



Sphere India
National Coalition of Humanitarian Agencies in India

Joint Rapid Need Assessment Report Andhra Pradesh Floods 2021

November 2021



Picture Source: JRNA Field Survey in affected villages

Supported by:



Joint Rapid Need Assessment Report

Andhra Pradesh Floods 2021

Sphere India Secretariat

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Acknowledgement

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We express our gratitude towards UNICEF's HFO for taking lead in this exercise, engaging its partners, and providing technical guidance.

We would like to praise the active involvement of Diocese of Nellore Social Service Society (DNSSS), Praja Pragathi Trust, Chaitanya Jyothi Welfare Society (CJWS), Rural Care Foundation, Navajeevan Organisation, Association for the Rural Development, Multipurpose Social Service Society of Kadapa Diocese, Rural Action In Development Society (RAIDS), Chittoor Multipurpose Social Service Society (CMSSS), Pragathi, and Women's Initiatives (WINS) in taking initiative to assess the urgent needs of flood affected communities, collecting real time information, and providing valuable inputs and coordinating the assessment process.

We would also like to acknowledge, with deep gratitude, the guidance, cooperation and support extended from Center for Integrated Development, Independent DRR Professionals, and NGO Networks from Andhra Pradesh in the preparation of JRNA Report.

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

Sphere India

04th 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 flood affected Nellore, Kadapa and Chittoor districts of the state; 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 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

The state of Andhra Pradesh, being prone to cyclonic storms originating from Bay of Bengal receive heavy rainfall during the season. Andhra Pradesh received heavy rainfall since 12th November under the influence of low pressure area in Bay of Bengal. Due to torrential rainfall, southern districts were affected with the impact high in Anantapur, Kadapa, Nellore and Chittoor. A population of 260,863 were affected by the floods. As many as 7,573 houses were damaged, and 98,514 houses inundated with loss of lives (48) and damage reported from 1990 villages among which 211 villages were completely inundated. Crop damage was reported in 2.86 lakh hectares maximum in Kadapa district with 56,139 hectares affected, followed by 28,000 hectares in Anantapur and 12,744 hectares in Chittoor district, affecting 4.78 lakh farmers. 3,129 panchayat roads and 20 buildings of the department were damaged. Huge property loss was reported by the Roads and Buildings, Water Resources and Electricity Departments (Ministry of Home Affairs).

Sphere India with support from local organizations in the affected districts conducted a Joint Rapid Need Assessment in the highly affected districts – Nellore, Kadapa and Chittoor. From the affected population a sample of 244 households and 33 village data were taken as the most affected community for the assessment.

TABLE 1 RAINFALL RECORDED AT DIFFERENT WEATHER STATIONS IN ANDHRA PRADESH

| District | Cumulative Rainfall in mm (18 th – 22 nd Nov) | District | Cumulative Rainfall in mm (18 th – 22 nd Nov) |
|---------------|---|---------------|---|
| Anantapur | 135.76 | SPS Nellore | 112.26 |
| Chittoor | 174.74 | Srikakulam | 12.2 |
| East Godavari | 45.01 | Visakhapatnam | 35.8 |
| Guntur | 82.29 | Vizianagaram | 16.06 |
| Krishna | 58.96 | West Godavari | 43.55 |
| Kurnool | 73.25 | Y.S.R Kadapa | 160.59 |
| Prakasam | 85.07 | | |

(Quite higher than the average rainfalls of these districts; Ref: Ground Water Year Book AP)¹



FIGURE 1 AFFECTED HOUSEHOLDS IN SOUTHERN DISTRICTS

¹<http://cgwb.gov.in/Regions/GW-year-Books/GWYB-2013-14/AP-G%20W%20YEAR%20BOOK%20%202013-14.pdf>

2. Key Findings of JRNA

1. Water, Sanitation and Hygiene (WASH):

Drinking Water: Non-availability of potable water was seen as a major concern across all districts led by Kadapa (86%) followed by Chittoor (74%) and Nellore (69%). 31% reported damage to their water storage containers. 57% reported damages to their water supply infrastructure.

Sanitation: 51% respondents informed damage to the toilets. Open air defecation practices increased to 88% post disasters and there was an increase in numbers of households using community toilets.

2. Shelter, Settlements and Non-Food Items:

Damage in terms of houses being inundated or partially collapsed is about 83%. All the relief camps visited had access to food and drinking water. 23% needed Masks and Sanitizers. 88% also did not have adequate provisions of bedding/blankets. Around 26% didn't have clothing. 71% did not have adequate provisions for hygiene items like soap, toothpaste. 50% stated the requirement of sanitary pads for women/Adolescent girls. Non-availability of assistive devices was also stated as a concern by 30%.

3. Health

In the affected area 48.48% people were reported physically injured, while 33% were suffering from water borne and communicable diseases. 18.18% were suffering from mental health trauma. 15.15% were suffering from malaria. 9.09% were pregnant women requiring pre and ante- natal care. In 27 of the 33 villages surveyed, it was reported that the disaster has impacted the COVID 19 vaccination process.

4. Food and Nutrition Security

84% reported non-availability of adequate food and unavailability of cook facilities each; 55% insufficient money for purchasing food; 53% no access to utensils. 9 villages reported that there is no extra effort taken for providing special nutritive diets for pregnant women and lactating mothers and children. 24% markets were not functioning in the surveyed areas and 13% people had lost their ration cards/ ID cards.

5. Livelihood

There is an extensive loss in crops and agricultural lands. Fisheries sector has also reported about 11% due to loss of fishing tools.. The other major losses reported are of livestock and assets. Daily wage agricultural labourers and artisans are the most vulnerable and the hardest hit in all the districts surveyed. This is due to a combination of Flood impacts and Covid restrictions.

6. Education

Around 57.59% of the schools were used as relief camps. Study materials, Boards, computers etc. have been damaged with rise in water levels. Due to the floods the access to schools were disrupted. The officials will have to move fast to repair the damages as well as to sanitize the buildings which have been used as Relief Camps.

7. Protection

The concerns flagged in the sector of protection were security issues due to shelter damage, limited access to security mechanisms, and unavailability of light in the evening due to electricity issues, lack of privacy for bathing/toilet, separation of family members. Although no untoward incidents have been reported till date from the affected areas, these are concerns that increase the vulnerabilities of the already vulnerable. With the Covid restrictions, loss of livelihoods and displacement due to floods, there are also possibilities of abuse, and child labour.

2. OVERVIEW OF JOINT RAPID NEEDS ASSESSMENT REPORT

1. Timeframe

TABLE 2 TIMEFRAME - JRNA

| Timeline | Activity |
|--|--|
| 24th Nov, 2021 | Training to field investigators on KoBo Toolbox application and survey tools |
| 27th – 30th Nov | Field survey for data collection on JRNA |
| 01st – 2nd Dec | Data cleaning, data analysis and Report writing |
| 04th Dec, 2021 | JRNA Report dissemination |

2. Methodology:

This Joint Rapid Need Assessment in flood affected areas of Andhra Pradesh has been conducted to identify the urgent, mid-term and long-term 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 local NGOs in the affected districts and Sphere India with the field support from local NGOs, Government led institutions, line departments providing support and necessary information & data.

Based on emergency situation, Unicef's Disaster Risk and Resilience section has coordinated with its existing NGO partners working in affected districts. These NGOs Diocese of Nellore Social Service Society (DNSSS), Praja Pragathi Trust, Chaitanya Jyothi Welfare Society (CJWS), Rural Care Foundation, Navajeevan Organisation, Association for the Rural Development, Multipurpose Social Service Society of Kadapa Diocese, Rural Action In Development Society (RAIDS), Chittoor Multipurpose Social Service Society (CMSSS), Pragathi, and Women's Initiatives (WINS) have taken initiative to assess the urgent needs of flood affected communities.

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:

- Structured one-to-one interviews with affected households (ensuring prioritizing of random households from most affected villages giving equal representation to all sections of the local community).
- 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.
- The organizations who are engaged in relief operation in this area have also shared their observations to add quality information in the report.
- Brief discussions with Gram Panchayat Members, local CSOs & NGOs who had pre-disaster existence in the area and also assisted communities with relief post disaster.
- Secondary data to examine the observation and facts.

Sampling:

Out of all affected villages and households, 33 villages and 244 households were taken as sample of most affected community from the affected districts 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 area the villages in the affected districts were chosen after discussion with local NGOs.

