



Flooded street of Sonua Block West Singhbhum

Joint Rapid Need Assessment – Cyclone YAAS

JHARKHAND, MAY 2021



Damaged house in Sonua block



Joint Rapid Need Assessment Report

YAAS CYCLONE - Jharkhand

Acknowledgment

This Joint Rapid Need Assessment (JRNA) would not have been possible without the cooperation and constant support of the volunteers, local member organizations of State Inter Agency Group, Jharkhand and district officials 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.

However, we would like to acknowledge, with deep gratitude, the guidance, cooperation and support extended by Sphere India, UNICEF Jharkhand, the State Inter Agency Group Executive Committee members and NGOs / Donor Organizations and their partners such as Professional Assistance for Development Action (PRADAN), Church's Auxiliary for Social Action (CASA), Bharatiya Lok Kalyan Sansthan (BLKS), Janaki Foundation, Srijan, Sankalp Yatra, Bharat Gyan Vigyan Samiti, World Vision India, IGSS and Save the Children in the state of Jharkhand for providing valuable inputs and coordinating the assessment process and providing logistical support.

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

Convener
State Inter Agency Group
Jharkhand

3 JUNE 2021

Joint Needs Assessment

As per State Inter Agency Group Jharkhand Standard Operating Procedures, adapted to address the COVID 19 pandemic scenario prevailing in Jharkhand, Joint Rapid Needs Assessment (JRNA) were conducted across the severe cyclone affected districts of the state through field visits, personal interviews, focus group discussions. Also, on ground information was collected using smart phones through data collection mobile application and collated by core team. The aim was to gather information on Humanitarian Response initiatives, disseminate the information to other State, National and International level agencies, collation & analysis of the findings as well as recovery needs. This was truly an initial experience of a Multi Disaster with COVID 19 as a pandemic and on the top of it some parts of the state facing the effects of a cyclone which is completely new in the state of Jharkhand. However, the Humanitarian Response activities need to be seen with a different lens than conventional approach of Disaster Management activities.

Disclaimer

The interpretations, data, views and opinions expressed in this report are collected from various sources including Government of Jharkhand, field assessments by the Partners of the State Inter Agency Group- Jharkhand, assessments of the Community Based Organisations (CBOs), other agencies took initiative in Humanitarian Assistance activities and from secondary media sources. It does not necessarily carry the views and opinions of any humanitarian organisation or State IAG Jharkhand (inter agency platform for agencies working in risk reduction and humanitarian response/ recovery work and to promote GO-UN-NGO coordination in the state) as a collective directly or indirectly. It is interpreted only for assessment purpose.

Note

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Contents

Acknowledgment	I
Joint Needs Assessment.....	2
Brief Introduction.....	4
Cyclone YAAS Impact at a Glance	4
Overview of JRNA Report.....	7
Methodology:.....	7
Rational behind the Sampling for Assessment:	8
Primary Data Collection	8
Quantitative Data Analysis.....	8
SECTORAL ASSESSMENT & RECOMMENDATIONS	11
WATER SANITATION AND HYGIENE PROMOTION (WASH).....	11
Assessment Findings	11
Recommendations	11
SHELTER	13
Assessment Findings	13
Recommendations	Error! Bookmark not defined.
HEALTH.....	16
Assessment Findings	16
Recommendations	Error! Bookmark not defined.
EDUCATION, CHILD PROTECTION & WELFARE	21
Assessment Findings	21
Recommendations	21
FOOD SECURITY & NUTRITION.....	25
Assessment Findings	25
Recommendations	Error! Bookmark not defined.
.....	28

Brief Introduction

On Wednesday morning, 27th May 2021, a severe cyclone storm 'Yaas' (pronounced as “Yass”) entered Jharkhand. The State remained on high alert and had evacuated about 12,000 people to safer zones while operations were on to minimize damage from the cyclone that pounded neighbouring states of Odisha and West Bengal.

This was recorded to be the first time in the history of Jharkhand that the effects of a severe cyclonic storm were experienced.

According to IMD bulletin, the storm had weakened into a deep depression, and was centred over South Jharkhand as of 5.30 a.m. of 27th May. It was likely to move northward and weaken gradually into a depression in the next six hours and further dissipate further. The State had imposed a complete lockdown in some parts to prevent people from venturing out in view of the storm while as many as eight lakh people had already been impacted by it. Cyclone Yaas, packing winds of up to 130-145 kmph, whiplashed the country's eastern coast on 26th May, providing heavy rains, damaging houses and agricultural fields, and leaving at least four persons dead in Jharkhand. Operations were being executed on a war-footing in the vulnerable areas in East and West Singhbhum, besides some other districts due to the cyclonic storm. It was estimated that total 8 Lakhs people were directly impacted by the Yaas Cyclone in Simdega, East and West Singhbhums and Saraikela-Kharsawan districts of Jharkhand. The Government officials had evacuated 17,165 persons to 486 shelter homes/relief camps sites. A total of 1057 villages were impacted by it¹. The State had announced a complete lockdown on 26th and 27th May barring some relaxation for emergency cases and essential services. National Disaster Response Force teams were also on alert for rescue operations while 500 relief teams were already working. East Singhbhum, West Singhbhum and Saraikela-Kharsawan districts of the State witnessed high velocity winds of 92-117 kmph. The districts of Sahibganj, Godda, Pakur, Garhwa and Palamu also witnessed wind speeds of 52-61 kmph.

