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Joint Rapid Need Assessment Report Dimapur Fire 2021

December 2021



Picture Source: Staff Reporter DIMAPUR, DEC 22 (NPN) | Publish Date: 12/22/2021 1:26:56 PM IST, Nagaland Post

Supported by:



Joint Rapid Need Assessment Report
Dimapur Fire 2021

IAG Nagaland

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Acknowledgement

This Joint Rapid Needs Assessment (JRNA) would not have been possible without the cooperation and constant support of IAG Nagaland, local organizations and their staffs, village officials, line departments, ward members and PRI members from affected areas. We are indebted to all of them, exigencies of space and time constraints limit us from naming/mentioning each one of them here.

We express our gratitude towards IAG Nagaland for taking lead in this exercise, engaging its partners, and providing technical guidance.

We would like to praise the active involvement of Bethesda Youth Welfare Centre, Zion Welfare Society and International Border Area People's Welfare Organization (IBAPWO) in taking initiative to assess the urgent needs of fire affected communities, collecting real time information, and providing valuable inputs and coordinating the assessment process.

And, above all, the communities of affected areas of Dimapur, who even amidst the adversities took out time and patiently provided answers to all the questions put to them, without any reservations.

Sphere India

28th December, 2021

About JRNA and Disclaimer

As per Sphere India Standard Operating Procedures, adapted to address the emergency situation, a Joint Rapid Needs Assessment (JRNA) was conducted across the fire affected areas in Dimapur of Nagaland; data collection was conducted through secondary sources, field visits, personal interviews, observations, focus group discussions and information provided by local CBOs. The organizations engaged in relief have also shared their observation notes to incorporate in the report. Also, on ground information was collected using smart phones through data collection mobile application and collated by core team taking due consent from the villagers. The aim was to gather information on Humanitarian Response initiatives as well as recovery needs, collate and analyze the findings, and disseminate the information to the State, National and International level agencies.

Disclaimer

The interpretations, data, views and opinions expressed in this report are collected from various sources including Government led institutions, line departments, field assessments by volunteers and team members deployed by Organizations who took initiative in Humanitarian Assistance activities and from secondary media sources. It does not necessarily carry the views and opinions of Sphere India or IAG Nagaland or any humanitarian organization as a collective directly or indirectly. It is interpreted only for assessment purpose.

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1. EXECUTIVE SUMMARY

1. Background

On 22nd December, 2021 a major fire broke out in the evening at Ura Villa Colony. Nearly 300 houses were affected due to the fire situation. The affected population is largely daily-wage workers and the loss of their assets and shelters have added to the woes of the community. The fire was doused by Fire and Emergency Services after 4 hours of work. The cause of fire is thought to be an electric short-circuit. Even though there are no casualties due to the situation, the impact on the local community is high. Initial relief to the community were provided the district administration, IRCS and the local NGOs.

Due to localized impact of the disaster the attention to fire situation from national agencies are limited. To understand the urgent needs of the community and impact on services and infrastructures, IAG Nagaland and Sphere India initiated Unified Response Strategy for coordinated efforts. The Joint Assessment flags the vulnerability and risk of the affected community as well as provides key recommendations for recovery for the affected community.



2. Key Findings of JRNA

1. Water, Sanitation and Hygiene (WASH):

Water: Non-availability of safe and adequate drinking water is a key concern among the affected households (48%) in Ura Villa Colony, Dimapur. Water supply infrastructures (45%) and storage containers (3%) have been damaged due to the fire as reported by the households. Treated well water and untreated tap water was the major source of drinking water prior to the disaster by the community. After the fire situation, the community is largely (97%) dependent on bottled water for their drinking purposes.

Sanitation & hygiene: Due to infrastructure damages to shelters and other buildings there have been difficulty in sanitation of the community. The community reported damage to their toilets (48%) and the functionality of the toilets have been completely compromised due to the infrastructure damages. Around 10% of the surveyed population requires hygiene items like soap and toothpaste and 3% stated the need for sanitary pads for women and adolescent girls.

2. Shelter, Settlements and Non-Food Items:

Due to the outbreak of fire, shelters were damaged in the colony with minor and complete damages. The affected communities are staying in temporary shelters which includes shelters of their relatives, public halls, makeshift tents, etc. Even though the affected community have access to food and drinking water there are needs for non-food items. Around 77% reported shortages of clothing, 45% did not have adequate provisions of bedding/blankets and 3% require masks and sanitizers. Non-availability of cooking utensils and cooking stove were also stated as a concern by 68% and 52% respectively.

3. Health

The community reported there were no damages to healthcare facilities. But the functionality of healthcare facility is low prior to the disaster as only health camps were the services for the community during pre-disaster. Post-disaster these have not been used by the community. Cases of fever are reported from the households and some of them raised the concerns on need for masks and sanitizers.

4. Food and Nutrition Security

The access to services were not disrupted due to the disaster. But due to shelter damages there have been difficulty in preparation of food. 29% of surveyed population reported unavailability of cooking facilities, difficulty in accessing the materials required and insufficient money for purchasing food.

5. Livelihood

The major livelihood of the affected community is casual labor. The livelihood have been disrupted due to the situation as a result of displacement. The impact on daily laboring work is a major concern reported by the affected HHs. There have been impact on artisan related work and minor losses reported on livestock as well. Impact on daily laboring work and assets lost due to crisis are the main concerns regarding livelihood.

6. Education

Due to Christmas holidays the educational services were not largely affected. There have been no infrastructure damages to educational facilities as the fire was localized. 65% of the HHs reported damage to educational materials of the children due to fire. Among them 29% requires support for education in the form of books, uniform and shoes for children.

7. Protection

The concerns flagged in the sector of protection were security issues due to shelter damages. Lack of privacy for bathing/toilet is major concern reported. Although no untoward incidents have been reported till date from the affected area, these are concerns that increase the vulnerabilities of the already vulnerable. With the Covid restrictions, loss of livelihoods and displacement due to fire, there are also possibilities of sexual abuse, domestic violence, child abuse and exploitation.

2. OVERVIEW OF JOINT RAPID NEEDS ASSESSMENT REPORT

1. Timeframe

TABLE 1 TIMEFRAME - JRNA

Timeline	Activity
24 th Dec, 2021	IAG Nagaland Emergency Coordination Meeting Training to field investigators on KoBo Toolbox application and survey tools
24 th – 26 th Nov	Field survey for data collection on JRNA
27 th – 28 th Dec	Data cleaning, data analysis and Report writing
28 th Dec, 2021	JRNA Report dissemination

2. Methodology:

This Joint Rapid Need Assessment in fire affected areas of Dimapur has been conducted to identify the urgent needs of affected community based on Food & Nutrition, Health, Water, Sanitation and Hygiene (WASH), Education Shelter, Livelihood and Protection, and to flag out the vulnerability of affected community to access the basic services and entitlements.

The JRNA involved joint efforts from IAG Nagaland, local NGOs in the affected districts and Sphere India with the field support from local NGOs and affected communities providing support and necessary information & data.

During JRNA, urgent needs of affected communities have been identified through direct data collection from the field, government's damage assessment reports, pre-disaster information from respective line departments, and secondary data from various sources, media reports and discussions with grassroots functionaries. Data was collected based on the indicators of the specific tools/questionnaires used during the interviews/ discussions. The methodology was based on:

- a) Structured one-to-one interviews with affected households (ensuring prioritizing of random households from most affected areas giving equal representation to all sections of the local community).
- b) Structured colony level information gathering from the affected colony based on Food & Nutrition, Health, WASH, Shelter, Education, Livelihood, Protection and accessibility of community towards basic services and entitlements.
- c) The organizations who are engaged in relief operation in this area have also shared their observations to add quality information in the report.
- d) Brief discussions with local CSOs & NGOs who had pre-disaster existence in the area and also assisted communities with relief post disaster.
- e) Secondary data to examine the observation and facts.

Sampling:

Among the affected community, 31 households and 1 colony were taken as sample of most affected community from the affected areas in the district and have been assessed and documented based on the instruments/tools/questionnaires.

