA MEDINIPUR	CONTAI-III	KUSUMPUR	BAHITRAKUNDA
26	WEST BENGAL	PURBA MEDINIPUR	CONTAI-III	LAUDA	LAUDA
27	WEST BENGAL	PURBA MEDINIPUR	CONTAI-III	MARISDA	DEULBAR
28	WEST BENGAL	PURBA MEDINIPUR	DESHPRAN	BAMUNIYA	BARO BANTALIYA
29	WEST BENGAL	PURBA MEDINIPUR	DESHPRAN	BASANTIYA	CHOWDHURIBAR
30	WEST BENGAL	PURBA MEDINIPUR	DESHPRAN	BASANTIYA	KULTALIYA
31	WEST BENGAL	PURBA MEDINIPUR	DESHPRAN	DHOBABERIA	KAMARBERIA
32	WEST BENGAL	PURBA MEDINIPUR	DESHPRAN	DHOBABERIA	KASAFALIYA
33	WEST BENGAL	PURBA MEDINIPUR	DESHPRAN	SARADA	SARADA
34	WEST BENGAL	PURBA MEDINIPUR	KHEJURI - I	HERIA	MUKUTSILA
35	WEST BENGAL	PURBA MEDINIPUR	KHEJURI - I	KALAGECHIYA	BAHARGANJ
36	WEST BENGAL	PURBA MEDINIPUR	KHEJURI - I	KALAGECHIYA	KAMDEBNAGAR
37	WEST BENGAL	PURBA MEDINIPUR	KHEJURI - I	KAMARDA	BANSHGORA
38	WEST BENGAL	PURBA MEDINIPUR	KHEJURI - I	KAMARDA	KAMARDA
39	WEST BENGAL	PURBA MEDINIPUR	KHEJURI-II	NIJKASBA	ALICHAK
40	WEST BENGAL	PURBA MEDINIPUR	KHEJURI-II	NIJKASBA	D. KALAGECHIA
41	WEST BENGAL	PURBA MEDINIPUR	KHEJURI-II	NIJKASBA	PANCHURIA
42	WEST BENGAL	PURBA MEDINIPUR	KHEJURI-II	NIJKASBA	THANABERIA
43	WEST BENGAL	PURBA MEDINIPUR	KHEJURI-II	NIJKASBA	WASILCHAK
44	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-I	GOBRA	BUGMARI
45	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-I	GOBRA	FATEPUR
46	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-I	GOBRA	HIRAPUR
47	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-I	PADIMA-I	DUTTAPUR
48	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-I	TALGACHIYA	LACHIMPUR
49	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-II	KALINDI	DADANPATRABARH
50	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-II	KALINDI	RANIA
51	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-II	KALINDI	SILAMPUR
52	WEST BENGAL	PURBA MEDINIPUR	RAMNAGAR-II	KALINDI	SONAMUI
53	WEST BENGAL	SOUTH 24 PARGANA	CANNING -I	ITKHOLA	ITKHOLA
54	WEST BENGAL	SOUTH 24 PARGANA	CANNING -I	NIKARIGHATA	BELEKHALI
55	WEST BENGAL	SOUTH 24 PARGANA	CANNING -I	NIKARIGHATA	DABU