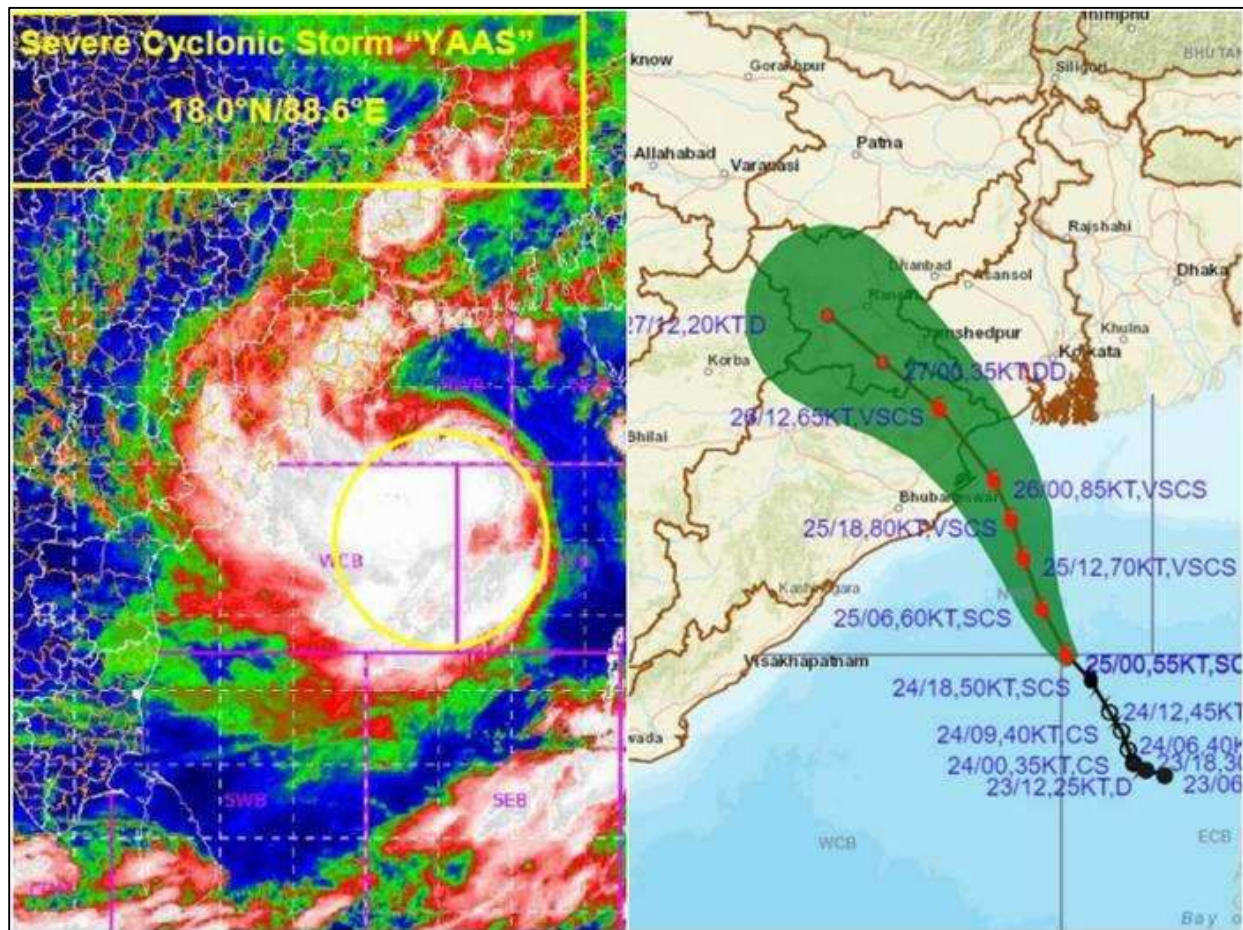
Cyclone YAAS Impact at a Glance²

On May 22, a low-pressure area formed in the Bay of Bengal. On the next day, at 09:30 UTC, the disturbance intensified into a depression and was assigned the designation BOB 02 by the India Meteorological Department (IMD). Meanwhile, the JTWC issued a Tropical Cyclone Formation Alert at 15:00 UTC on May 22 on the developing system. The system subsequently intensified into a deep depression at 15:00 UTC on May 23. On the following day, at 02:30 UTC, the system further intensified into a cyclonic storm and was given the name Yaas by the IMD. At that time, the low-level circulation center of the system became partially-exposed, due to moderate wind

¹ As per final report submitted by Jharkhand on 29.05.2021 at 1100 Hrs.

² Collated through IMD bulletins

shear; however, large masses of rainbands persisted in the southern portion of the storm as it remained in a marginally favorable environment for intensification, with warm sea surface temperatures and good outflow but moderate wind shear. The IMD further upgraded Yaas to a severe cyclonic storm at 18:00 UTC that day as the system became more organized. A subtropical ridge turned the system northeast into an area of low wind shear, causing Yaas to gradually strengthen. At 12:00 UTC on May 25, the JTWC upgraded the storm to a Category 1 system as the system further organized. Despite Yaas being negatively affected after making landfall, combined with the weakening effects of moderate wind shear and poor outflow, it intensified further to a very severe cyclonic storm at 15:00 UTC on May 25 as it featured a profound convection. The storm subsequently reached its peak intensity of 140 km/h (85 mph) in three-minute sustained wind speeds, according to the IMD; the JTWC had slightly lower estimates of 120 km/h (75 mph) on the system. Around 09:00 IST on May 26, Yaas made landfall north of Dhamra Port and south of Bahanaga at the same intensity. Upon moving inland, the JTWC issued their final warning on the storm as it weakened to a tropical storm since it was over land and also faced increased vertical shear. Soon afterward, the IMD also discontinued advisories as the system became disorganized and as it weakened to a deep depression.