4. Primary Data Collection

Data collection was conducted by local NGOs from 27th November to 30th November, 2021. The survey was focused on households and villages for which the field investigators collected 244 household and 33 village responses from the affected districts. 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 3 HOUSEHOLD SURVEY DATA

| District | No. of Surveys | Gender | | | Community | | | |
|-----------------|----------------|--------|--------|-------------|-----------|----|----|-----|
| | | Male | Female | Transgender | General | SC | ST | OBC |
| Nellore | 64 | 22 | 36 | 6 | 10 | 22 | 24 | 8 |
| Chittoor | 99 | 30 | 69 | 0 | 15 | 33 | 30 | 21 |
| Kadapa | 81 | 29 | 35 | 0 | 10 | 42 | 14 | 15 |
| Total | 244 | 81 | 140 | 6 | 35 | 97 | 68 | 44 |

| District | Village | No. of Surveys |
|-----------------|-----------------------------|----------------|
| Chittoor | Chenchulakshmi colony | 1 |
| | Diguva gunthathi vari palli | 1 |
| | Gandhipuram | 1 |
| | Guttakinda palli h.w | 1 |
| | Iruvaram | 1 |
| | Kailasapuram | 1 |
| | Kattamanchi | 1 |
| | Pathaveera puram | 1 |
| | Thenebanda | 1 |
| | Vedallacheruvu | 1 |
| | | |
| Kadapa | ASR Nagar | 1 |
| | Bhavani Nagar | 1 |
| | Budagajangala colony | 1 |
| | Buggalapalle | 1 |
| | Muthukur | 1 |
| | Pulapathur | 1 |

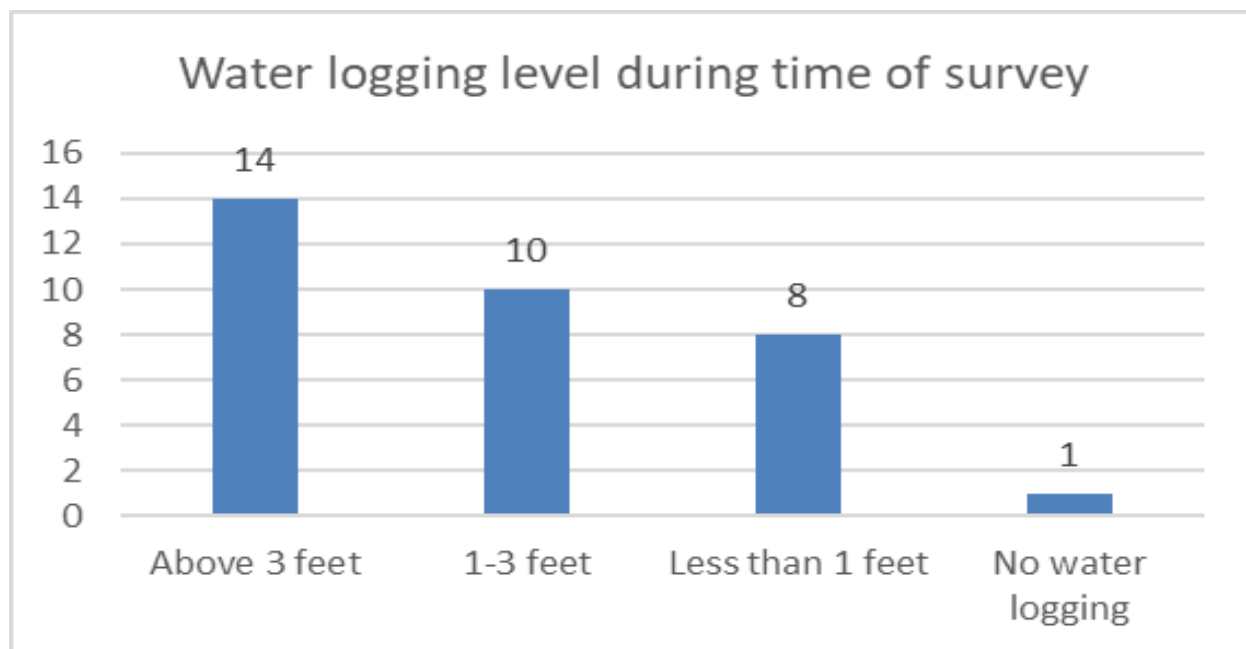
| | | |
|----------------|-----------------------------------|----|
| | Varikuntla | 1 |
| | Yeguva Mandapalli | 1 |
| Nellore | Enamadugu center (5 ward) | 1 |
| | Janardhan Reddy colony | 1 |
| | Kotha koduru | 1 |
| | Kothakalavakatta | 1 |
| | Muttembaka | 1 |
| | Nethajinagar / chinna padugu padu | 1 |
| | Pulikoru | 1 |
| | Thopidi colony | 2 |
| | Venkatesa puram | 6 |
| Total | | 33 |

5. Quantitative Data Analysis

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

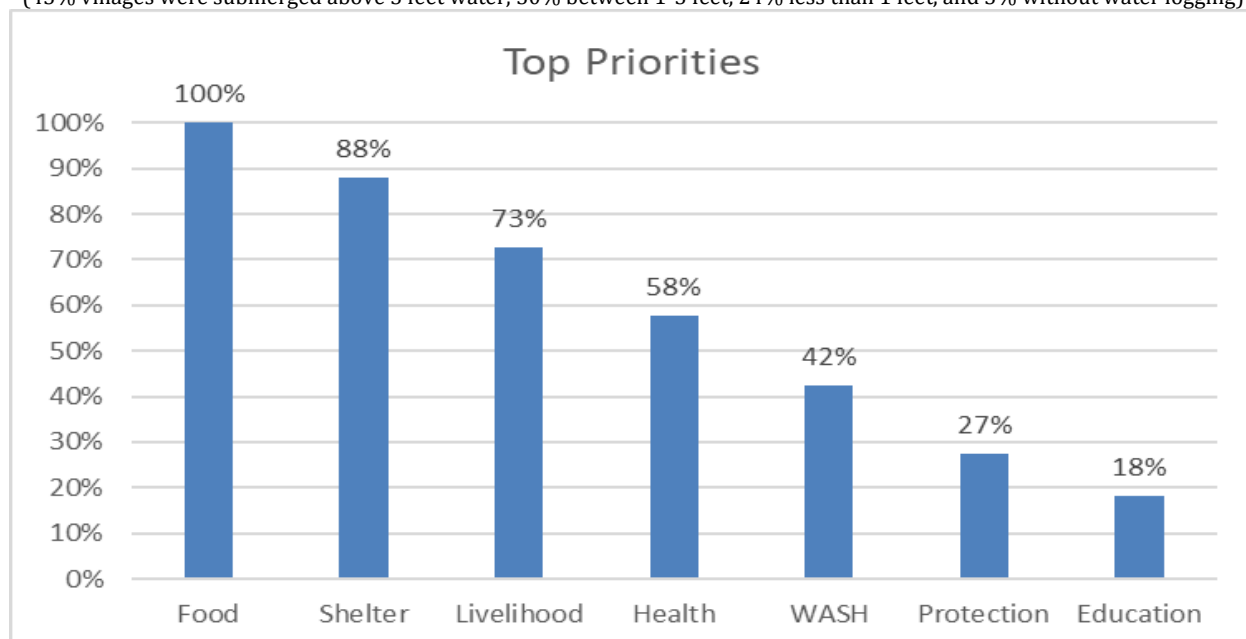
4. SECTORAL ASSESSMENT & RECOMMENDATIONS

244 households and 33 village level surveys were conducted in Nellore, Chittoor and Kadapa districts to understand the key impacts in sectors and the emerging needs of the affected community. The surveyed villages consist of 24,767 households out of which 21,247 (85.79%) households were reported to be affected. Among the surveyed villages, transportation was disrupted in 8 villages which affected the accessibility.



GRAPH 1 WATER-LOGGING LEVEL IN VILLAGES DURING SURVEY

(43% villages were submerged above 3 feet water, 30% between 1-3 feet, 24% less than 1 feet, and 3% without water logging)



GRAPH 2 SECTOR PRIORITY FOR RELIEF AND RECOVERY (VILLAGE)

4.1. WATER SANITATION AND HYGIENE (WASH)

Overview

Safe WASH facilities and services is critical for healthy and dignified living. As its common in aftermath of a flood event, WASH concerns are top priority for affected community and response agencies along with food and shelter.

Recent floods have impacted hugely in terms of water, sanitation and hygiene condition in affected areas. Assessment findings reveal that more than 77% of households have reported unavailability of safe and adequate drinking water in immediate aftermath of flooding. In Kadapa district, the situation is worse with 86% of respondent reporting lack of safe and adequate drinking water. Local water supply infrastructure has been damaged affected 57% of population. The damage to infrastructure is reported higher in Chittoor district (66%). Household toilets and other sanitation facilities have been damaged as reported by more than 50% of the population, with 69% respondent reporting damage to toilets in Chittoor.

Some observations shared by field NGOs like Water tankers were not cleaned, and it was infested with germs and all kinds of organisms which was unfit for human consumption –in Bandakindapalle, (Rompicherla Mandal) chiguralacheruvu (CG Mandal). Villagers had no other water source, relied solely on tankers. They realised that tube wells were dug in the middle of the village ponds, as canals/ponds had gone dry due to recurring drought. Now this unexpected flood, and the subsequent inundation of the tube wells, bore, which damaged the pump-sets.