56	WEST BENGAL	SOUTH 24 PARGANA	CANNING -I	NIKARIGHATA	HINCHAKHALI
57	WEST BENGAL	SOUTH 24 PARGANA	CANNING -I	NIKARIGHATA	NIKARIGHATA
58	WEST BENGAL	SOUTH 24 PARGANAS	BASANTI	BHARATGAR	GARANBOSE
59	WEST BENGAL	SOUTH 24 PARGANAS	BASANTI	JHARKHALI	TRIDIBNAGAR
60	WEST BENGAL	SOUTH 24 PARGANAS	BASANTI	MASJITBATI	MASJITBATI
61	WEST BENGAL	SOUTH 24 PARGANAS	BASANTI	MOKAMBERIA	HARBHANGI
62	WEST BENGAL	SOUTH 24 PARGANAS	BASANTI	NAGFARGANJE	NAGFARGANJE
63	WEST BENGAL	SOUTH 24 PARGANAS	GOSABA	KUMIRMARI, LAHIRIPUR, BALI II, CHOTO MOLLAKHALI	ADHARMONDAL PARA
64	WEST BENGAL	SOUTH 24 PARGANAS	KAKDWIP	RAMGOPALPUR	D. KASIABAD
65	WEST BENGAL	SOUTH 24 PARGANAS	KAKDWIP	RAMGOPALPUR	KASIABAD
66	WEST BENGAL	SOUTH 24 PARGANAS	KAKDWIP	RAMGOPALPUR	U. KASIABAD
67	WEST BENGAL	SOUTH 24 PARGANAS	KAKDWIP	SWAMI VIVEKANANDA	
68	WEST BENGAL	SOUTH 24 PARGANAS	KAKDWIP	SWAMI VIVEKANANDA	
69	WEST BENGAL	SOUTH 24 PARGANAS	KULTALI	BHUBANESWARI- GURGURIA	BHUBANESWARI
70	WEST BENGAL	SOUTH 24 PARGANAS	KULTALI	DEULBARI- DEBIPUR	DEULBARI
71	WEST BENGAL	SOUTH 24 PARGANAS	KULTALI	MOIPITH- BAIKUNTHAPUR	NAGENABAD
72	WEST BENGAL	SOUTH 24 PARGANAS	KULTALI	GOPALGANJ	KHAIKHALI
73	WEST BENGAL	SOUTH 24 PARGANAS	KULTALI	MOIPITH BAIKUNTHAPUR	KISHORINATHPUR
74	WEST BENGAL	SOUTH 24 PARGANAS	MATHURAPUR II	KANKANDIGHI	DAKSHAN KANKANDIGHI
75	WEST BENGAL	SOUTH 24 PARGANAS	MATHURAPUR II	KONKONDIGHI	DAKHANKONKONDIGHI
76	WEST BENGAL	SOUTH 24 PARGANAS	MATHURAPUR II	NAGENDRAPUR	PURBA SHRIDHAR PUR
77	WEST BENGAL	SOUTH 24 PARGANAS	PATHAR PRATIMA	BANASHYAMNAGAR	CHOTO BANASHYAMNAGAR
78	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	AMRABATI
79	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	DAKSHIN SIBPUR
80	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	DEBNIBAS
81	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	LAXMI PUR

82	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	LAXMIPUR
83	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	PASCHIM AMRABARTI
84	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	PASCHIMBIJOYBATI
85	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	PURBA AMRABARTI
86	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	FRESERGUNJ	PURBA BIJOYBATI
87	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	HARIPUR	CHANDANPIRI
88	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	HARIPUR	HARIPUR
89	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	HARIPUR	LAYALGANJ
90	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	HARIPUR	MAHARAJGANJ
91	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	MAUSUNI	BALIARA
92	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	MAUSUNI	KUSUMTALA
93	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	NAMKHANA	BURABURIRTAT
94	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	NAMKHANA	DWARIKNAGAR
95	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	NARAYANPUR	ISWARIPUR
96	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	SHIBRAMPUR	PATIBUNIA
97	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	SHIBRAMPUR	PATIBUNIA
98	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	SRIDHARPUR	JANAPARA
99	WEST BENGAL	SOUTH 24 PARGANAS	NAMKHANA	SRIDHARPUR	KARANPARA
100	WEST BENGAL	SOUTH 24 PARGANAS	SAGAR	DS2	BANKIMNAGAR
101	WEST BENGAL	SOUTH 24 PARGANAS	SAGAR	MG 2	CHAKFULDUBI
102	WEST BENGAL	SOUTH 24 PARGANAS	SAGAR	DS2	BANKIMNAGAR

Annexure: III

The team consulted District Disaster Management Officer, Sub Division Disaster Management Officer, Block Development Officer, Block Disaster Management Officer, Block Sanitary Inspector, Engineer, Gram PanchayatPradhan, School Teachers, ANM, ASHA, Doctors, Community Representatives, Affected Community Members

Field assessment team – IAG Members and NGO members, Volunteers of the affected districts.