Source: IMD, Ranchi

AT A GLANCE

Affected Districts	<p>A total of 12 districts were affected:</p> <ul style="list-style-type: none"> • West Singhbhum • Saraikela • Sahibgunj • Simdega • East Singhbhum • Khunti • Bokaro • Godda (partly) • Pakur (partly) • Garhwa (partly) • Palamu (partly) • Ranchi • Gumla
Damage & Loss	<ul style="list-style-type: none"> • 4 deaths (2 Men & 2 Minors) • 1057 villages affected • Approx 8 lac population affected • 500 kuchcha houses were fully damaged in 3 blocks of West Singhbhum • 600 kuchcha houses were partially damaged in West Singhbhum • 8 houses were partially damaged in Bano block of Simdega • 74.94 Ha of crop area affected. • 3 Animal deaths were recorded in Simdega • 96 Raahat Camps established in Simdega • 89 Camps established in West Singhbhum • Evacuated over 20,000 people from low lying areas to storm shelters • A major bridge on river Kanchi that connects Bundu with Tamar near Ranchi collapsed • 5 bridges partially damaged in West Singhbhum
Other Damages	<ul style="list-style-type: none"> • Blackouts were reported from Khunti, Torpa, Ratu, Brambey, Kanke, Nagri, Tatisilwai, Angara, Silli, Lodhma and Tetris. • Water from the cyclonic rain entered houses in low-lying areas near Subarnarekha and Kharkai in East Singhbhum. • 60 electric poles and 15 transformers damaged over 24hrs. • Rivers overflowing – Tajna in Khunti, Subarnarekha in Ranchi, Safi in Gumla and Bhairvi in Ramgarh. • IMD Ranchi reported 31 year record rainfall in Ranchi, Jamshedpur and Daltonganj in one day during the month of May. • 17 out of 24 districts recorded excess rainfall pushing monthly rainfall over 800% than normal in the state.

Source: Information collected from media sources, district reports, MHA Situation report as on 1.6.2021 (See Annexure)

Overview of JRNA Report

The report provides an overview of the results based on the Joint Rapid Need Assessment, the methodology and the context in which the survey was undertaken. The findings in this document reflects an understanding of impact on the services and infrastructure, immediate, short term and long term needs of the community.

Methodology:

The Joint Rapid Need Assessment in Cyclone Yaas affected areas of Jharkhand has been conducted to identify the urgent, mid-term and long-term needs of affected community based on Food & Nutrition, Health, WASH, Shelter, Livelihood and Protection, and to flag out the vulnerability of affected community to access the basic services and entitlements.

It was done through joint efforts from Inter-Agency Group Jharkhand, UNICEF field office for Jharkhand, Sphere India with the field support from local organizations Professional Assistance for Development Action (PRADAN), Church's Auxiliary for Social Action (CASA), Bharatiya Lok Kalyan Sansthan (BLKS), Janaki Foundation, Srijan, Sankalp Yatra, Bharat Gyan Vigyan Samiti, World Vision India, IGSS and Save the Children. District Administrations were 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-cyclone information from respective line departments, 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-one interviews with affected households (ensuring prioritize random households from most affected villages).
- b) Structured village level information gathering from most affected villages based on Food & Nutrition, Health, WASH, Shelter, Education, Livelihood, Protection and accessibility of community towards basic services and entitlements.
- c) Brief discussions with Block Development Officers, Gram Panchayat Members, Ward Members, local self-help groups, local CSOs & NGOs who had pre-disaster existence in the area and also assist community with relief post disaster.

- d) Individual interviews with mixed group of community members to capture more qualitative information.
- e) Secondary data to examine the observation and facts.

Rational behind the Sampling for Assessment:

To validate the findings and observations and to capture the quantitative and qualitative impact of the disaster on households living in affected areas, the sample for the assessment included the affected households, affected villages, feedback from various stakeholders, and feedbacks from local CSOs & NGOs who had pre-disaster existence in the area and also assist community with relief post disaster have been recorded.

Accordingly, out of all affected villages and households, 14 villages and 76 households were taken as sample of most affected community 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 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.

Primary Data Collection

The data collection process was initiated by documenting interviews of 76 Households and filling the 14 village forms based on exhaustive questions consisting Food & Nutrition, Health, WASH, Shelter, Education, Livelihood, Protection, and geographical challenges. These both questionnaires have been filled through KoBoCollect Tool, wherein format designed by national level experts and incorporation of suggestions from local humanitarian actors were incorporated.

In this process, a team of experts have transferred final questionnaires to KoboCollect Tool and trained the volunteers on how to use it and operate.

Quantitative Data Analysis

Two sets of questionnaires i.e. Household level and Village level Interviews of Stakeholders were developed, which were sample tested by existing field team, and as per their feedbacks formats

were modified and finalized. For optimizing the resources, proper use of advance technology was followed during the survey. All sets of questionnaires were used through mobile based application KoboCollect Tool. Which provided sufficient opportunity to the data collectors to access the data immediately transfer on spread sheets.

In order to keep the assessment neutral and unbiased, local volunteers were engaged physically visits and record the responses, for this all civil society group members of Inter-Agency Group Jharkhand deputed trained volunteers to collect data monitored by partner CSOs. These volunteers were trained to efficiently use the Mobile based Application KoBoCollect Tool, and provided inbuilt forms to fill during interview of responders.

For keeping interview process more open, other than assessment related questions, participants were encouraged to provide insights from their own experience, learning and perspectives about vulnerability of their area and immediate needs of affected community.

Once data was collected from KoBoCollect Tool, an internal team cleaned the data under the supervision of experienced Manager. And responses were analysed and highlighted in form of graphs and charts for proving better clarity to readers.

A trained Report Writers' team from Inter-Agency Group Jharkhand, UNICEF field office for Jharkhand, Sphere India was engaged since the initial stage, which prepared report based on received information, interviews, secondary data analysis, and general observations of surveyors.

This Joint Need Assessment Report has been prepared with the structure consisting immediate, mid-term and long term sectoral needs of community, their existing capacity to cope -up with the situation, attention required for preparedness and issues which required urgent attention of advocacy.



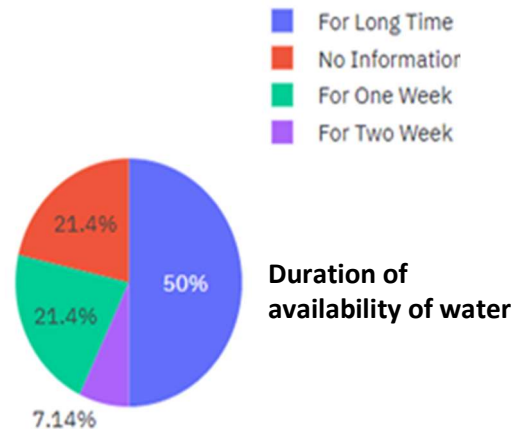
Pictures of fully and partially damaged households taken by volunteers.