Secondary data analysis based on information disseminated by government departments, media reports, reports from other national or local organization, information provided from local CBOs also

has added the quality and authenticity to this need assessment process through opportunity to investigate questions using large-scale data sets that are often inclusive of under-represented groups.

3. Rational behind the Sampling for Assessment:

The sampling size were determined based on secondary data information available from government reports and media. Based on the affected population and impact areas, the colony in the affected district was chosen after discussion with local NGOs.

4. Primary Data Collection

Data collection was conducted my local NGOs from 24th December to 26th November, 2021. The survey was focused on households and colony for which the field investigators collected 31 household and 1 colony responses from the affected district. The data collection was conducted using KoBo Toolbox for ease of analyzing the field information. The field investigators were oriented on Kobo toolbox and survey tools by Sphere India prior to field assessments.

TABLE 2 HOUSEHOLD SURVEY DATA

District	No. of Surveys	Gender			Community			
		Male	Female	Transgender	General	SC	ST	OBC
Dimapur	31	18	13	0	28	0	1	2

TABLE 4 COLONY SURVEY DATA

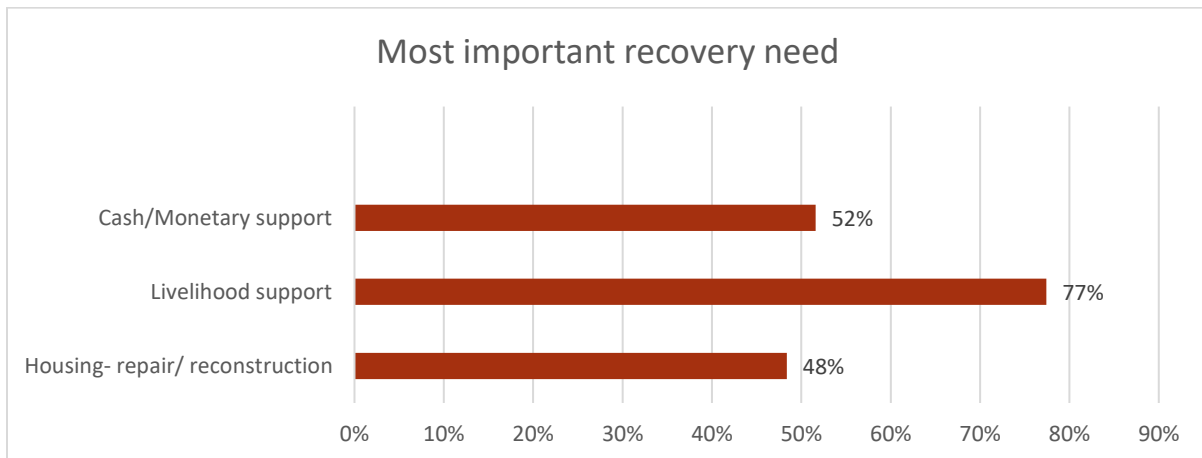
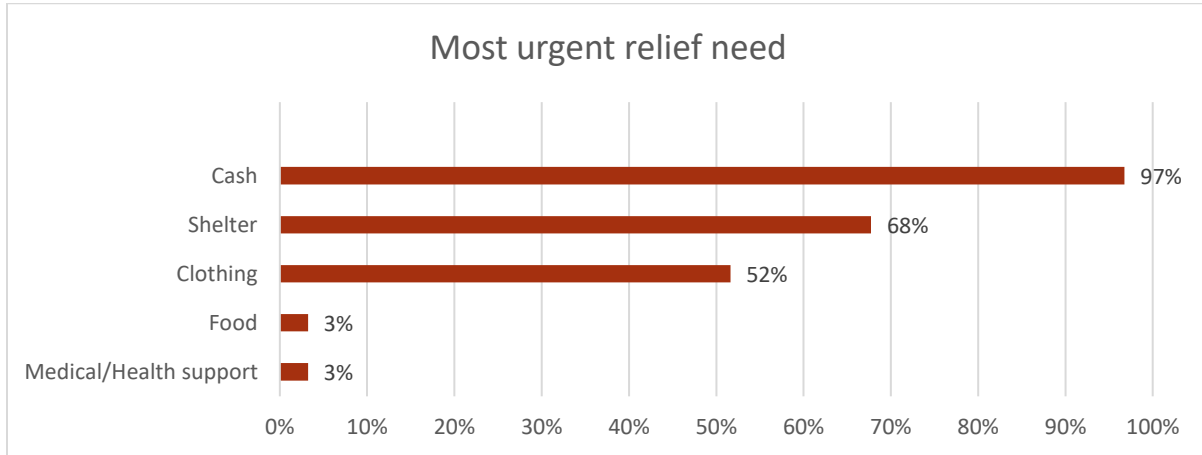
District	Village/Hamlet	No. of Surveys
Dimapur	Ura Villa	1

5. Quantitative Data Analysis

The data collected using KoBo toolbox were analyzed using Microsoft Excel by Sphere India.

4. SECTORAL ASSESSMENT & RECOMMENDATIONS

31 households and 1 colony level surveys were conducted in Dimapur district to understand the key impacts in sectors and the emerging needs of the affected community. The surveyed colony consist of 700 households out of which 273 households were reported to be affected. The major priority for the affected community for relief are shelter support and its associated items for protection (clothing). For recovery the prioritization is for the livelihood of the community as most of them are dependent on casual labour. Rebuilding and repairing fire affected houses for recovery is required as most of the affected houses have been completely damaged.

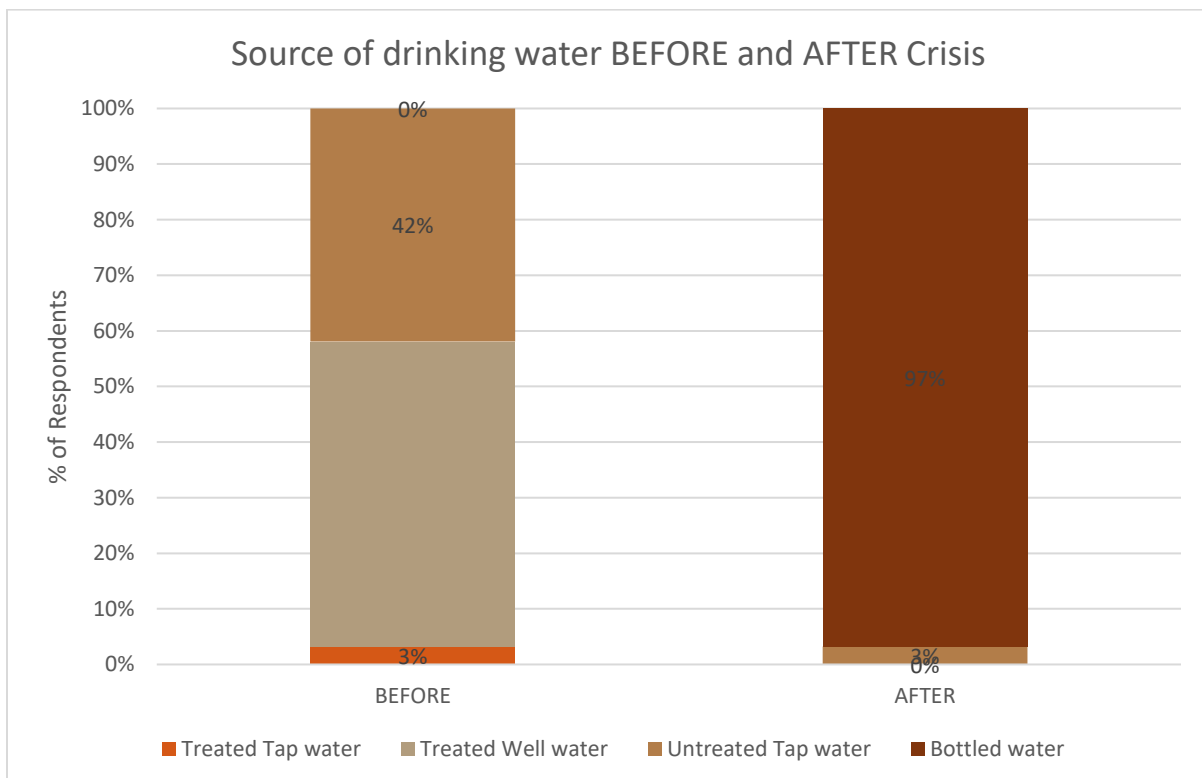
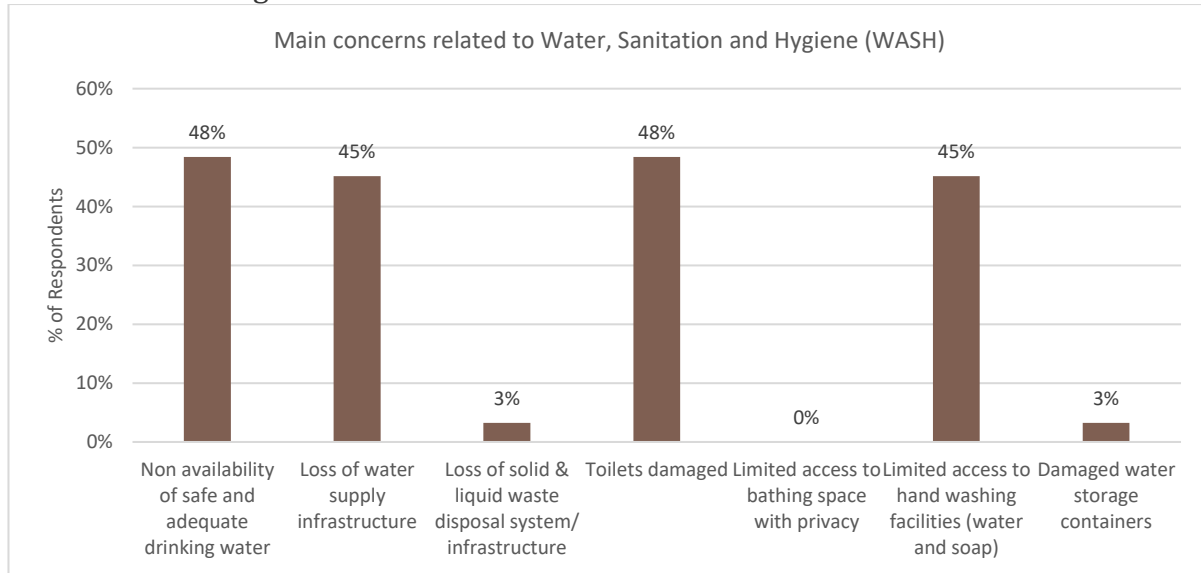