Report Writing Team

- Mr.SimanchalPattnaik, UNICEF
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- Ms.Arпита De, CASA
- Mr.Saurabh Kumar, PAF

Annexure: IV

Village Assessment Format

INDIA – RAPID Needs Assessment Format Phase 1 – Initial Days (1-25 days in the immediate aftermath of a disaster) Village Level Assessment Format An India Humanitarian Collective Action						To be Used by the Humanitarian Agency/ NGO To be used at the Village/ Hamlet Level	
A. SPECIFIC LOCATION OF AFFECTED POPULATION							
1. Nature of disaster	2. State	3. District	4. Block	5. GP	6. Village/ Hamlet	7. Total number of HH in village?	
7. GPS			North			East	
8. Total number of Hamlets?					9. Number of affected Hamlets?		
10. Estimated HHaffected?							
11. Approximate no. of people dead?	12. Approximate no. of people missing?		13. Approximate no. of people injured?		14. Approximate no. of people displaced?	15. Location of displaced people	
						<input type="checkbox"/> Public building <input type="checkbox"/> Formal camps <input type="checkbox"/> Other.....	
16. Please provide the disaggregated data in numbers for the affected population (if possible- based on Secondary data etc)							
Children upto 14 years	Women	Men	P/Cwd ¹	Women Pregnant and nursing (0-6 months)	Minorities (Plz ask in the end)	SC/ST	
17. How high is the water logging (current situation)			<input type="checkbox"/> 1-3 ft <input type="checkbox"/> above 3 ft				
18. Accessibility to village			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments/ Suggestions/ Additional Information:							

¹ People / Children with disabilities

B. WASH			
19. Approximate number of HH in the Village without access to safe drinking water due to disaster?			
20. Access to water for all people including disabilities/ST/SC/Minorities (Post disaster)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. unavailable	
21. Is the water available at the source enough for short-term and longer-term needs for all groups in the population?		<input type="checkbox"/> Sufficient for Short term (for 1 weeks) <input type="checkbox"/> Partly (for 2 weeks) <input type="checkbox"/> Long term sufficiency (beyond 3 weeks) <input type="checkbox"/> Inf. unavailable	
22. Do people have enough water containers for storage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. What are the excreta disposal practices?		Pre disaster	Post disaster
		<input type="checkbox"/> Open Areas <input type="checkbox"/> Household/ <input type="checkbox"/> Community Latrines	<input type="checkbox"/> Open Areas <input type="checkbox"/> Household/ <input type="checkbox"/> Community Latrines
24. Is the water source contaminated or at risk of contamination		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. What was the practice on menstrual hygiene pre disaster? and do they still have access to them (ask women and girls/ANM/AWW/ASHA worker)?		<input type="checkbox"/> Cloth <input type="checkbox"/> Sanitary Napkins <input type="checkbox"/> Any other <hr/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Any Other	
Pls give your suggestion/ recommendation or additional information			
C. SHELTER			
26. Total number of Shelter Damage (approx.)	Fully	Partially	No Damage
29. Are the relief camps accessible to Person with Disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. unavailable	
30. Number of HH in need of immediate shelter?			
31. What is the immediate exposure elements weather wise that concern you?		<input type="checkbox"/> Rains/Snow <input type="checkbox"/> Cold <input type="checkbox"/> Mosquitos <input type="checkbox"/> Darkness <input type="checkbox"/> Heat <input type="checkbox"/> Snakebites <input type="checkbox"/> Wild Animals <input type="checkbox"/> Any other (specify)	
32. Availability of Non Food Items with families		<input type="checkbox"/> Kitchen Utensils <input type="checkbox"/> hygiene materials <input type="checkbox"/> Cloths <input type="checkbox"/> Stove <input type="checkbox"/> Fuel, <input type="checkbox"/> Blankets <input type="checkbox"/> Bedsheets <input type="checkbox"/> Torch Lights and lighting solutions <input type="checkbox"/> Any other(specify)	
Comments/ Suggestions/ Additional Information:			