SECTORAL ASSESSMENT & RECOMMENDATIONS

WATER SANITATION AND HYGIENE PROMOTION (WASH)

Assessment Findings

- The cyclone left 119 households from each of 14 surveyed villages without access to safe drinking water connection.
- Due to excessive flood damage, 43% of the village respondents have reported that access to water source was affected especially for women, children, persons with disabilities, socially deprived groups.
- Majority of the respondents also reported that sufficient water was available at source to sustain for more than a week. 57% of them reported that they had enough water storage containers.
- Due to lack of usable latrines, 79% of the village respondents had to practice open defecation along with disposal of children's feces.
- Hand washing practice was noted to be irregular with 15% reporting they wash prior to eating food and 28% reporting only after defecation.
- Half of the village respondents have reported that the water source is contaminated or at the risk of contamination.
- It was also reported that half of the adult women and adolescent girls in the villages reportedly used cloth or other items during menstruation but 57% of them had access to safe absorbents and other resources for menstrual health management.
- It was also noted that 64% of the menstrual absorbents were disposed off by burying and another 15% were disposed off in the open.

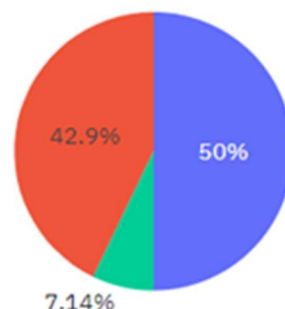


Practice of menstrual hygiene



Recommendations

- Surveillance and mapping of water sources should be made a priority.
- Immediate water quality testing at major water supply sources needs to be conducted across the villages with focus on flooded areas. Advisories



must be issued to residents in water quality affected areas.

- Disinfection protocols must be enforced to prevent the spread of waterborne diseases.
- Repairing and rehabilitating any and all WASH related infrastructure.
- Water for drinking and domestic purposes must be made available at subsidized prices through local vendors in the community.
- Adequate capacity of shelters with significant privacy and separate toilets for women, disables need to be provided at a priority. Immediate provision of safe sanitary absorbents may be provided to all affected families.
- Training community leaders on best water storage and disinfection practices and on early warning for waterborne diseases is important.
- Gram Panchayats needs to clean community drains and dispose sludge and waste water especially in the low lying areas (most affected).
- For households whose toilets are blocked due to the floods, alternative options must be provided by the local authorities and/ or community leaders.
- Regular fogging, vaccination and medical camps need to be established for hygiene maintenance of the area.

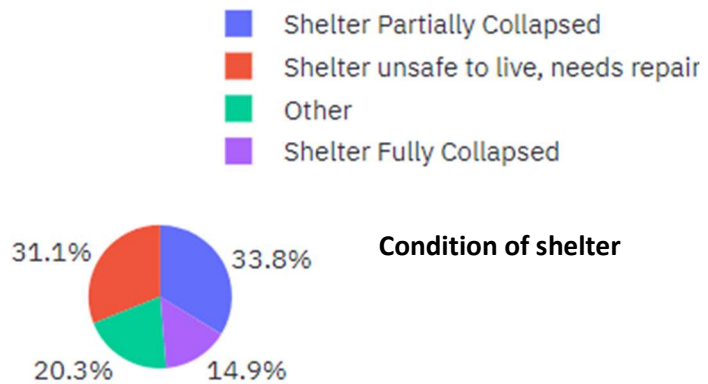
Integrated Child Protection Recommendations in WASH sector

- Adapt existing assessment and data with age gender and disability and identify indicators for integrated child protection and WaSH intervention. Conduct baseline data on wash and protection status in cyclone hit affected villages.
- Coordination between wash and CP sector experts to ensure WASH intervention should ensure dignity and minimize protection risks of physical and sexual violence and exploitation.
- WASH intervention should be accessible to children as per their age/child friendly wash stations which makes children/adolescent girls feel safe and protected.
- Ensure safe and adequate menstrual hygiene management-MHM for girls.
- Train WASH sector experts on protection principles, same as child protection actors should be trained on wash practices, especially MHM.
- Engage child protection, gender and disability experts in designing wash intervention programs.
- Develop protection messages and IEC in wash programs.

SHELTER

Assessment Findings

- Out of 9 affected districts in the state, 5 districts namely, West Singhbhum, Saraikela, Sahibgunj, Simdega and East Singhbhum were the worst affected districts.
- As per secondary sources and field reporting, maximum extent of damage due to the cyclone was recorded in physical infrastructure in the state specifically kuchcha houses and structures. About 66% of the assessed households required immediate support in housing repair and reconstruction followed by 26% for livelihood support.
- Local NGO recorded that approximately 500 kachcha houses were fully damaged in 3 block of West Singhbhum namely, Sonua, Chakradharpur and Tantanagar with an additional 600 kachacha houses partially damaged in these blocks.
- A considerable population also lives in kuchcha houses on farms which are made of stone, bamboo poles, Mangalore tiles or tin roofs. These semi-permanent houses have also faced wall collapse and roof being blown off. In the short term, material support is required in terms of tarpaulin sheet or tiles for roof for temporary housing arrangements.
- In the medium term, support for repairing the partially damaged houses is required. While in the long term, technical support is required for facilitating the construction of cyclone resilient housing. The partially damaged houses should not be encouraged to be demolished, but to be repaired and restored to bring them back to the original state. But then they will need to be retrofitted to reduce the vulnerability which in first place had caused the damage. Especially the strengthening of roof so that it does not fly off in next cyclone. This also will become an important retrofitting measure for many other existing houses in the cyclone areas.
- Out of the assessed villages, it was reported that a total of 42 shelters were damaged with 24 fully damaged and 18 partially damaged shelters. It was also reported that 64 households in the villages were in immediate need of shelter.
- Due to excess rainfall, maximum respondents required shelter from rain and cold weather which was noted to be priority followed by mosquitoes and heat.