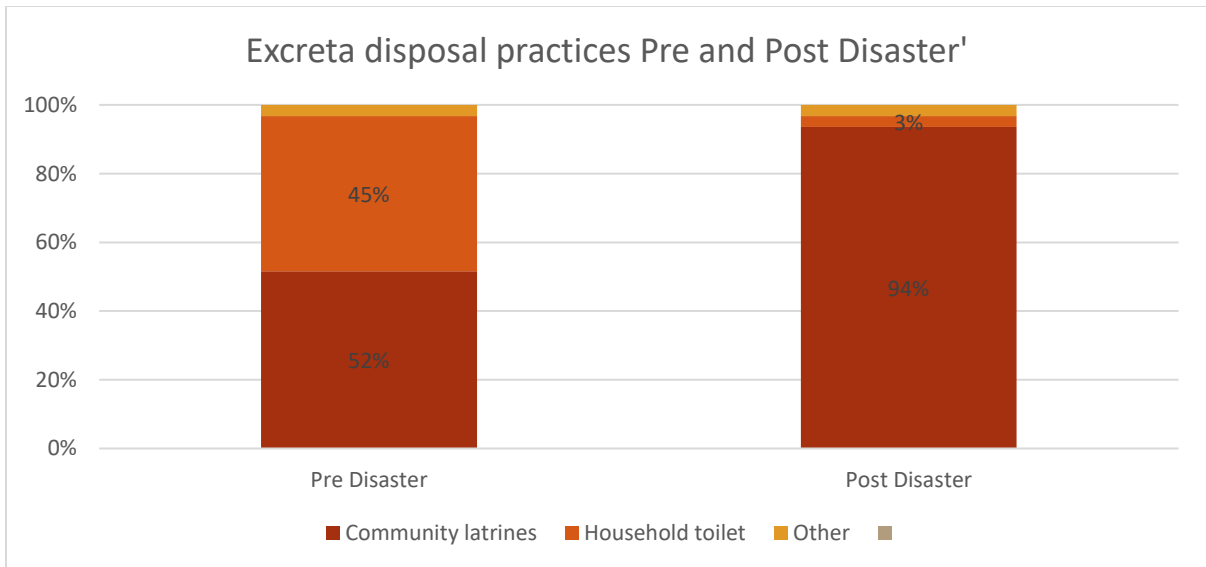
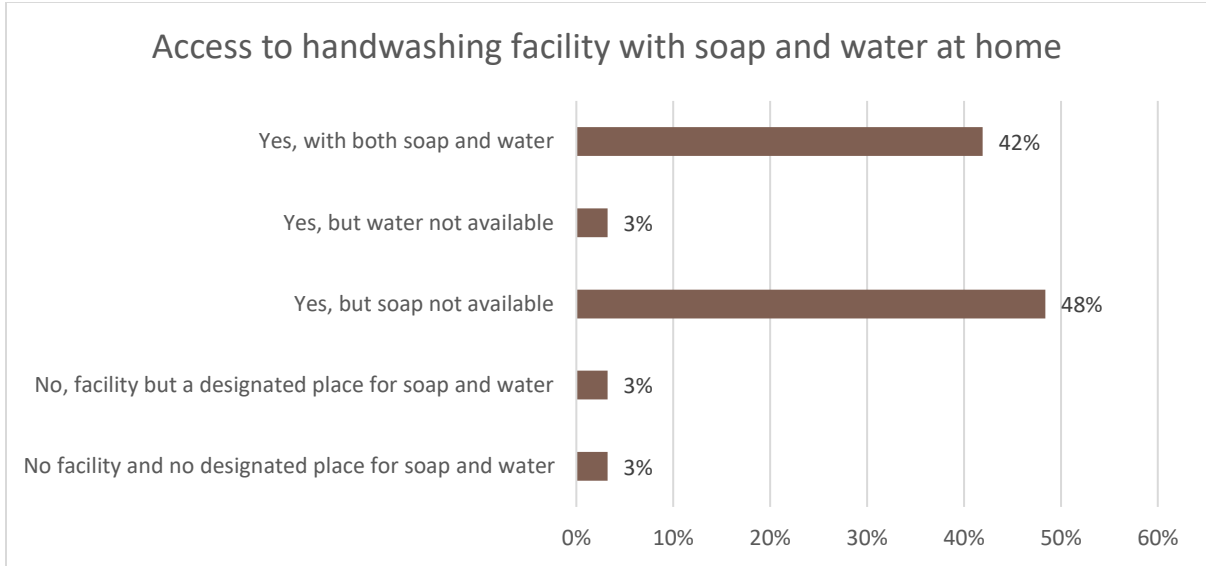
4.1. WATER SANITATION AND HYGIENE (WASH)