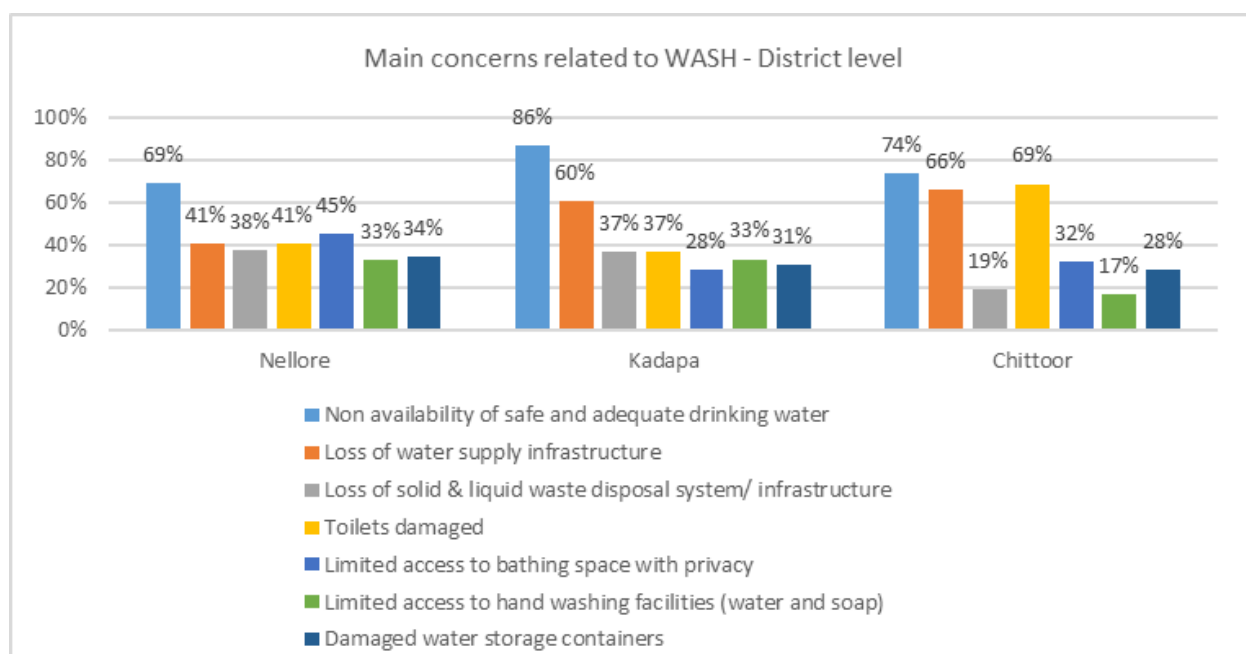
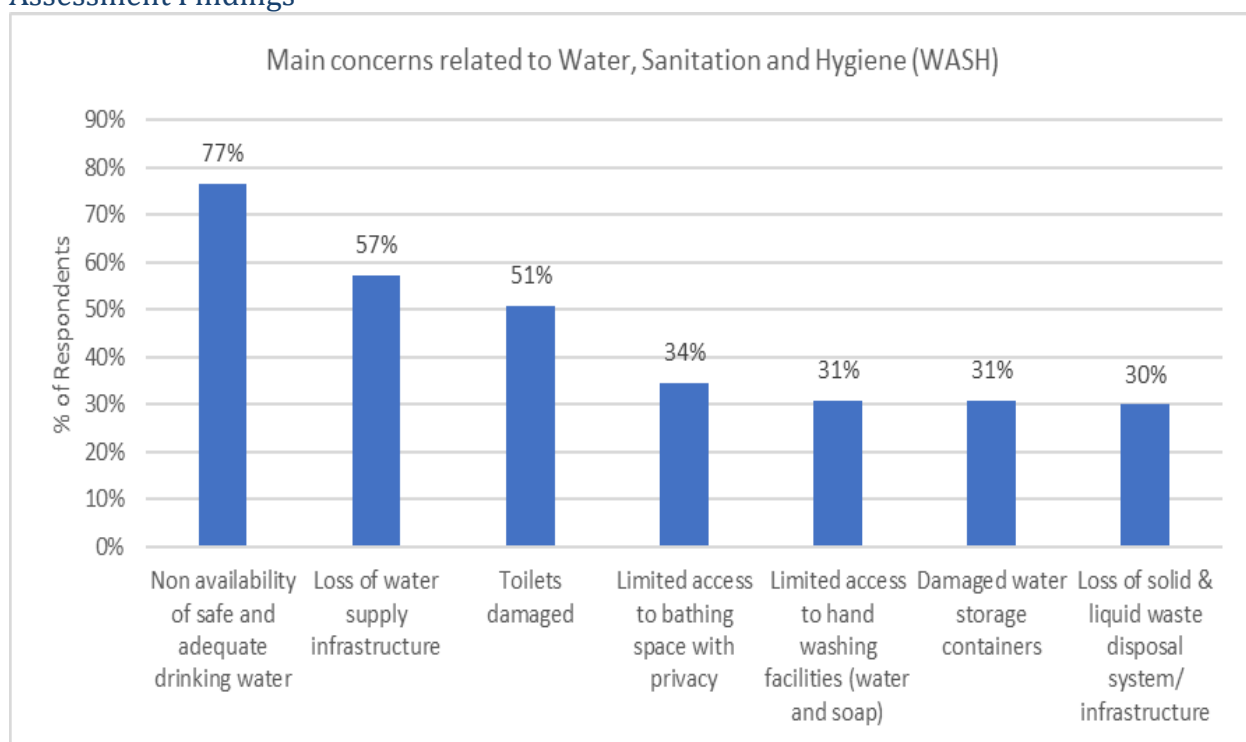
Faecal matter mixed with potable water and it entered homes. People are suffering with fever, body aches unable to pump out the water all by themselves, and were surrounded by water which was repugnant as well as fetid.

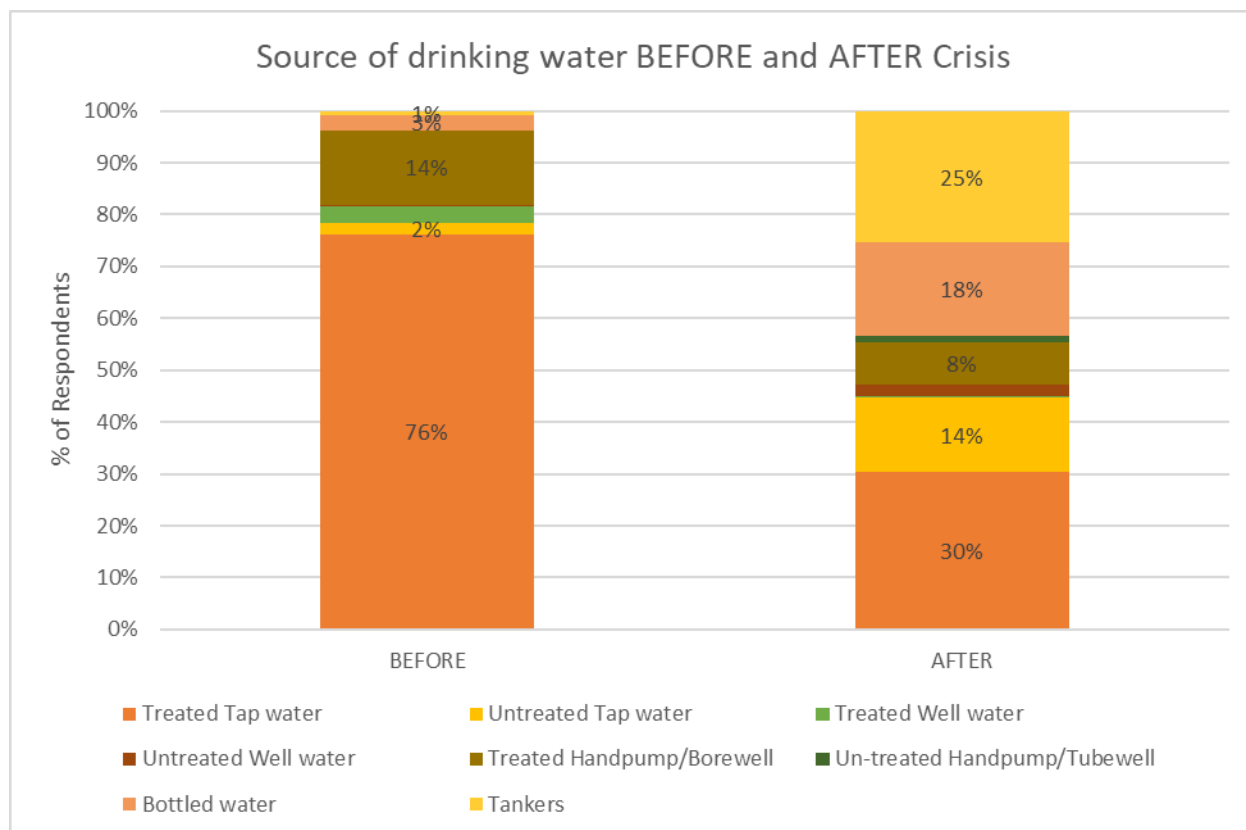
Rural households use flush toilets sparingly, as and when it gets full the cleaning of the septic tank.

There are many misconceptions still prevalent among rural folk concerning menstruation. Young girls and women had no access to sanitary pads during the disaster, though Pads have been popularised, in rural areas, as a commodity, nevertheless the same cannot be said about tribals, nomads who live away from the main villages.