Integrated Child Protection Recommendations in Shelter

- Use existing rapid need assessment to analysis with age gender and disability and ensure safe and protective safe living to address all protection concerns while designing shelter programme.
- While selecting the beneficiaries' priority should be given to those HH which has max number of Children specially girls, Children with special needs, Women headed HH, Child headed Household.
- Encouraging the members of the house to build a child friendly House with participation from child/Children. Ensure Child's feedback is incorporated when rebuilding a fully damaged home.
- Orientation of Mason and other allied construction workers on protection issues to prevent any mis-happenings to children near construction site.
- Ensure Child safe guarding protocol is signed by all construction workers.
- Ensure safe living space for families whose houses are completely destroyed including COVID appropriate guidelines.
- Creation of teams of masons at Gram Panchayat level in coordination with local administration to support affected households.
- Preparation and dissemination of repair guidance note based on the damage assessment of housing. Houses that are partially damaged would have to be repaired in the correct way.
- Advocacy with government for owner driven reconstruction process for reconstruction of houses.
- Repair and reconstruction houses ensuring cyclone resistant features. This could be done using materials salvaged from the collapsed houses with supplementary materials added.
- Training of construction workers on cyclone resistant features and safe construction practices
- Preparation of database of vulnerable housing stock which should be prioritize for retrofitting or new construction under government support using AI based model and ground verification.
- Linkages with PMAY or any other state government schemes for reconstruction of houses
- Analyses of local construction practices and identify interventions which will ensure disaster resilience features.

Damaged Shelters & Houses

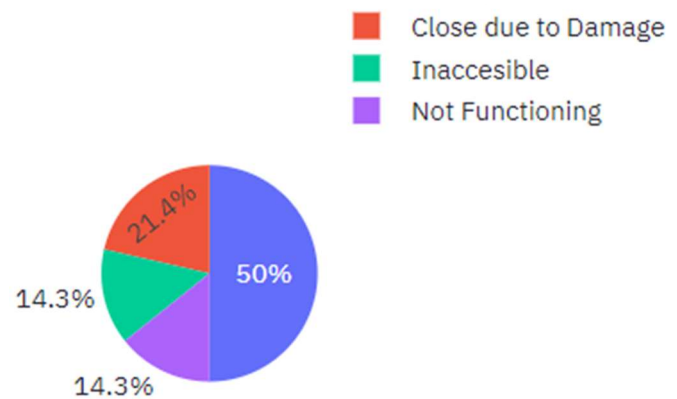


HEALTH

Assessment Findings

- With the impact of COVID pandemic in place, cyclone has results in increase in vulnerability of the community. The impact from cyclones extends over a wide area, with strong winds and heavy rains. However, immediate health effects can be seen in terms of injuries, infections, mental health problems, damage to health infrastructure etc.
- The longer-term health effects result from displacement, shortages of safe water, injuries, disruption of access to health services and delayed recovery.
- There were power backups deployed in all hospitals in affected districts as part of the preparedness measure before the onset of the Cyclone.
- COVID19 patients residing in hospitals were also shifted to safer locations. Additionally, as a precaution oxygen buffer stock and medicines were stocked up in health facilities in the state as per the request of Minister of Health.
- COVID immunization came to halt after instructions by the state government to keep health staff on stand-by during the cyclone at the health facilities as the focus shifts towards managing the patients admitted in the hospital.
- Due to fear of cyclone and its damage, the COVID preventive measures was not a priority such as wearing of masks, usage of sanitizers etc. People were more concerned about the damage done due to cyclone which may have added to the increase in COVID cases.
- The impact of cyclone resulted in 50% of the health facilities being affected. The affected health facilities were closed due to damage, inaccessible and non-functional.
- Nearly half of the population responded there were no relief camps in the villages. Among the population in relief camps the majority faced difficulty in availability of masks for protecting themselves from COVID-19 and, hand washing facilities and sanitizers in the camps. The camps were noted that there was no overcrowding.
- Number of diarrhoea cases reported were nil, though there were more than 368 fever cases reported in the villages.
- The cyclone has impacted the COVID-19 vaccine processes due to evacuation and other contingency measures taken for saving the lives.
- ORS, Zinc tablets and Halazone tablets were absent in half of all BPHCs, PHCs and Subcentres and with ASHAs.

Condition of Health facility



Integrated Child Protection recommendation in Health Sector

- Health and protection experts should work in strong coordination to ensure safety and wellbeing of children in crises situation. The integrated approach to health and protection should ensure protection, safety systematic and inclusive.
- Ensure child participation in entire health programme, protection experts should support health workers in understanding and addressing protection issues.
- Regular health checkups of 0-6 and 6-12 years for diarrhea and other water borne disease. Distribution of Albendazol to all children below 12 years to prevent them from having worms.
- Child survivors of abuse, neglect and exploitation and violence must receive individualized health services and health services should be accessible to children irrespective of age gender and disability.
- Emergency contraception and post-exposure prophylaxis (disease prevention) for HIV that are adapted for children;
- Child-appropriate emergency first aid supplies for survivors of explosive ordnance and other physical dangers; and Family planning services to prevent unplanned pregnancies
- Cash management should be implemented to support children and their caregivers who needs long term health support.
- In view of COVID-19 Special/Separate wards at all CHCs and district Hospitals for pregnant women coming for delivery
- For Selection and distribution of Food items priority should be given to those HH which have pregnant women, lactating mothers, elderly, disabled, Child Headed house hold, and Women Headed house hold.
- Identification of and Immediate Referral of SAM and MAM children to MTC.
- Access to services like routine immunization and outpatient consultations must be re-ensured.
- Removal of sludge and other waste to be done properly to reduce risk of long-term diseases. The contamination of water with faeces, silt and debris are likely to affect the areas, leading to increase in cases of diarrhoea, dysentery and other water-borne diseases. Vaccines are recommended for people, where poor sanitation and unsafe water are common.
- The functionality of health centres must be maintained as there are chances of outbreak of diseases immediately and the prevailing pandemic.
- Awareness to resume the COVID preventive measures like wearing of masks, hand washing/ cleaning. Provision of masks as essential items and awareness about basic hygiene promotion hand washing is critical to help prevent the spread of illness and disease.
- Monitoring of COVID 19 patients and health facilities must be strengthened in affected areas.
- Pregnant women must be treated with priority; ones which are being relocated to shelter homes should be tracked and provided with ANC and PNC services. Special care should be given to people with disability, elderly and children in terms of accessibility to health services.
- Resume COVID vaccination as soon as possible along with awareness regarding taking vaccinations.