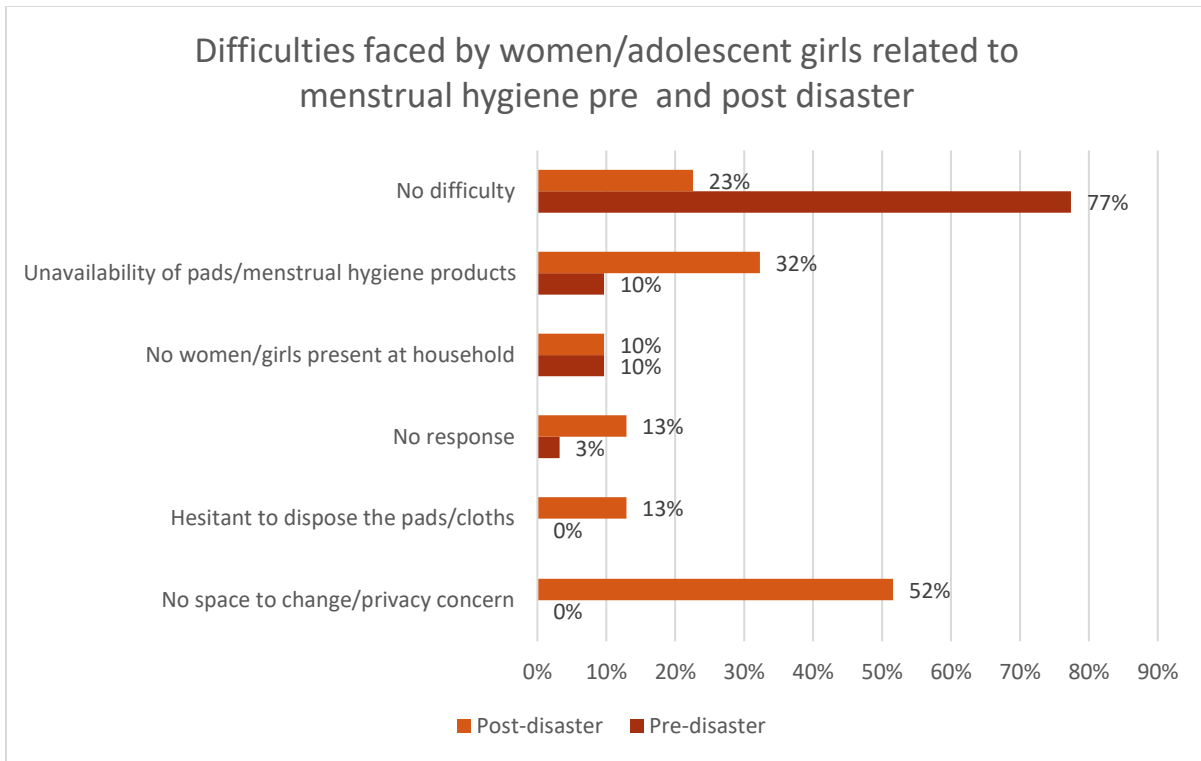
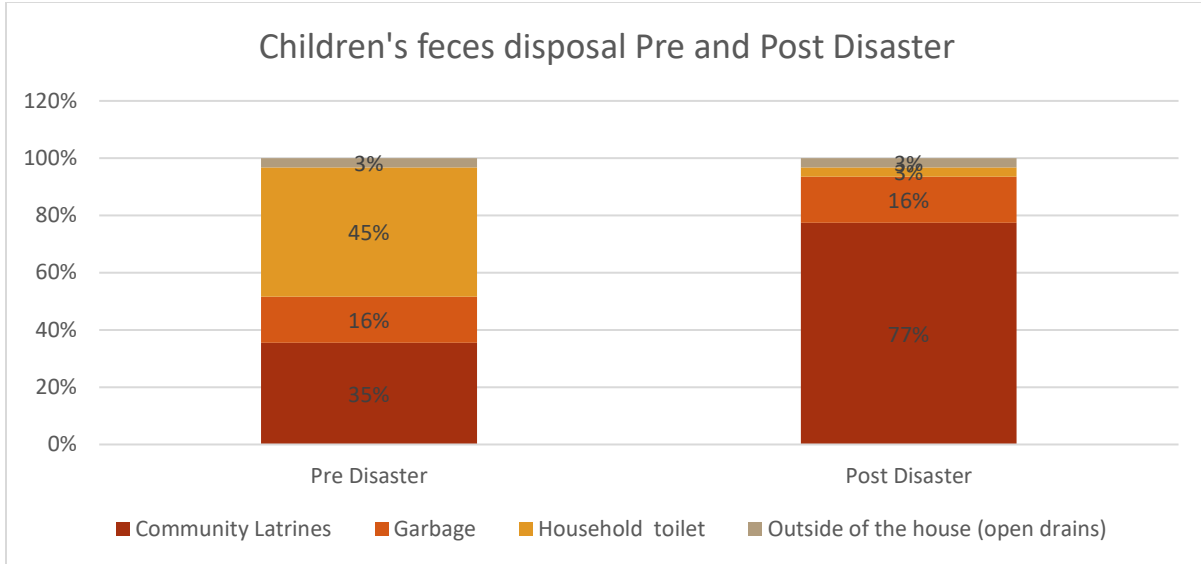
Overview

This massive fire broke out all the handpumps, bathing spaces and sanitation facilities in colony. After fire engulfed dozens of hutments. The CGI sheet and bamboo walled huts housed around 80-100 rooms over a leased plot by daily wage labourers and their families.

Assessment Findings







Recommendations

Immediate Support Required:

Immediate measures for WASH like ensuring provision for safe, healthy, and dignified living for affected populations, including women, adolescent girls, old age people and children should be addressed. These measures are aimed at mitigating immediate risks to health and safety and providing basic needs to carry out normal daily activities.

- Provision of safe drinking water, domestic water and sanitation facilities should be topmost priority and urgency. Now only one handpump is saved, there is urgent need to supply water through tankers, purify the available shallow handpump and installation/ revive of handpumps and other water sources should be taken up in priority by local authorities and panchayats.
- At the point of use water treatment and purification measures like Chlorine/ Halogen tabs should be provided to community with due orientation on use of these tablets or drops.
- As there are reports of widespread need of storage facility of drinking water, safe water storage containers (2 Nos. 10 Lt capacity Minimum) with lid and tap should be provided to vulnerable families.
- Immediate provision of temporary sanitation facilities (toilets, bathing and washing units etc) should be set up. Arrangement of mobile toilets and opening of toilets of public buildings for affected communities may also be adopted.
- Arrangement of water, hand washing facilities with soap should be done near the sanitation facilities.
- Municipal Council should take responsibility of repair and restoration of damaged toilets on urgent basis.
- Communities and local authorities should be equipped for cleaning and maintaining all temporary sanitation facilities till permanent facilities are constructed.
- All sanitation facilities should have safe all-weather access and adequate lighting for safety of women and girls at night also.
- Communities should be sensitised and educated to avoid open defecation, use toilets, and do not dispose faecal matter of children in open.
- Community members should be sensitised and educated for having hand washing facilities at home. All support for this may be provided immediately. Hygiene kit including sanitizer, soap, toothbrush, toothpaste, anti-septic liquid, sanitary pads, detergent should be provided to vulnerable families. Material for menstrual hygiene should be provided as per local practice.
- Children and adults should be sensitised to adopt hand washing with soap and water.
- Cleaning up of debris, carcass and wet waste should also be in priority to prevent health hazards.
- With Covid -19 protocols in place, all front-line workers should be equipped with PPE and other protection measures.

Medium term actions required:

Medium -term measures should focus on restoration of water and sanitation facilities to normal time, till a more robust, improved, and resilient infrastructure, services and facilities are placed. This includes:

- Provision of safe drinking water from alternate or multiple sources for communities should be planned to mitigate effect of hazards.
- Provision of water treatment and purification measures at bulk storage as well as point of use, where the quality is concerning issue should be expedited.
- Restoration of water facilities, toilets, hand washing facilities and cleanliness measures in schools should be done departmentally with support of local authorities. Boys and girls should have access to separate toilets.
- Children group and youth groups should be trained and prepared to monitor and check open defecation in communities.
- Reconstruction of all damaged household toilets and community/public toilets with multi-hazard resistant features should be taken up on priority basis.
- Sensitisation and educating children on use of toilets, hand washing and personal hygiene.
- Sensitisation and educating adolescent girls on menstrual hygiene and providing all support they need.
- Strengthening regular waste collection and safe disposal systems to avoid health hazard.