Many vulnerable communities are unaware that the stagnant water is a breeding ground for all mosquitoes which can cause communicable diseases,

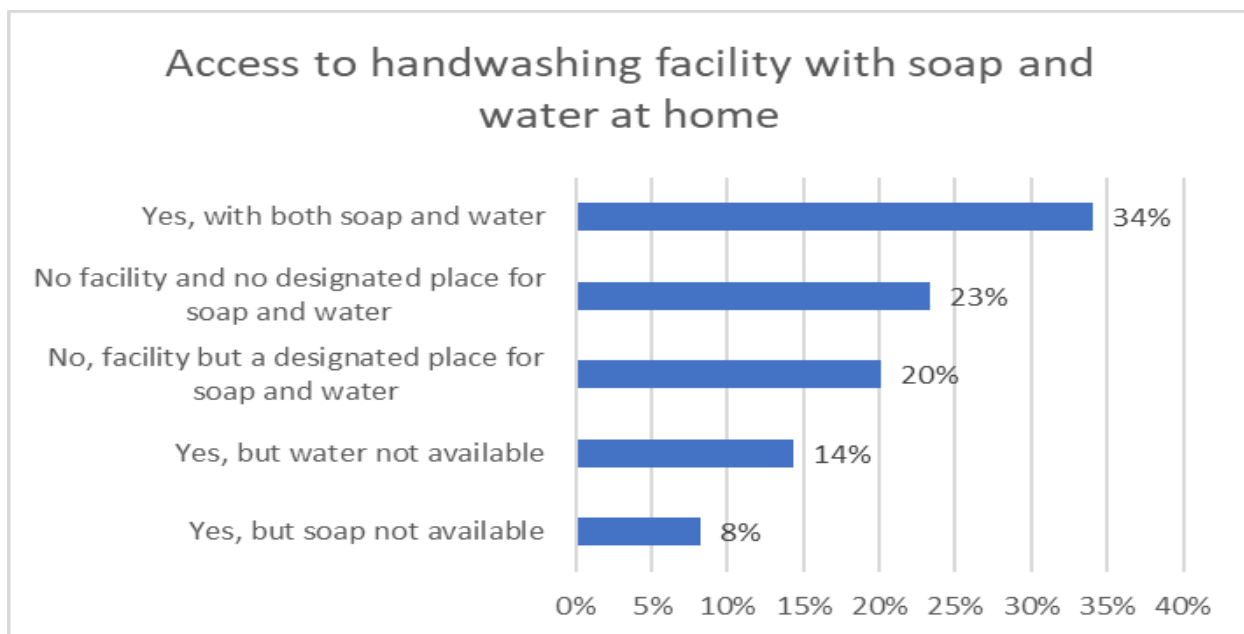
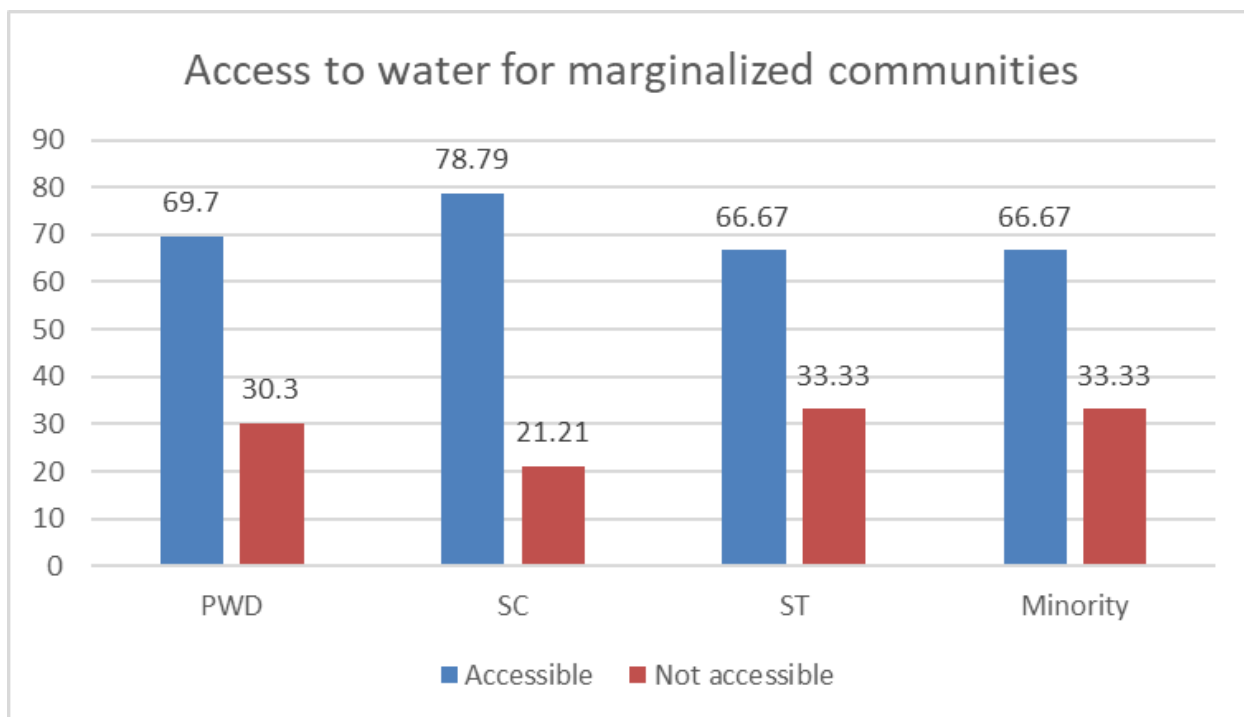
Assessment Findings





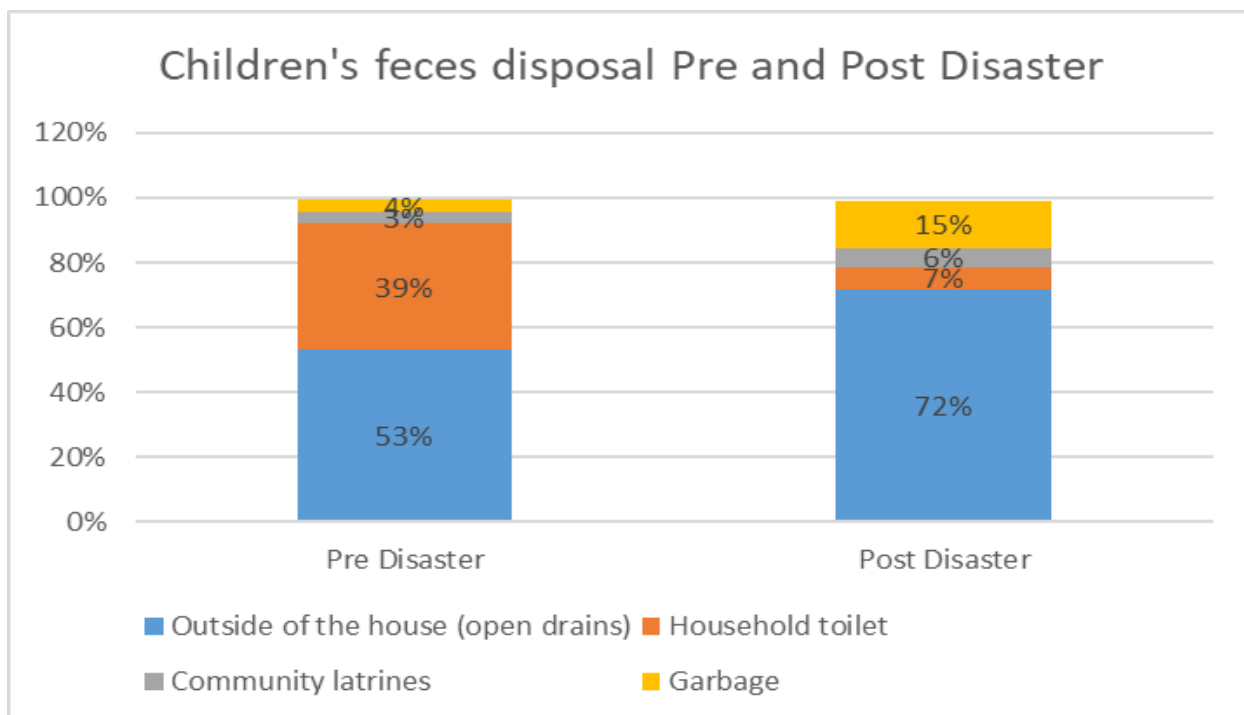
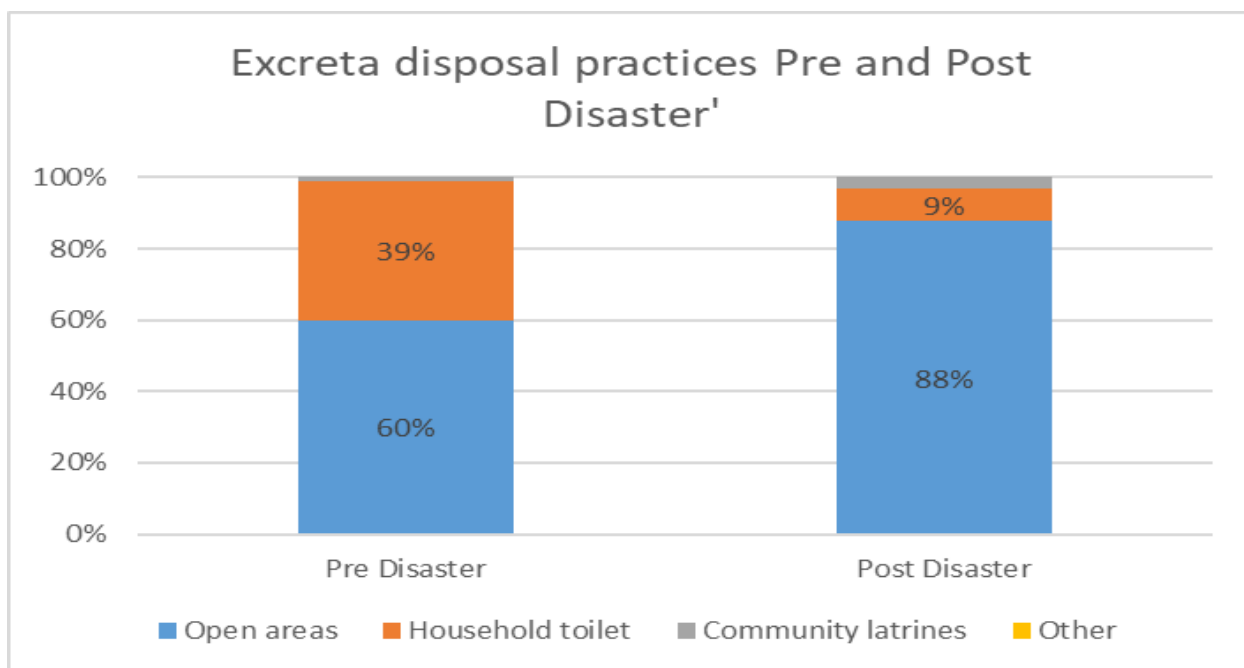
There has been major change in source of drinking water after crises. Whereas before flooding almost 76% population was using treated water from tap, now its available to only 30% population. Water use from untreated tap has increased from 2% before flood to 14% after flood. 25% of respondents have reported to avail drinking water through tankers after flooding. While use of bottled water has increased from 3% to 18% households. Consumption of water from treated hand pumps have been reduced from 14% to 8%.