D. FOOD, NUTRITION AND LIVELIHOODS			
33. What is the food availability at HHs in the affected area?	<input type="checkbox"/> less than a week <input type="checkbox"/> 1-3 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> more than a month		
34. Are there significant changes in the total amount of food that people are eating since the disaster, on average?	Female	Male	Children
	<input type="checkbox"/> Amount decreased	<input type="checkbox"/> Amount decreased	<input type="checkbox"/> Amount decreased
	<input type="checkbox"/> Amount same	<input type="checkbox"/> Amount same	<input type="checkbox"/> Amount same
	<input type="checkbox"/> Inf. unavailable	<input type="checkbox"/> Inf. unavailable	<input type="checkbox"/> Inf. unavailable
35. Do people have access to Govt. programs on food and nutrition (post disaster)? Name them if any	<input type="checkbox"/> AWC <input type="checkbox"/> PDS <input type="checkbox"/> Any other		
36. Are markets in the affected area functioning and accessible?	<input type="checkbox"/> Fully <input type="checkbox"/> Partly <input type="checkbox"/> Not functioning <input type="checkbox"/> Inf. Unavailable		
37. Approximate number of HH whose livestock are affected			
38. What is the availability of fodder in the affected area?	<input type="checkbox"/> less than a week <input type="checkbox"/> 1-3 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> more than a month		
39. Which livelihoods are likely to be most affected? (If others, please specify)	For female	For male	
Comments/ Suggestions/ Additional Information:			
E. EDUCATION			
40. Are children going to school/ educational institutional post disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
41. If No pls specify the reason (tick all that apply)	<input type="checkbox"/> No teachers <input type="checkbox"/> No students <input type="checkbox"/> Infrastructure damage <input type="checkbox"/> No Midday Meal <input type="checkbox"/> Study materials damaged <input type="checkbox"/> School not accessible <input type="checkbox"/> Schools used as shelter <input type="checkbox"/> Inf. Unavailable <input type="checkbox"/> Any other		
42. How soon will the schools become functional?	<input type="checkbox"/> within 15 days <input type="checkbox"/> within 30 days <input type="checkbox"/> Beyond 30 days		
Comments/ Suggestions/ Additional Information:			

F. HEALTH			
43. Medical/ health facilities/ service providers in the Village are functional?		Pre disaster	Post disaster
	Health Sub-Centers (HSC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Health Centers (PHC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Health camps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Doctors/Medical In-charge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Nurses (GNM)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ANM/ ASHA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Informal providers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. What are the main reasons for health facilities not functioning post disaster? (If other, please specify)	<input type="checkbox"/> Shortage of staffs <input type="checkbox"/> Damage to building <input type="checkbox"/> Lack of Supplies/medicine <input type="checkbox"/> Fully functional <input type="checkbox"/> Medical equipment/ instruments <input type="checkbox"/> Location if not accessible <input type="checkbox"/> Others (please specify).....		
44. Do people have access to the following health services post disaster?	<input type="checkbox"/> Outpatient consultations <input type="checkbox"/> Antenatal /post natal check ups <input type="checkbox"/> Routine Immunization <input type="checkbox"/> Basic essential obstetric care <input type="checkbox"/> Emergency essential obstetric care/ Institutional delivery <input type="checkbox"/> Don't know		
45. Are there any health concerns as a result of the disaster? (If other, please specify)	<input type="checkbox"/> People injured <input type="checkbox"/> Dead bodies (people/animals) <input type="checkbox"/> Communicable disease <input type="checkbox"/> Ante-natal Care <input type="checkbox"/> Psycho social <input type="checkbox"/> Other.....		
46. No of pregnant women in 7- 8 th month of pregnancy?			
Comments/ Suggestions/ Additional Information:			
G. PROTECTION			
47. Are there major protection concerns (post disaster) (select all that apply)- Note: (Inf. NA)			
a) What are the risks?		<input type="checkbox"/> Sexual abuse <input type="checkbox"/> No domestic violence <input type="checkbox"/> Harmful traditional practices <input type="checkbox"/> Trafficking <input type="checkbox"/> Child abuse and exploitation <input type="checkbox"/> Discrimination (Caste based,	