Long term and resilience building:

Long term measures in WASH focuses on building resilient systems to withstand future hazards. Some of the suggestion for that would be:

- Mapping, audit and retrofitting of hand pumps, tube wells and open wells to protect it from future flooding should be taken up. Hand pumps may be raised to 1-2 metres in flood prone and low-lying areas.
- Safety audit of water supply infrastructure – including water resources, bulk storage systems, supply lines, treatment plants, secondary storage tanks etc, and making it multihazard resistant, so that in times of flood the damage of infrastructure can be restricted, and water supply may not be affected.
- Regular maintenance of these systems will also be important aspect for increasing resilience.
- All schools and health centres should be equipped with safe water supply, sanitation facilities for men, women and children and hand washing facilities.
- Cleaning, disinfection and maintenance of water sources should be taken up jointly to ensure that the ponds serve as emergency water sources and not turn into waste dumping areas.
- Training of youth and women groups from the community on plumbing and doing basic repairs to the piped water system, handpumps and tube wells can be explored to raise local cadre of skilled person, linking them with wider market demands.
- Waste management system should be upgraded to mitigate health hazards during normal time as well as disaster period.
- Cleaning of natural drain and removing encroachment should be taken up.

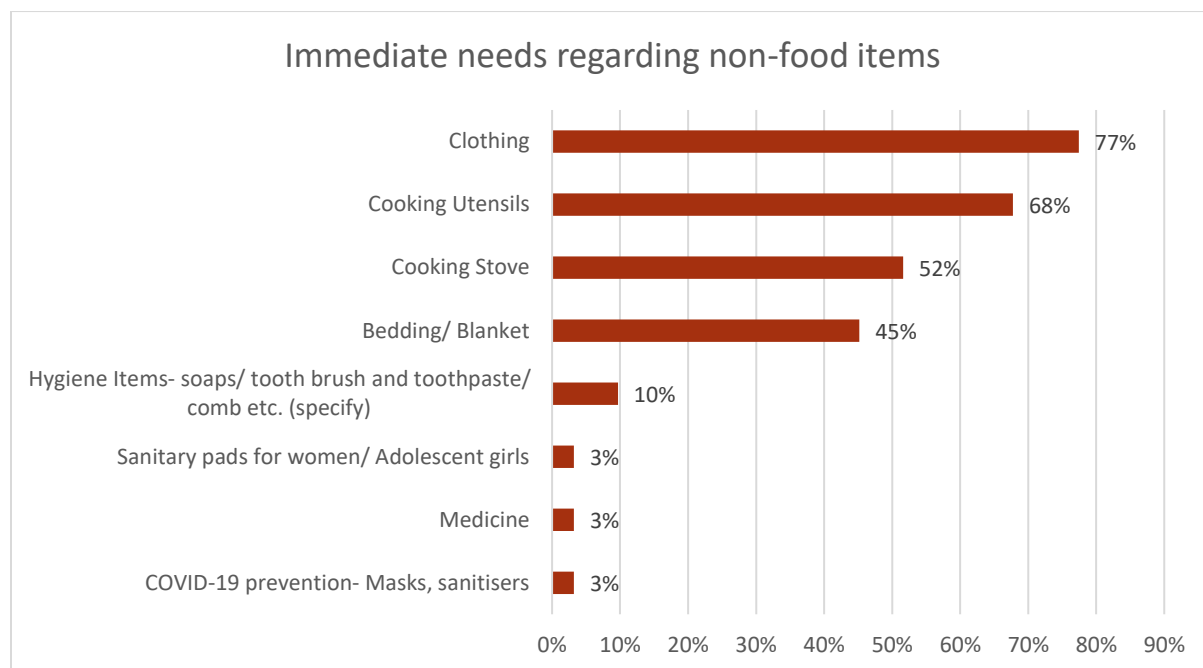
4.2. SHELTER

Overview

The CGI sheet and bamboo walled huts housed around 80-100 rooms over a leased plot by daily wage labourers and their families were completely destroyed in fire.

Assessment Findings

All the houses of the surveyed population were damaged due to the fire. Among them 61% requires assistance for repairing their houses.



Recommendations

Immediate Support Required:

Basic and survival needs of affected population, considering needs of men, women and children, people with disabilities, and other vulnerable groups, including displaced population should be topmost priority in immediate relief.

- Provision of clothes, bedding, utensils for cooking, hygiene items and other needs of affected families for safe and dignified living should be arranged on immediate basis.
- People living in makeshift shelters, relief camps, host families and others should be provided with safe living space with COVID appropriate measures.
- Compensation and reconstruction support mechanisms should be finalised at earliest. Massive awareness and education campaign for entitlements and rights of affected families (regarding shelter) should be organised with the help of NGOs.
- Cleaning and disinfection of inundated but structurally safe houses should be taken up by local authorities with help of NGOs and community groups. It can be also taken under cash for work

activities Safety audit of houses in affected areas and coming up with compensation and reconstruction guidelines should be taken up immediately.

- Community should be made aware not to return damaged home until authorities have declared it safe. People should also be made aware of extreme caution to be taken while touching and operating electrical equipment.

Medium term actions required:

Initiation of reconstruction activities at earliest is important for returning to normalcy for affected families. However, reconstruction approach should be based on principles of 'Build Back Better' and 'Do No Harm', while also considering community ownership, climate conduciveness and environmental sustainability.

- An owner-driven reconstruction process should be adopted to enable households to rebuild their own houses with their own design and local materials, supported by Government and NGOs.
- A set of 5-8 different designs of multi-hazard resistant shelter (of different sizes) with local design elements and practices may be offered to guide communities.
- Masons can be trained to support the affected households in reconstruction of houses.
- Guidance on the repairing of houses needs to be prepared and disseminated to owners, engineers, and masons.
- Shelter kits may be prepared and distributed while keeping in mind the local construction practises of the communities of the affected area.
- For the families with completely damaged shelters, support for living on rent or semi-permanent shelters should be made till permanent shelters are constructed.

Long term and resilience building:

Long term measures in Shelter sector should focus on building resilient and sustainable housing stock and infrastructure. A multi hazard risk reduction approach should be adopted so that shelter contributes to build resilience and enhance coping capacities of communities against various hazards.

- Development of permanent multi-hazard resistant community shelters should be planned and implemented. NDMA and state government guidelines for design and construction of such facilities should be ensured.
- Developing of cadre of trained engineers and mason on multi-hazard resistant construction practices should be planned in coordination with technical agencies and professionals.
- The fire and other hazard control mechanisms should be made mandatory for new developing areas. Hazard resistant components should also be integrated in Welfare Housing schemes like Pradhan Mantri Aawas Yojana and State Government programmes.
- A district level 'reconstruction resource centre' may be set up to help affected families to get technical and other information on safe construction practices, procurement of materials, quality of materials etc.
- Inclusion of water and sanitation facilities, all weather access, power supply, as well as value addition in shelter (like smokeless stove, kitchen garden) should be promoted wherever possible. This helps in building resilience of vulnerable families against various hazards.

- IEC materials on safe construction practices for different zones should be prepared and made them available to municipal bodies.
- The review and revision of the building bylaws and regulations to avoid widespread damage to properties and human lives should be initiated by local bodies, district agencies and State government.
- Community led disaster risk management trainings and programs for various villages and linking it to local development plans.
- Stock piling of shelter items (non-food items) should be prepositioned in area for immediate relief.
- Strict regulating construction of housing on natural ponds, sinks, wetlands, and drainage lines should be enforced. Enforcement of appropriate land use planning provisions should be considered for risk reduction.