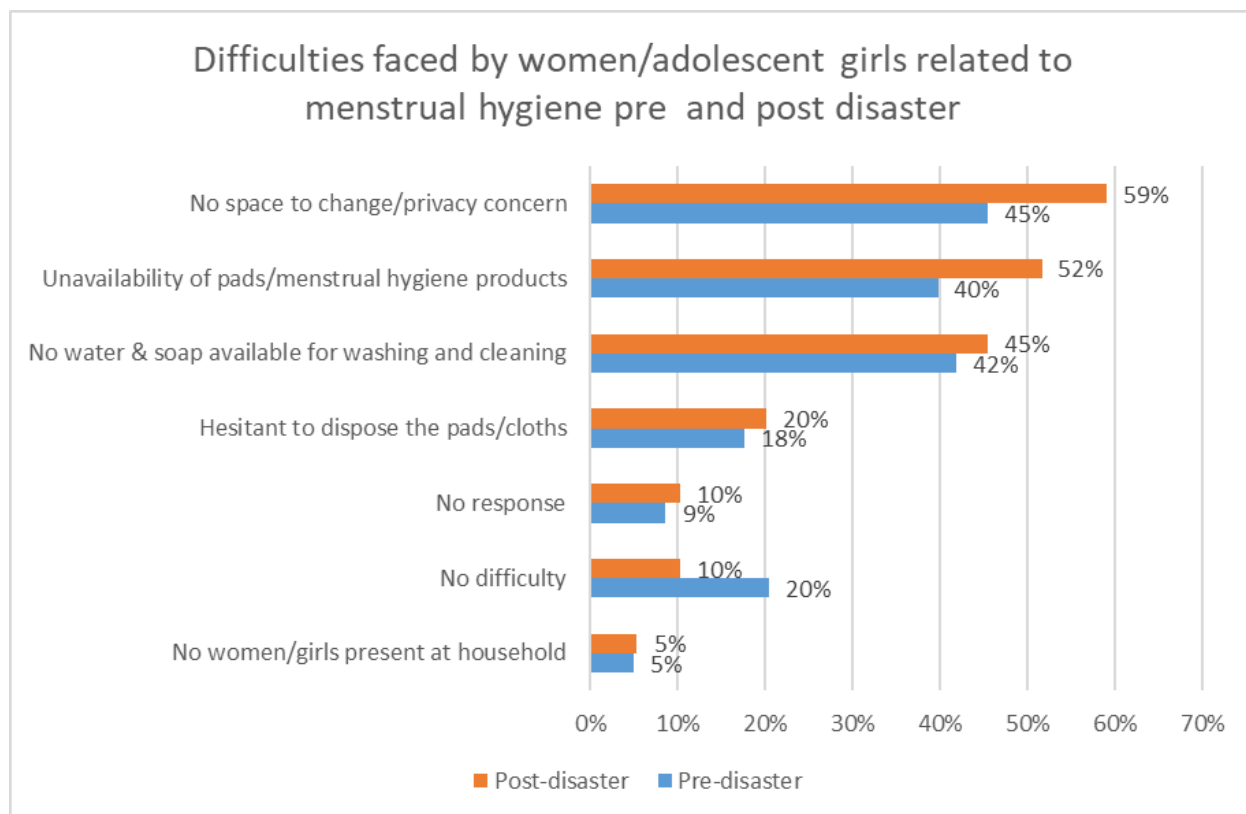
At point of use of water at household level, the situation is of concern with 55% of households not having access to water containers with lid for storage of water, and 72% of the surveyed households not treating their water before cooking and drinking.



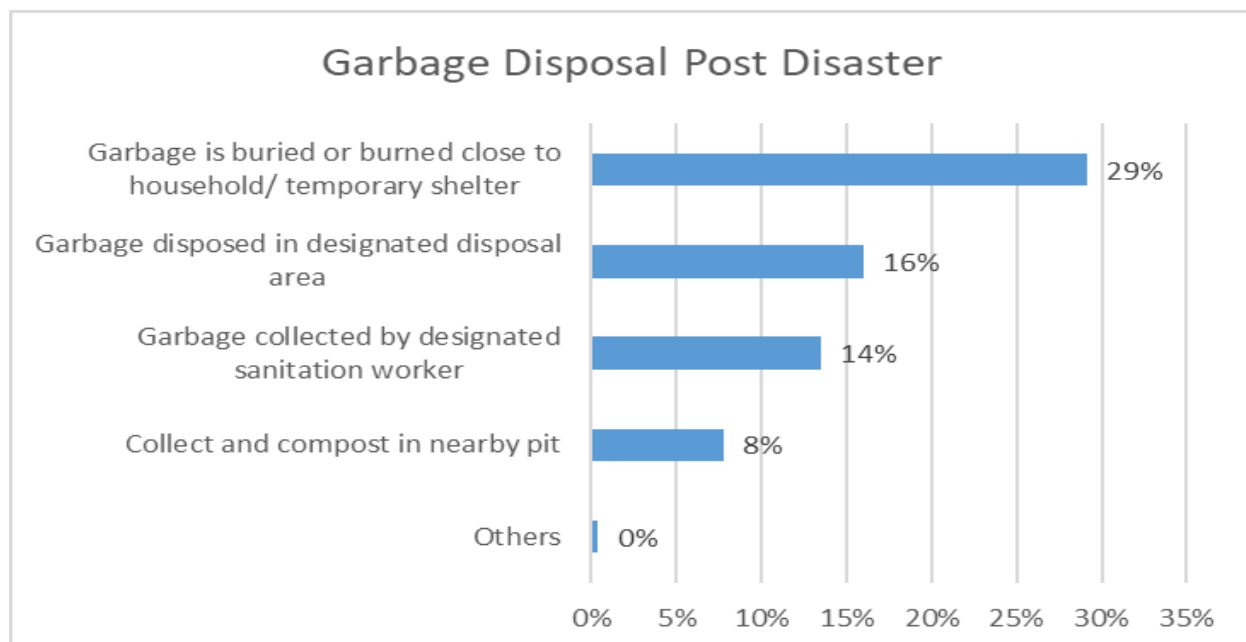
Sanitation facilities have also been affected largely. 73% of surveyed HHs do not have a working/functional toilet after the floods.

It is reported that 88% of respondents practicing open defecation and only 9% household able to use household toilet. Practice of disposing off children feces in open or in garbage is also rampant.





One of the most neglected aspects of sanitation services post disaster is addressing needs of women and adolescent girls for personal and menstrual hygiene. This has come to notice in assessment that nearly 60% of women respondents have reported that there is no space to change clothes and their privacy is compromised in aftermath of flood. 52% of women have reported unavailability of menstrual hygiene products and 45% have reported lack of availability of water and/or soap.



In aftermath of flood environmental sanitation has also been affected largely. About 70% of the HHs reported solid waste or waste water in the vicinity of their shelters. Almost 30% respondents report that garbage is buried or burned close to their house.