	related to HIV, gender etc.) <input type="checkbox"/> Inf. NA
b) Breakdown of law and order (looting crime, theft	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
c) Presence of armed non-state actors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
d) Violence(s) between members of displaced community and/or host community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
e) Threat from host community	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
f) Unaccompanied children (registration, family tracing?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
g) Loss of legal documents(s) ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
h) Are the persons with special needs more at risk. (i.e. disabilities, elderly, single-headed household, single women)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
i) No arrangements for the remains of the deceased/ carcasses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA
j) Are Safe and private facilities available for women and girls	<input type="checkbox"/> Latrines <input type="checkbox"/> Bathing <input type="checkbox"/> Living spaces <input type="checkbox"/> Inf. NA
k) Whether people have freedom of movement or are forced to stay in danger zones	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inf. NA

Comments/ Suggestions/ Additional Information:

H. INFORMATION SOURCES (please indicate the sources of information used in compiling this report)		
Please tick all that apply	Name	Phone Number
<input type="checkbox"/> Affected community respondent(male)		
<input type="checkbox"/> Affected community respondent (female)		
<input type="checkbox"/> Affected community respondent (PWD)		
<input type="checkbox"/> Village Parishad Chairman		
<input type="checkbox"/> Village / GP Secretary		
<input type="checkbox"/> Ward Member		
<input type="checkbox"/> Anganwadi Worker		
<input type="checkbox"/> I/NGOs (please name organization)		
<input type="checkbox"/> Direct Observations of assessment team		
<input type="checkbox"/> Philanthropists (please name agency/ Group)		

2 Ration card, voter id, land documents, insurance, immunization cards, ANC cards, health cards (birth registration, marriage, etc.)

<input type="checkbox"/> Other.....			
48. Name of Interviewer		<input type="checkbox"/> Female <input type="checkbox"/> Male	Contact Number:
49. Interviewer Organization			
50. Date and time of Interview			
51. Choose Interview type	<input type="checkbox"/> Female FGD <input type="checkbox"/> Male FGD <input type="checkbox"/> Children FGD <input type="checkbox"/> Elderly FGD		
52. Type of Community	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> General <input type="checkbox"/> Minority <input type="checkbox"/> Mixed group		
53. Number of Volunteers available in village			
54. Task Force available in village			
Suggestions and recommendation of Interviewer <div style="background-color: #d2c48e; height: 100px; width: 100%;"></div>			

Map depicting Cyclone affected districts in West Bengal 2019

South 24 Parganas



Namkhana, Kakdwip, Patharpratima, Sagar, Basanti, Gosaba, Canning-I, Canning-II, Kultali, Baruipur, Mathurapur-I, Mathurapur-II, Joynagar-I, Joynagar-II, Diamond Harbour are the most affected Blocks of South 24 Parganas

North 24 Parganas



Hingalgunj, Sandeshkhali I, Hashnabad, Sandeshkhali II are the most affected blocks of North 24 Parganas

Purba Mednipur



Contai-I, Desopran, Contai-III, Khejuri-I, Khejuri-II, Ramnagar-I, Ramnagar-II are the most affected blocks of East Mednipur