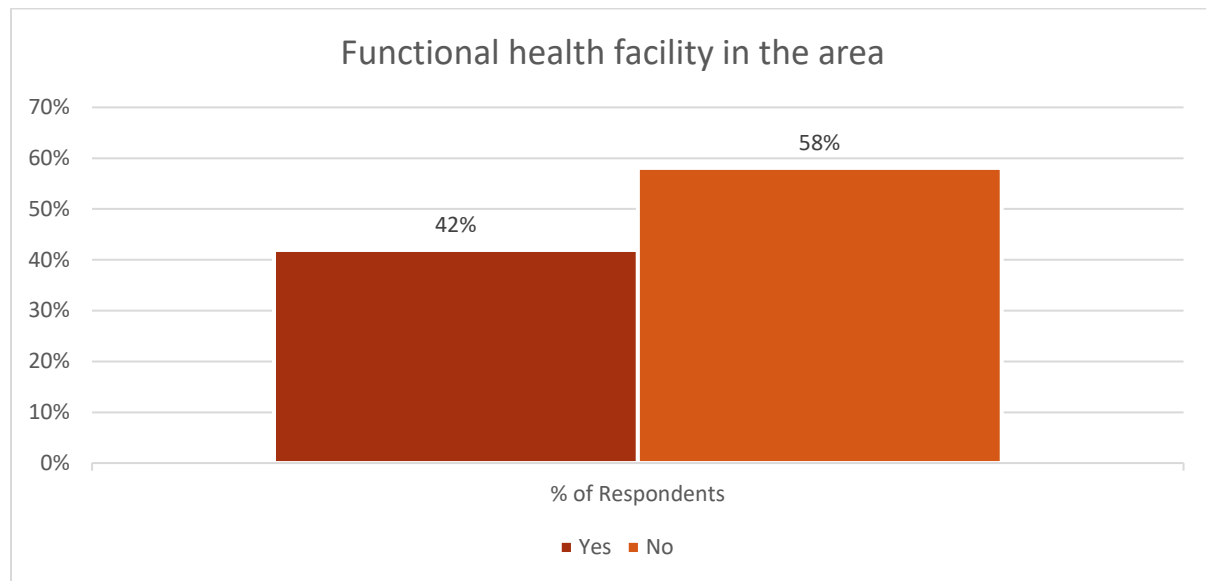
4.3. HEALTH

Overview

This fire has not affected the health system directly but families have taken refuge in various places required continuity of health services and mental health support.

Assessment Findings

90% of the surveyed population were not having any pre-existing health problems. Majority of the respondent reported there were no damages to health facilities due to the fire. There are concerns to health situation as 15 cases of fever were reported from the surveyed population. Covid-19 vaccination processes are ongoing without any disruptions due to the situation.



Recommendations

Immediate Support Required:

- Immediate availability of basic medicines to be made in all the relief camps and health centres for treating the symptoms of common cold, fever, water-borne diseases etc. for affected population.
- In non-functional centres/areas, efforts needs to be taken to restore the immunization services and others services.
- Medical camps need to be started in catering to the needs of target population.
- To undertake disease surveillane and organising hygiene promotion in relief camps and community.
- As there are chances of trauma cases surfacing immediately after disaster, psycho social support to all the affected individuals and family's needs to be initiated and in severe cases these patients can be associated with higher institutions for follow-up.
- Strengthening of monitoring mechanisms for COVID-19 patients to avoid spread of diseases and quick starting the immunisation of COVID-19 in affected areas to avoid any further consequences.

- Pregnant women must be treated with priority; ones which are being relocated to shelter homes should be tracked and immediate needs to be met.
- Quick start awareness programmes in relief camps on health and hygiene, menstrual hygiene, clean toilet etc. especially girls and women should have access to clean cloths and sanitary napkins, portable drinking water, clean sanitation facilities especially in relief camps.
- Immediate installation of Sanitary Toilets in all the Relief Camps, regularising the usage of Sanitary Toilets and avoid open defecation.

Medium term actions required:

- Ensure sufficient stocking of essential medicines as per the list (especially ORS, halogen tablets, anti-venom, bleaching powder etc.)
- Prepositioning essential medicines, equipment's, materials and personnel as per the hazard - specific SOPs and guidelines before the onset of any hazards.
- Training of the ANM and ASHA workers on reproductive health, menstrual hygiene, relief camp management etc.
- Identify volunteers for psycho social support and train them to address the emerging needs. Humanitarian organization can be sort for support.
- Develop and disseminate IEC materials on various communicable diseases, health and hygiene practices during any disasters.

Long term and resilience building:

- Ensure all PHCs/ APHCs have adequate stock of essential drugs, Bleaching Powder, Halogen tablet, anti-venom etc. timely updation needs to be undertaken.
- Capacity building on Public Health in Emergencies, mass causality management and CBDRR activities in all the affected districts.
- Capacity building of IDSP Surveillance forms of routine and in emergency to track Acute diarrheal diseases (ADD), Acute Febrile illness and other waterborne diseases of ANM/ASHA/AWW or Schoolteachers.
- Allocation of funds for extra Labour to mobilize during immediate and late response for spray of bleaching powder to disinfect the water sources.

4.4. EDUCATION

Overview

These families use to manage their daily needs through labouring, hence during pandemic most of children of this colony were unable their online study in absence of facilities and lack of awareness among parents.

Assessment Findings

90% of the surveyed HHs reported that the educational facilities are functioning and they are able to access the services.

65% of the HHs reported damage to educational materials of the children due to fire.

Among them 29% requires support for education in the form of books, uniform and shoes for children.

Concerns related to education are those associated with disruption in relation with Covid-19.

Recommendations

Immediate Support Required

- The students who lost their education materials can be provided with an educational kit to avoid the distress of losing the education.

Medium-term actions required

The students can be taught about the disaster by integrating disaster education into their school curriculum. Students shall be taught about local risk assessment, disaster preparedness programs in schools and higher institutions, implementation of programs and activities related to the disaster in schools and colleges, that teach learners how to minimize the effects of hazards.

- Creating awareness about the disaster in children in a child-friendly manner will make them understand about disasters so that they will not get scared to face the situations.
- Teaching about the best practices for managing the disasters, preparedness measures to be taken by them will build confidence to overcome the disaster.
- Nowadays the school children are more resourceful and allowing them to share the various innovative ideas to handle disasters, solutions, and models to handle the disasters will be more thoughtful.
- Rescue measures to be done should be taught for students at schools and colleges. By such measures, students can be involved in immediate rescue measures in their neighborhood.
- Schools should provide mental health support like counseling for children affected by disasters. Focus group discussions with non-profits will help them to bounce back for better well-being.

Long term and resilience-building:

- Ensuring to provide continuous school education especially for girls, post disasters school safety, training to handle disasters, and the havoc created by the disasters for the upcoming school students will build resilience to overcome the hard situations in their life.
- Enabling environment and policy, strengthening communication and coordination among school stakeholders and governments as well as integrating DRR into education sector policies are key for averting disaster-induced school learning disruptions.

4.5. FOOD & NUTRITION SECURITY

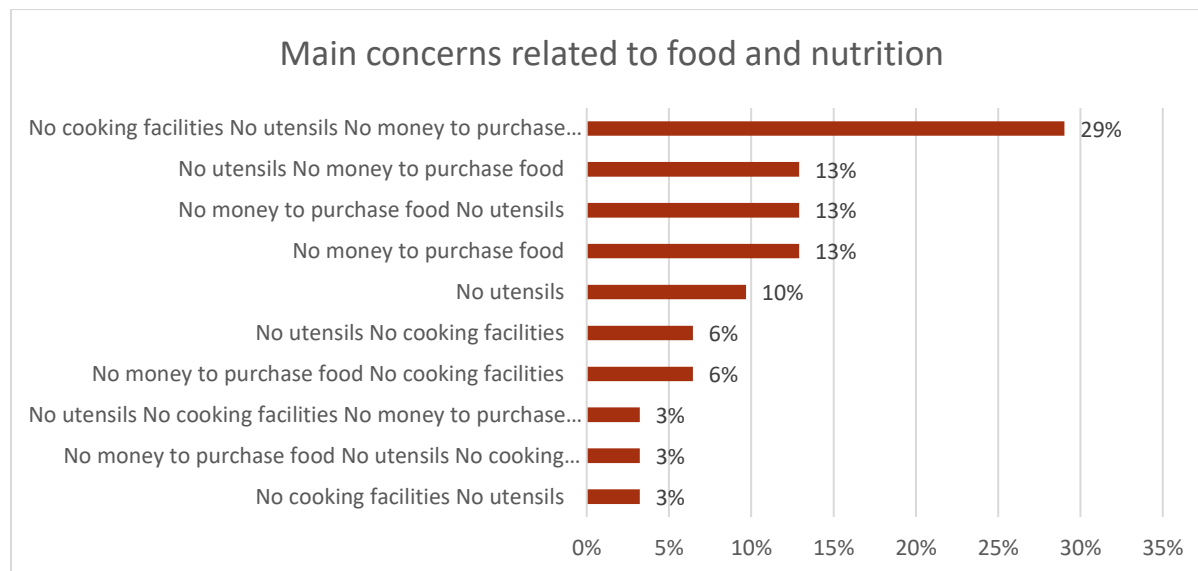
Overview

These affected families have lost most of their stored dry ration, utensils, kitchen and cooking facilities.