- IEC materials on safe health & hygiene practices need to be distributed among the affected population through relief & medical camps.
- Grief and shock are normal in the immediate aftermath of a natural disaster; psychological counselling support is required



- Women/adolescent girls on their period are at greater risk especially the ones who are relocated. Provision of access to clean cloth or sanitary napkins as absorbents of menstrual blood can be there in shelter homes. Awareness of safe and easy access to sanitation, supply of water, free distribution of sanitary napkins/ culturally appropriate sanitary towels to be ensured. Provision of sanitary napkins as essential items.
- Chlorination/disinfection of the water sources at the health facility can be recommended.
- Bed nets can be made available for the indoor patients in mosquito breeding zones
- ASHA/ANM/MPHW can be trained for basic health check-up like temperature checking, symptoms of COVID, checking oxygen saturation in the community randomly as chances of infection increase as relief operations are going on in the affected areas and many people form out of district and other people are visiting the affected area. Community level awareness can be initiated through panchayats.
- Alternative arrangement for power supply (generator, fuel etc.) in Health facilities/ Institutions should be made as a sustainable option.
- Shock/ grief are normal in the immediate aftermath of disaster, which directly impact the health of the people resulting in physical trauma and emotional trauma. Loss of life, shelter and livelihoods has both short/long term mental health effect, which delay rehabilitation of affected areas and delay the return to normalcy, especially that the COVID 19 is still a matter of grave concern. Services related to mental health like counselling support etc should be in health facilities.

- Lack of or disrupted food supplies can lead to long term food shortages and malnutrition, among the newborns, infants and elderly populations. So, nutritional needs to be look after for a longer period of time in severely affected areas.
- The health professionals to be trained on disaster management. Capacity building of the health professionals is needed.

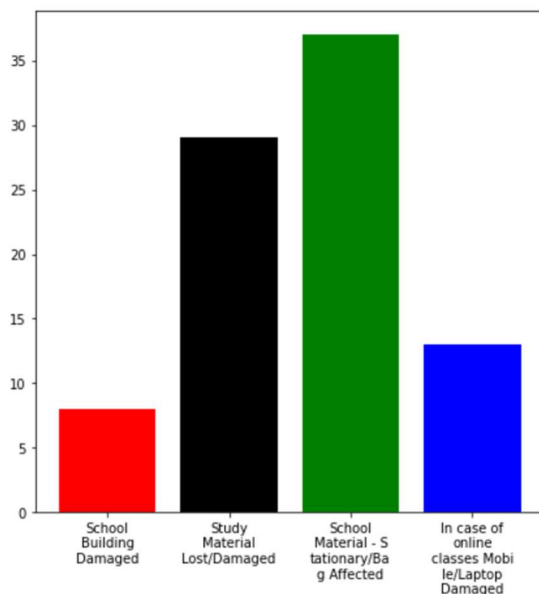


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EDUCATION

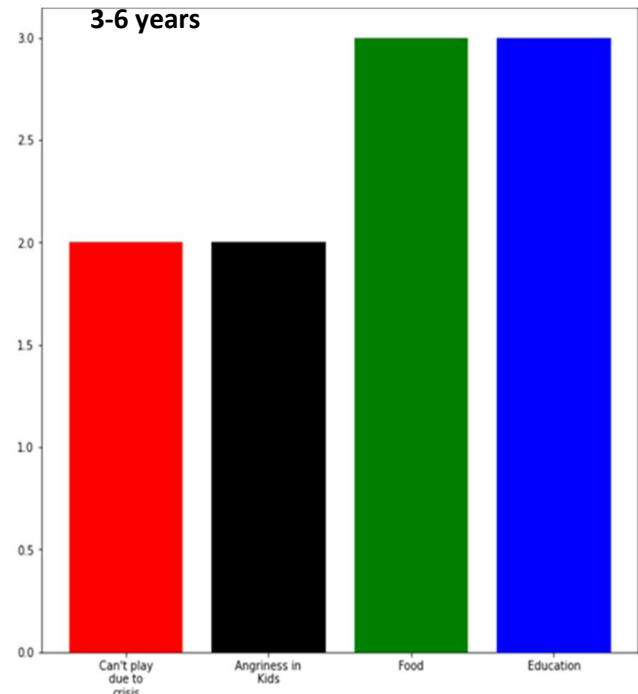
Assessment Findings

- During the survey, it was reported that 7 anganwadi centers in the assessed villages were affected due to cyclone that rendered the non-availability of food and care to the children.
- It was also reported that for children below 3 years, not being able to go out and play affected them the most followed by health related ailments caused by the cyclone and non-availability of food.
- The major challenges that was reported in children of 3-6 years was the non-availability of food and the effect on education as schools are closed which in turn affects their cognitive skill of the child and age appropriate learning.
- The survey also reported that the major



- It is crucial to provide psychosocial support to children experiencing multiple challenges of COVID and cyclone.

Challenges of children between 3-6 years



concern regarding education was the damage to study materials and school materials such as stationaries, bags were either lost or damaged.

- The most urgent need of assistance was reported to be in poor families having children, women and elderly affected by the cyclone.
- Through the survey a need for child safety, care and psychosocial support was reported as the crisis was on top of the COVID19 pandemic affecting the child psychology, welfare and learning skills due to closure of schools.