Recommendations

Immediate Support Required:

Immediate measures for WASH includes all measures to ensure provision for safe, healthy and dignified living for affected populations, including women, adolescent girls, and children. These measures are aimed at mitigating immediate risks to health and safety and providing basic needs to carry out normal daily activities.

1. Immediate measures should focus on providing safe drinking water, domestic water and sanitation facilities.
2. Repair of damaged water supply lines, distribution points, handpumps and tubewells should be taken up in priority
3. Cleaning of open wells and surface water sources, if used for drinking and domestic purpose should be cleaned immediately.
4. Point of use water treatment and purification measures like Chlorine/ Halogen tabs should be provided to affected community with due orientation on use of these tablets or drops.
5. Safe water containers (2 Nos. 10 Lt capacity Minimum) with lid and tap should be provided to vulnerable families.
6. Temporary sanitation facilities (toilets, bathing and washing units etc) should be put up while repair and restoration of damaged toilets are in progress. Arrangement of mobile toilets and opening up of toilets of public buildings for affected communities may also be adopted. Urban local body (Municipality / Corporations) and Panchayat should take responsibility of cleaning and maintaining these facilities till permanent facilities are constructed. All facilities should have safe all weather access and adequate lighting for safety of women and girls at night also.
7. Arrangement of water, hand washing facilities with soap should be done near the sanitation facilities.
8. Communities should be sensitised and educated to avoid open defecation, use toilets and do not dispose fecal matter of children in open.
9. Children and adults should be sensitised to adopt hand washing with soap and water
10. Hygiene kit including sanitizer, soap, tooth brush, tooth paste, anti-septic liquid, sanitary pads, detergent should be provided to vulnerable families. Material for menstrual hygiene should be provided as per local practice.
11. Cleaning up of debris, carcass and wet waste should also be in priority to prevent health hazards.
12. With Covid -19 protocols in place, all front line workers should be equipped with PPE and other protection measures.

13. All medical and hazardous waste should be disposed off in safe manner by qualified agencies.

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 include

1. Provision of safe drinking water from alternate or multiple sources for communities and cattle
2. Provision of water treatment and purification measures at bulk storage as well as point of use, where the quality is concerning issue.
3. Restoration of water facilities, toilets, hand washing facilities and cleanliness measures in schools. Boys and girls should have access to separate toilets.
4. Children group and youth groups should be trained and prepared to monitor and check open defecation in communities.
5. Reconstruction of all damaged household toilets
6. Sensitisation and educating children on use of toilets, hand washing and personal hygiene
7. Sensitisation and educating adolescent girls on menstrual hygiene and providing all support they need.
8. Strengthening regular waste collection (including medical and hazardous waste) and safe disposal systems in rural as well as urban areas 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:

1. 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. Alternative power supply for water system can also be explored, for example- diesel generator sets or solar panels so that the system does not shut down in absence of power supply. Regular maintenance of these systems will also be important aspect for increasing resilience.
2. All schools and health centres should be equipped with safe water supply, sanitation facilities for men, women and children and hand washing facilities. Additional measures of rain water harvesting can also be adopted for water security, if needed.
3. Cleaning, disinfection and maintenance of village ponds should be taken up jointly to ensure that the ponds serve as emergency water sources and not turn into waste dumping areas.

4. 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.
5. Create a trained cadre of youth in wards and villages (including Aapda Mitra) with skills that they would need to respond to their community's immediate needs in the aftermath of a disaster thereby enabling them to undertake basic relief and rescue tasks during emergency situations such as floods, flash-floods and urban flooding.
6. Mass level training of youth about "Basics of Essential Humanitarian Practises".
7. District Disaster Management Plans of these districts need to be updated keeping the November 2021 Floods in these Drought-prone Districts.

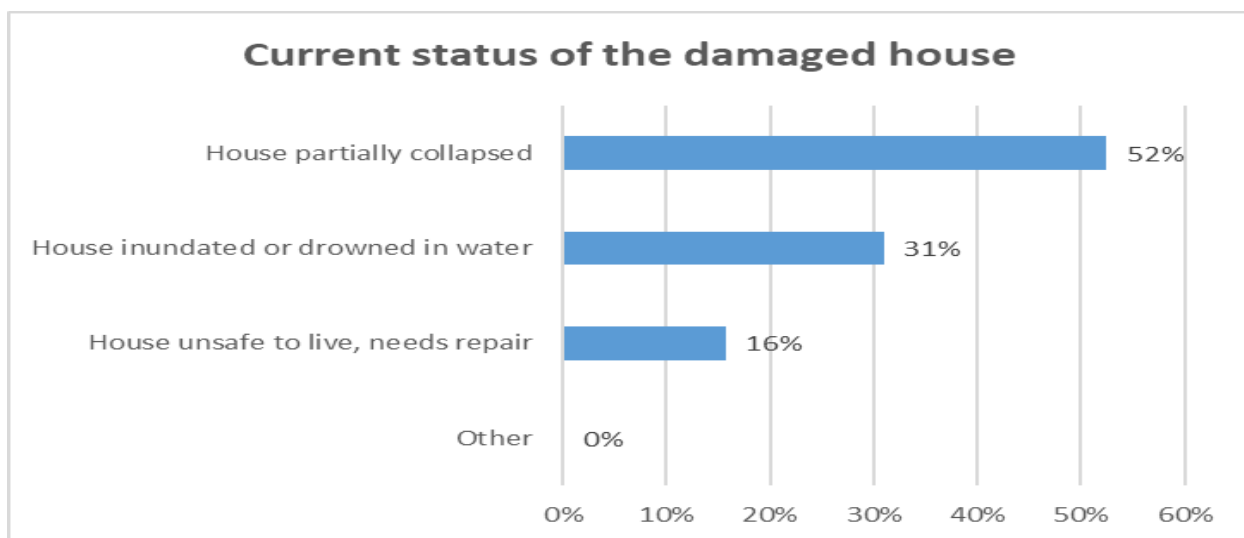
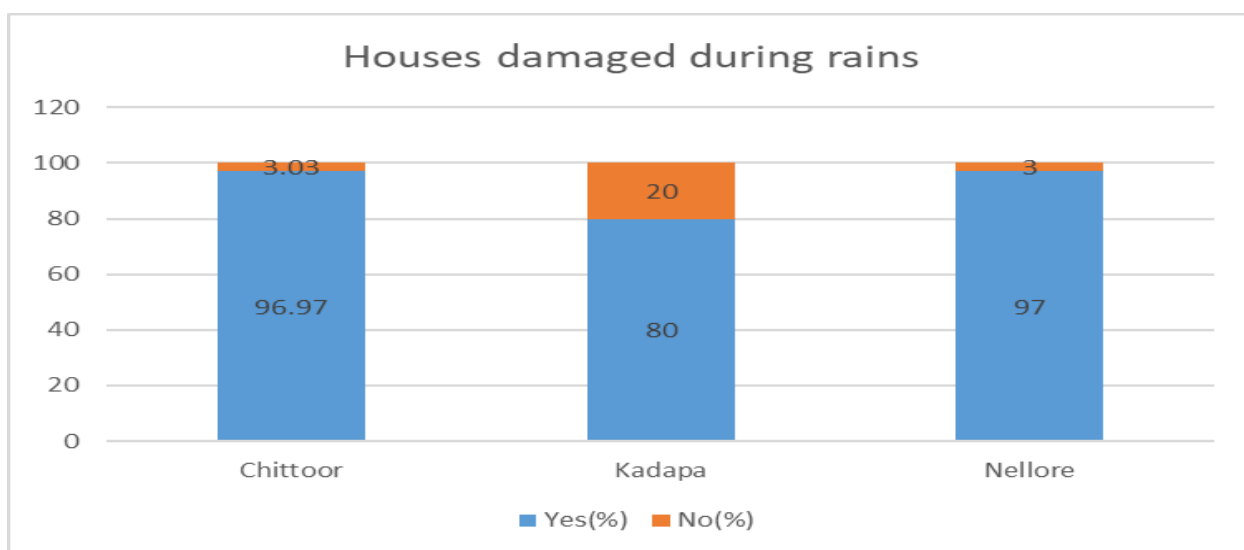
4.2. SHELTER