Assessment Findings

81% of the surveyed population have stored food grains and 87% have access to vegetables and other food items.

The functionality of PDS shops are not affected due to the situation.



Recommendations

Immediate Support Required:

- Immediate provision of food support for one month for the affected families.
- Resorting of all the cooking utensils is very essential for continues services.
- Installation of temporary feeding room for lactating mothers in relief camps.
- Awareness generation programmes in all the relief camps and sheltered places on health and hygiene, menstrual hygiene's, hand washing etc.
- Distribution of fresh clothes and sanitary napkins for all the girls and women in all the relief camps and upholding practices of healthy hygiene. Inclusion of contraceptives in the relief packets is very important.
- Distribution of nutrition kits to all the families with children, elderly, pregnant women and lactating mothers
- There is a dire need for developing strategies for improving households food security through public distribution systems, food intakes, socioeconomic condition, and personal hygiene.
- As an urgent need, identification of all the pregnant women and lactating mothers needs to be undertaken and nutritional supplements needs to be delivered on time in relief camps and other residing places.

Medium term actions required:

- Support affected families in preparation of services related papers which they lost in fire.
- Establishment of Emergency Support Service (ESS) and Develop guidelines for Emergency Support Functions services including benchmarks for delivery of these services and monitoring protocols for the same.
- Regular monitoring of Take-Home Ration (THR) supply and regularize supply.

Long term and resilience building:

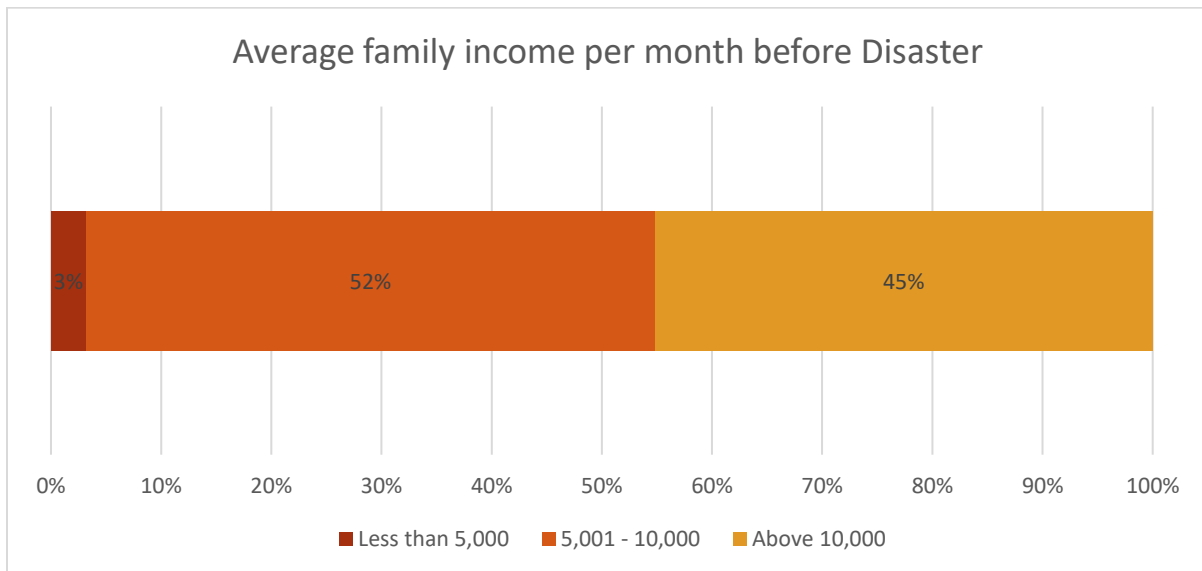
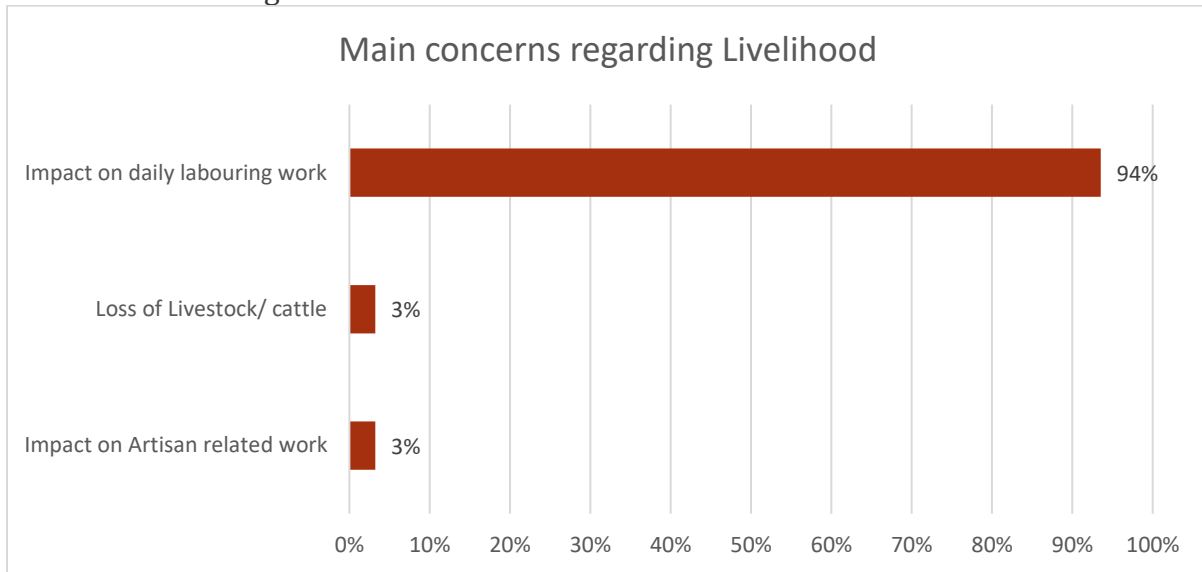
- All AWC should have essential infrastructure to support a healthy, clean, and safe environment. There should be proper space ventilation, especially for cooking smoke, adequate space for preschool activities and meals.
- Conduct Rapid Visual Survey (RVS) and safety audit of all infrastructures from multi-hazard perspective in all the villages and creation of resources for funding at the state and district level.
- Keep stock of food-grains and fuel/ gas cylinder for continuation of cooked food and THR during emergencies.
- Preposition of ORS, Halogen tablets, hygiene kits for women and children, bleaching powder in all AWCs
- Department should ensure for annual review and repair work of ICDS centres so that repairs works are undertaken at early stage and major damages are avoided or mitigated during floods and other natural disasters.
- Allocation of funds (like emergency funds) for AWCs for cleaning/ minor repair immediately after floods.
- Promotion of Nutrition Rehabilitation Centre (NRC) and create awareness about the facilities.
- Training of the department staffs at all levels on risk informed programmes and developing training module on guidelines for risk informed programme (GRIP).
- Prepare pocket handbooks for the AWW with disaster management checklists.
- Emergency Support Service is in place during the emergencies and timely updation of the same.
- Community participation in local decision making can help in building new centres.

4.6. LIVELIHOOD

Overview

There was no direct damage reported to livelihood by fire incident, but due to loss of protected environment, relocating to relief camps and sheltered places, these families are unable to go to their daily labouring work until they manage the safe stay of their family members.

Assessment Findings



- Among the surveyed population 99% reported there was no damage to their livestock.
- The major source of income among the surveyed population is casual labour.
- The population reported loss of assets as a concern for their livelihood recovery.

Recommendations

Immediate Support Required:

- These families should be provided cash support to manage their daily living on urgent basis.
- They can also be engaged the cash for work in constructing their own houses etc. involvement in construction and repairing work of various institutions can be considered.
- Immediate distribution of milch animals, poultry, foddens etc. can be undertaken with the support of NGO's and CSR initiatives to restart their livelihood.

Medium term actions required:

- Support the families who are living in the risk areas to identifying safe locations/areas to safeguard their livestock's during the emergencies.
- Possibility of activating livelihood schemes would help the families to earn their living.
- Supporting the affected population through various skill training like garments production, technical skills etc. Government schemes can be tapped and CSR & NGOs can be approached for support.