Recommendations

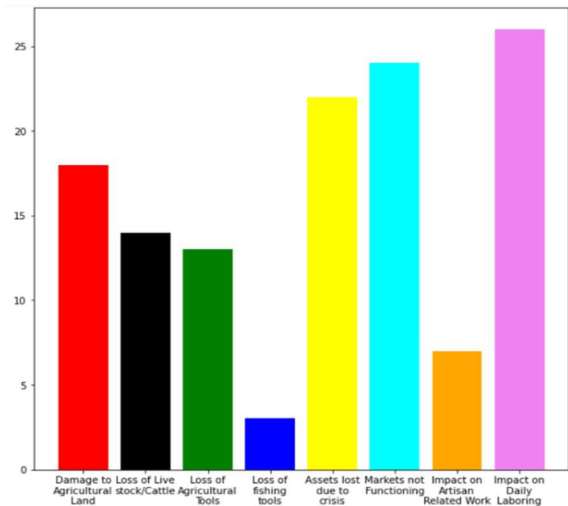
- Setup child friendly spaces for children and promote psychosocial well-being of children. Conduct sessions for children and caregivers on Psychological First Aid and counselling and seek counselling from Govt. setup mental health helplines.
- Engage children through group activities for their well-being, education sector expertise to introduce inclusive non formal and skill education, arts and crafts to build the resilience of children aftermath of emergency.
- Promotion of proper hand washing and hygiene practices for ensuring health and wellbeing of children especially before having food and after using toilet.
- Despite schools not functioning, support should be provided to children through Mid-Day meals. Ration distribution under the provision of mid-day meal through schools and fortified food through Anganwadi centres need to be restored and strengthened to ensure the fulfillment of nutritional needs of children to avoid possibility of malnutrition which might hinder their physical and mental development.
- State must provide psycho-social care by sending professionals or trained counselors to the affected villages under the monitoring of skilled and experienced senior counselors.
- Affected population needs to be made aware of the prevention and response/redressal mechanisms at the district and block level, especially the 181 and 1098 helplines as prevention and response systems to gender based violence and other kinds of violations children and women might have risk to.
- Regular inspections and monitoring needs to be established with the Social and Outreach Worker from the District Child Protection Units and the Childline service for sustained outreach and engagements.

Integrated Child Protection Recommendation in Education sector

- Education and protection experts to work together and build resilience of children, support them in psychological, cognitive and physical development by providing them life skill education.
- Train teachers on psychological first aid, child protection issues and ensure teachers adhere to laws related to corporal punishment. Teachers should be trained on child safeguarding.
- Ensure formal and non-formal education should be inclusive and non-discriminate.
- Develop child protection messages that brings life skills, aware sexual and reproductive health, and hygiene and prevent infection diseases like COVID.
- Raise awareness among children and communities how to identify and report 1. Barriers. 2 protection risks in and around education premises/school/centers.
- As the schools and Anganwadis are closed and access to books and stationery is limited, a fresh education Kit must be delivered who have lost their education supplies.

CHILD PROTECTION

- According to the survey 42.2% of the relief camps do not have proper sanitation facilities
- According to the Survey 64 HH need immediate relief as their homes are either fully damaged or partially damage as this would pose risk of security to children, adolescent girls and women
- Loss of livelihood or damage to agricultural tools/assets impacts the economics of the house. Data from the survey shows that 26% families reliant on daily labour work have been impacted and 12% people have lost their agricultural tools.
- Due to Markets being closed due to COVID-19 and then due to Cyclone small time sellers and buyers have been affected.
- Data shows majority of the HHs more than 50% of the people have income level below 20000 per year. The yearlong pandemic and now the cyclone will put additional burden on these people often forcing them to marry off their adolescent daughters or migrate to bigger cities in search of work.
- The area is already known for large scale migration and Child trafficking and due to poverty the trend might increase



Recommendations for Child Protection experts

- Conduct in-depth child protection rapid need assessment, collect data by age/gender and disability. Identify major protection issues like dangers, injuries, physical and maltreatment, SGBV issues, mental health distress, child who are engaged in child labour and those children who are separated and unaccompanied.
- Develop a child protection response plan base on protection principles and protection mainstreaming with other sectors.
- Support existing child protection system in addressing protection issues and train them on protection issues and response to protection issues through proper channel.
- Reintegrated separated and unaccompanied children with their caregivers and ensure there safe wellbeing. Regular inspections and monitoring needs to be established with the Social and Outreach Worker from the District Child Protection Units and the Childline service for sustained outreach and engagements.
- In case there are NGOs working in the areas, CPCs should be strengthened towards better gatekeeping mechanisms.
- Community PSS and Peer support networks should be facilitated by NYKS and NSS

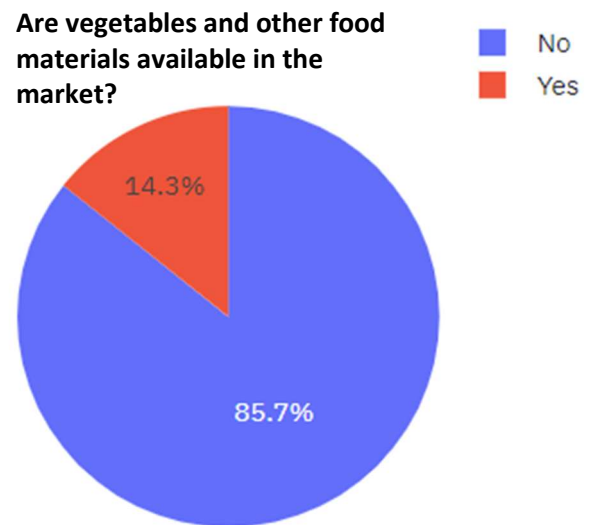
volunteers active in the area.