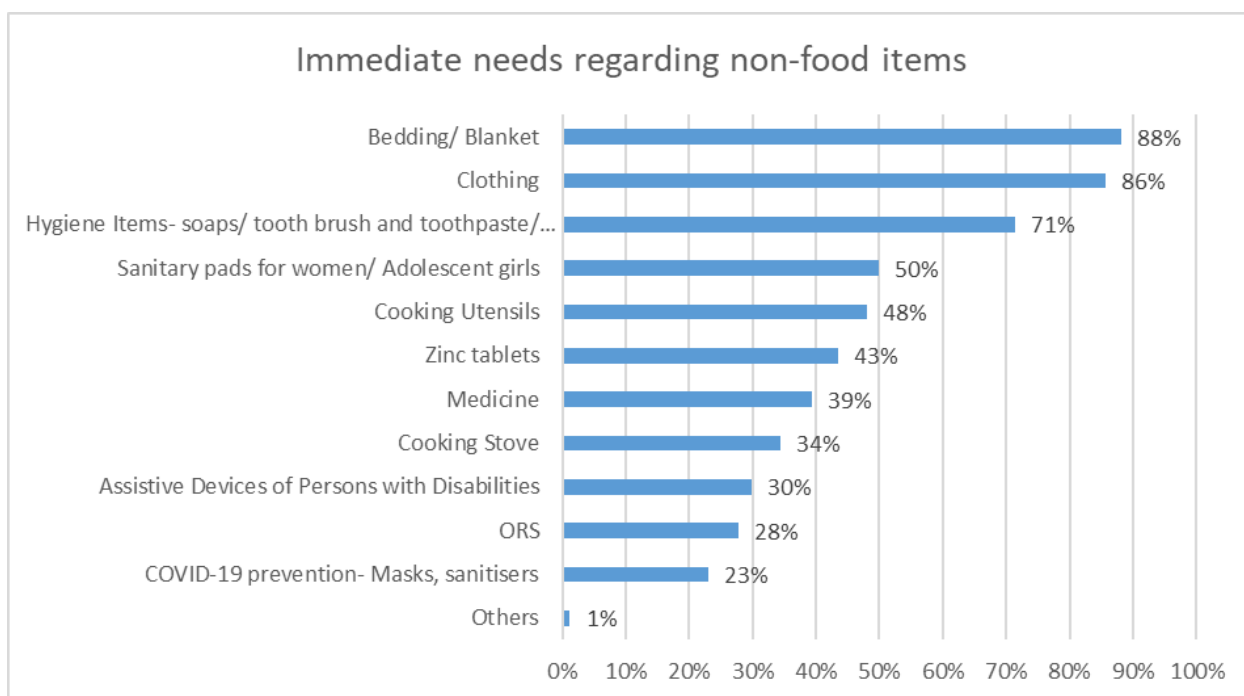
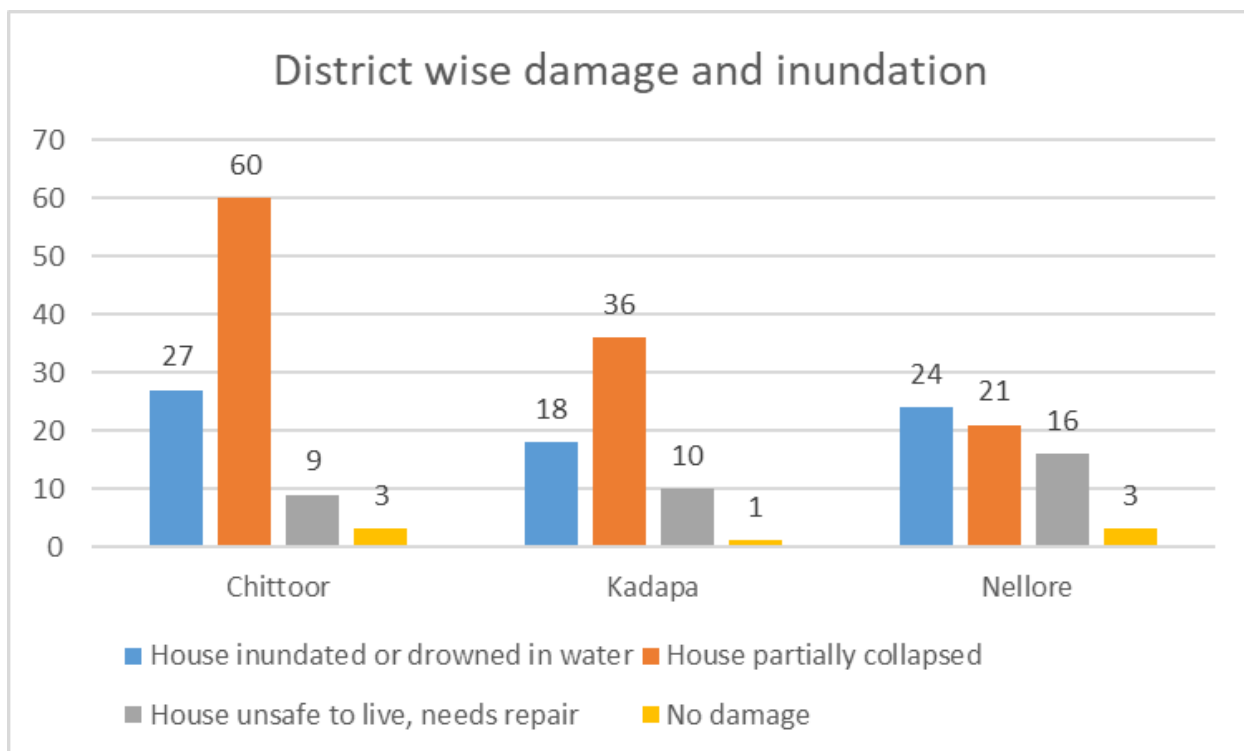
Overview

There is an immediate need to provide safe and secured shelter and basic living facilities to affected families. Shelters have been badly affected by floods in all three districts where survey was carried out and many families do not have basic requirements of bedding, clothing, hygiene items and utensils for cooking food.

Assessment Findings

- 91% of the surveyed HHs have experienced damages due to floods. Among the HHs which have experienced damages, 98% requires assistance to rebuild/repair their shelters.
- Among the village surveys conducted, 1626 houses were completely damaged and 1943 houses were partially damaged. And among the damaged household's 1863 households require shelter support.





Recommendations

Immediate Support Required:

Immediate measures in this sector should focus on basic and survival needs of affected population, taking into account needs of men, women and children, people with disabilities, and other vulnerable groups, including displaced population.

1. A detailed survey is needed to assess the actual population displaced due to damage of shelter. A significant number of houses, shelters have suffered various degree of damage due to incessant rainfall and inundation leading to displacement of people and loss of properties and assets. Safety audit of houses in affected areas and coming up with compensation and reconstruction guidelines should be taken up immediately.
2. People living in makeshift shelters, relief camps, host families and others should be provided with safe living space with Covid appropriate measures.
3. Provision of clothes, bedding, utensils for cooking, hygiene items and other needs of affected communities for safe and dignified living.
4. Cleaning of flood affected houses to remove the mud and debris depositions should be initiated on priority bases. It can be also taken under cash for work activities.
5. Teams of 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.
6. 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. Proper disinfection should be done before starting living in houses which were inundated.

Medium term actions required:

Medium term measures include initiation of reconstruction rehabilitation activities, taking into consideration long term objectives. Reconstruction measure should also emphasise on principles of 'Build Back Better' and 'Do No Harm', while considering environmental sustainability in approach and method of reconstruction.

1. Preferably 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.
2. An effective communication and education of all affected families should be initiated with coordination with NGOs so that affected people understand their entitlements and compensation.
3. Shelter kits may be prepared and distributed while keeping in mind the local construction practises of the communities the affected area.
4. 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.

1. Development of permanent multi-hazard resistant community shelters should be planned and implemented in areas prone to recurring flooding and cyclone. NDMA and state government guidelines for design and construction of such facilities should be ensured.
1. Developing of cadre of trained engineers and mason on multi-hazard resistant construction practices should be planned in coordination with technical agencies and professionals.
2. Raised plinth, proper drainage and other flood control mechanisms should be made mandatory for new developing and flood prone areas. Hazard resistant components should also be integrated in Welfare Housing schemes like Pradhan Mantri Aawas Yojana and State Government programmes.
3. Inclusion of water and sanitation facilities, all weather access, power supply, as well as value addition in shelter (like rainwater harvesting, smokeless stove, kitchen garden) should be promoted wherever possible. This helps in building resilience of vulnerable families against various hazards.
4. Extensive trainings and mockdrills for schools and communities to respond to flooding event and make shelters safe should be initiated state wide.
5. IEC materials on safe construction practices for different zones should be prepared and made them available to municipal bodies and panchayats.
6. The review and revision of the building bylaws and regulations to avoid widespread damage to properties and human lives in urban and rural areas should be initiated by local bodies, district agencies and State government.
7. Community led disaster risk management trainings and programs for various villages and linking it to local development plans.
8. Stock piling of shelter items (non food) should be prepositioned in flood prone areas for immediate relief.
9. Government housing policy/programmes need to consider the flood vulnerability of a site/location before the government decides to construct houses or give house-sites or constructs a school or Anganwadi or hospital; if flood is inevitable, construction design may be according to the flood vulnerability.