Long term and resilience building:

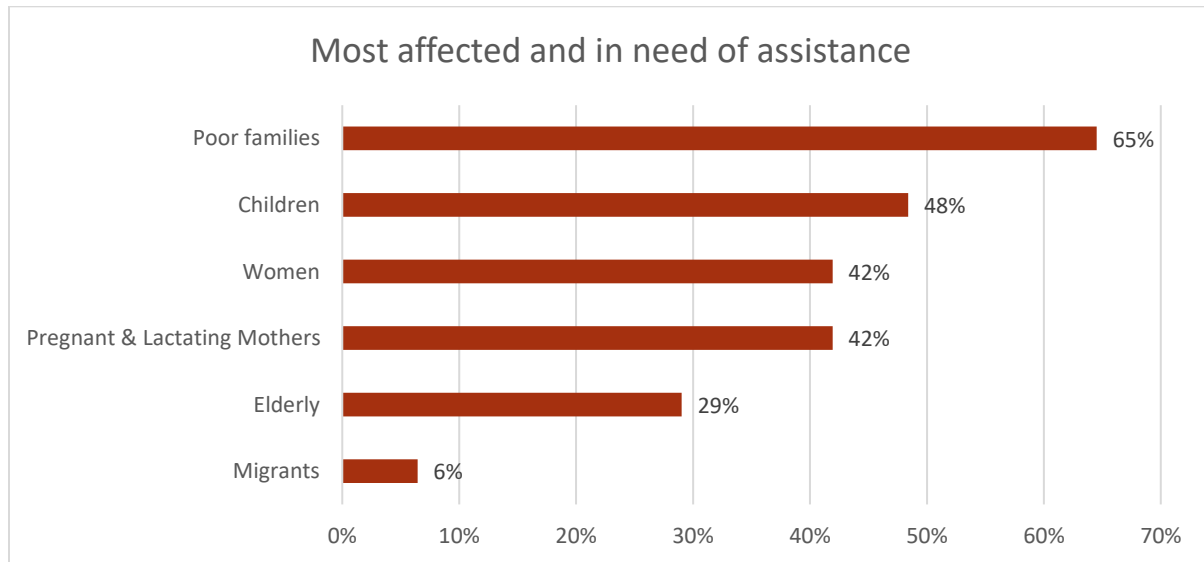
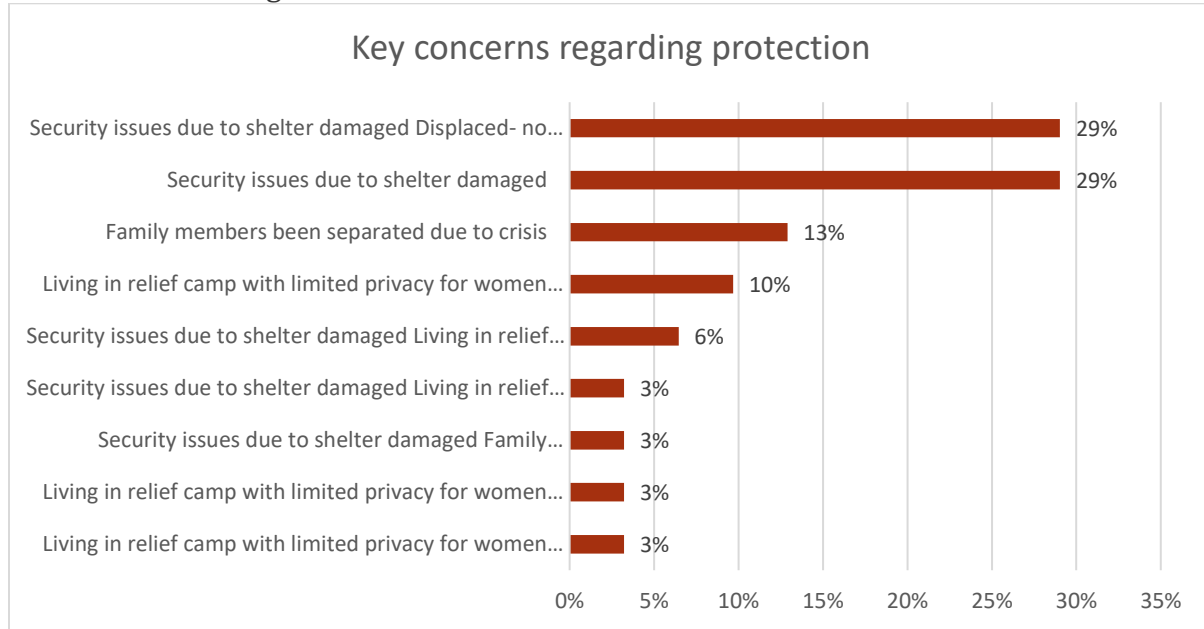
- Skill building among youth can help them in improving their economic status.

4.7. PROTECTION

Overview

These families are living in unorganized setting without basic facilities and not availing the benefits of various welfare schemes due to absence of required documents.

Assessment Findings



Recommendations

Catering to the immediate needs of the Children, women and aged is very essential as they form the most vulnerable group in any disasters. The intervention for restoring the normalcy should focus on immediate support and protection to the children and women in relief camps, strengthening the

ChildLine and para legal volunteers on child protection, building awareness at villages level to address the issue of security and protection.

Immediate Support Required:

- To carryout detailed assessment of damage and loss of all Child Cantered Institution (CCI) at the districts and state, address the extent of loss and provide immediate relief and support.
- Identify if any children are affected due to the damages and relocate them to the safer location.
- Immediate repairing of the all the electricity poles with the support of Electricity Board in all the streets and villages. Installation of proper electricity in relief camps needs to eb made mandatory.
- Immediate supply of menstrual hygiene kits to all the women and girls living in the relief camps and common sheltered homes.
- Identification and listing of all the children, mothers, pregnant women, aged, etc. and provide immediate relief packets. Pregnant women and lactating mothers need to be identified and associated with nearby health centers and AWCs for their regular THR and immunization.
- Installation of sufficient toilets in all camp site with proper security measures. Both men and women toilets should be completely different and in different areas.
- Immediately identify all the excluded communities like SCs, STs, and provide basic necessities. Make provision for inclusion of these communities in relief camps.
- Build network with the District Child Protection Units (DCPU) and Childline and sort support for helping the children in distress, trauma, etc.
- Provide psycho social support to people who are suffering from trauma, anxiety, fear of security etc. Various NGOs can be considered.
- Ensure all the children coming to the relief camps are registered and recorded. Timely monitoring should be done.
- Awareness to be created in all relief camps on health and hygiene, security, sanitation, hand washing etc.

Medium term actions required:

- Training of ChildLine and para legal volunteers on child protection issues in the wake of disasters.
- Orientation of all CCIs to address emergency needs and respond to influx of newer cases of unaccompanied / found children.
- Awareness generation and training to the CCIs staffs, counsellors and all the related officers on hygiene and sanitation, relief camp management, child protection etc.
- Livelihood support to all the families who have lost their house, materials and resources.
- Creation of awareness on various government welfare schemes for women, children, disabled and elderly. Handholding in case of needy.
- Implementation of the Minimum Integrated Service Package (MISP) in the humanitarian context focusing on prevention and management of gender and sexual violence.

Long term and resilience building:

- Creation of database of children, adolescents, children with disability and women require security with the support of Childline/NGOs. Upgradation of the same needs to be done on regular bases.
- Develop pool of volunteer-base for providing psychosocial support to individual and families on various natural calamities.
- Children with Special medical care needs to be identified. A special designated facility can be established at the state level with doctors to address such cases.
- Strengthening of the inter departmental coordination and various line departments like health, protection, education to work closely and help in emergency in addressing issues related to women, children, disable etc.
- Integrate prevention of sexual and gender-based violence against women and children into the disaster management plan and allocate adequate resources for “Enough to Violence against Women and Girls” (EVAWG).
- A digital platform can be established for aggregation of the problems faced by specific groups and connecting it with relevant schemes

Annexure

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