- Information regarding social protection/Family based alternative care schemes including foster care, sponsorship.
- Strengthen and rebuild community based child protection mechanism, support village level child protection committees, district child protection units in addressing needs of children in child care institutions, observation homes.
- Setup child friendly spaces for children and promote psychosocial well-being of children. Conduct sessions for children and caregivers on Psychological First Aid and counselling and seek counselling from Govt. setup mental health helplines.
- Develop a comprehensive child protection information management system.
- Form Children's Groups in every village or in every hamlet of village. They can be trained on child rights and protection mechanism.
- Collaborate with community level stakeholders, children and other humanitarian actors to identify and analyze existing and protection risk for children like dangers, injuries, child labour issues, physical and maltreatment, abuse and mental health distress
- Immediate assistance to be provided to those whose houses are either fully damaged or partially damaged as this would pose risk of security to children, adolescent girls and women
- Ensure Child friendly, disabled Friendly Sanitation facilities at all relief camps.
- Ensure separate toilets for men and women to minimise the risk of sexual violence against women, adolescent girls and specially children.
- Volunteers from each village need to be identified and oriented regarding Child protection issues and engaging children creatively and meaning fully for few hours ensuring all COVID- 19 related protocols.
- Manki Mundas, opinion leaders, Anganwadi workers and AW helpers who are currently busy with COVID-19 duties can support in forming such groups. They would also supervise these groups from time to time.
- Counselling support should be provided immediately with trained professionals on ground or telephonically to parents
- Children who are facing difficulty like lack of parents' care, missing their peers from school, learning loss due to closure of AWC and Schools, should be provided with Psychosocial support on ground with trained volunteers.
- A drive can be started on sensitization and awareness generation on the probability in increase in Child Trafficking, Child labour and Child marriage cases. The DCPUs and BCPUs can be instrumental in awareness generation and monitoring of such activities.
- A committee at every village can be formed who can act as sentinels and report any such incidents to District Child protection Unit or Child Line.
- Child Protection Committees or Child Group members of these villages should be made aware of the possible increase of such incidents so that they can be on alert.
- NGOs working in these areas should extend support in raising awareness, monitoring and reporting such incidents to local authorities.

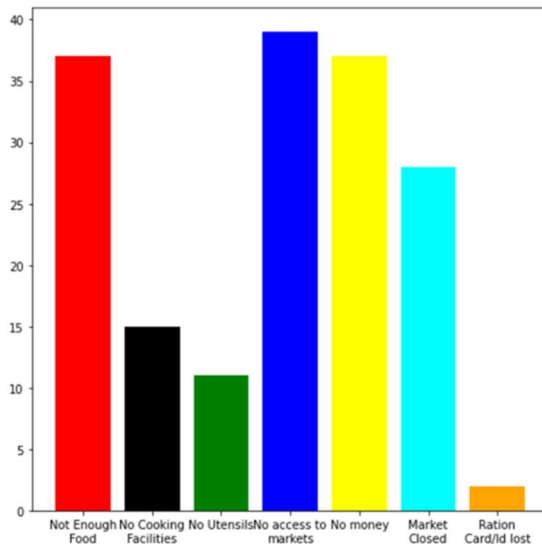
FOOD SECURITY & NUTRITION

Assessment Findings

- Food security of the villages in West Singhbhum district was largely affected due to the impact of ‘Yaas’ cyclone in Jharkhand. More than 200 families were facing problems associated with food security in the district.
- As the local markets and other food distribution systems were affected, vegetables and other food materials were not easily available.
- Markets are non-functional due to the impact of cyclone and are on an average 11.07 km away from the villages.
- The public distribution system was also affected which resulted in 50% of the PDS being non-functional to the surveyed population.
- About 35% of the surveyed population received food kits from Faith based organisations, local NGOs and district government followed by hygiene kits.
- Food distribution to children was disrupted as some of the Anganwadi Centres (7) were affected.
- Challenges associated with food security were faced by 20% of the children in age group 0-3 and 30% from age group 3-6.



- In all places, including small towns, food availability has decreased due to (i) no access to local markets, and/or (ii) unavailability of food, and/or (iii) money constraints, or and/or (iv) markets being closed. These were found to be major concerns from the respondents.



Main concerns related to food and nutrition

on food and nutrition; market accessibility) was also noted.

- Assess is to be done for disruption in food supplies, especially in families with pregnant women, breastfeeding women, adolescent girls, infants and young children.
- Need of local volunteers for beneficiary selection, distribution, procurement etc.
- Based on the data gathered during survey, numbers of days the food/supplies available to the families were recorded to be a maximum of 10 days after which they do not have stored food or ration.
- A requirement for access to government and non-government assistance to the area (including government programs

Integrated Child protection Recommendations in FS –Food security.

- Adapt existing data from JRNA and child protection assessment and target those householders at risk of food insecurity and child protection concerns.
- Train food security staff on child protection and child safeguarding.
- Nominate child protection focal point with food distribution team during food distribution process.
- Collaborate with local village level child protection committees.
- Establishing safe, clearly marked and frequently used routes to distribution sites that do not require women and children to travel long distances or after dark;
- Posting visible, child-friendly messaging on child safeguarding and preventing and reporting sexual exploitation and abuse at all distribution sites;
- Hiring both male and female staff members to work with communities;
- Rotating distribution teams;
- Designing queuing arrangements that (a) ensure children remain with their parents and (b) include a lost child help zone;
- Providing shade or safe places at distribution sites for caregivers with babies and young children;
- Establishing separate waiting and entry lines at registrations and distributions for individuals who may find it difficult to stand in long queues due to physical or protection-related concerns;

- Developing alternative means of distribution for those with difficulty accessing distribution sites; and
- Including specific items for children and for pregnant and breastfeeding girls and women.
- Provision of grocery kits (Wheat flour, Rice, Salt, Masala powders, Potatoes, dal, Oil, cooking fuel) for the most vulnerable families who are either child headed, widow and or have more number of children.
- To avoid the risk of nutrition deficiency, it is important to resume services of all Anganwadi centers and supply of nutrients to children, adolescent girls and pregnant/lactating mothers.
- Despite schools not functioning, support should be provided to children through Mid-Day meals. Ration distribution under the provision of mid-day meal through schools and fortified food through Anganwadi centres need to be restored and strengthened to ensure the fulfillment of nutritional needs of children to avoid possibility of malnutrition which might hinder their physical and mental development.