4.3. HEALTH

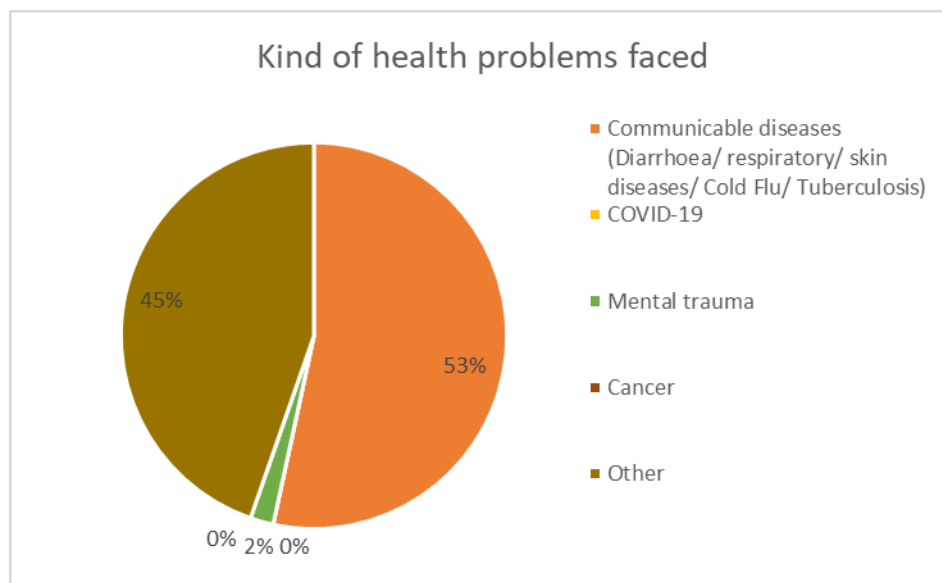
Overview

According to National Family Health Survey - V, the health profile of Andhra Pradesh shows that about 29.6% children below the age of 5 years are underweight, 63% children between the age group of 6-59 months are anaemic and about 14.8% women have body mass index (BMI) below normal. 73% Children aged 12-23 months are fully vaccinated based on information from either vaccination card or mother's recall. A decrease trend of infant mortality rate (IMR) that is 30% and neo natal mortality rate (19.9%) can be observed when compared to NFHS -4 (34.9% & 23.6% respectively).

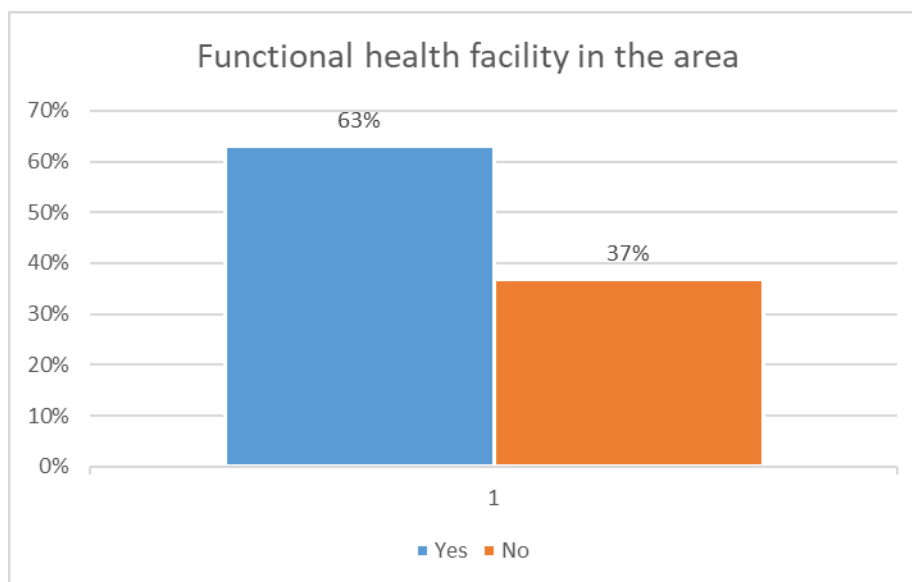
Regarding the maternity health it was found that 68% of mothers had at least four antenatal care visits for their last birth and 97% of children who were born in the past five years (2014-19) were born in a health facility. Institutional births are more common among women who have 10 or more years of schooling and women who are having their first birth. Further, 73% of children age 12-23 months received all basic vaccinations against six major childhood illness (tuberculosis, diphtheria, pertussis, tetanus, polio, and measles).

Assessment Findings

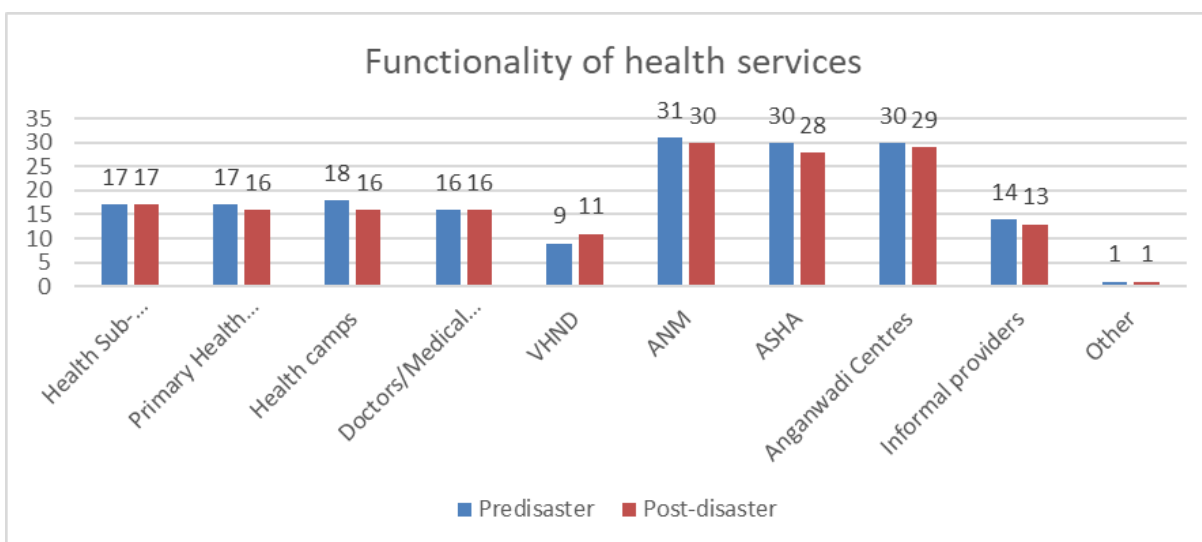
- Heavy rainfall and flood poses substantial risk to the functioning of health services. Infrastructural damages to the health centres creates havoc among the population as timely medication for the casualties are not obtained. Disruption in the services leads to lack of accessibilities to various basic facilities from the centres. Among the surveyed HHs, 41% respondent shared that their family members were having pre-existing health conditions.



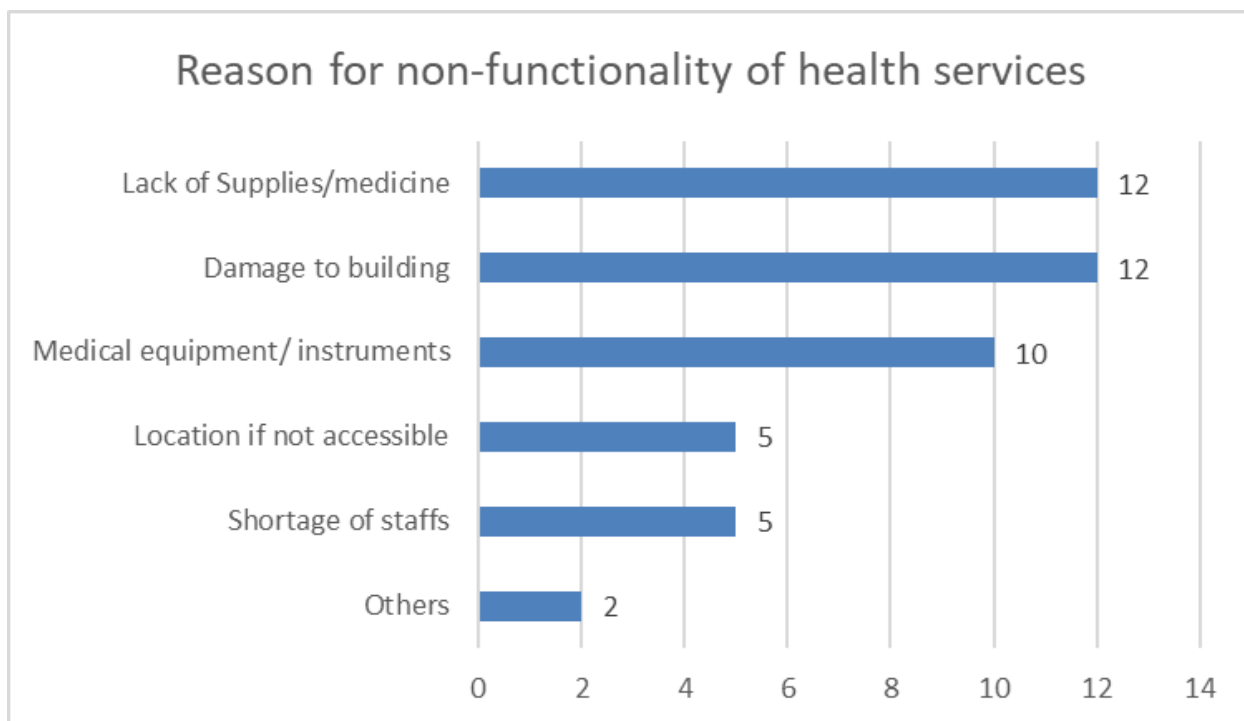
- In the assessment it was cited that more than the half (53%) of the respondents suffered from communicable diseases like diarrhea, respiratory issues, skin diseases, cold, flu etc. and 45% respondents faced other health related issues and around 2% respondent reported mental trauma.



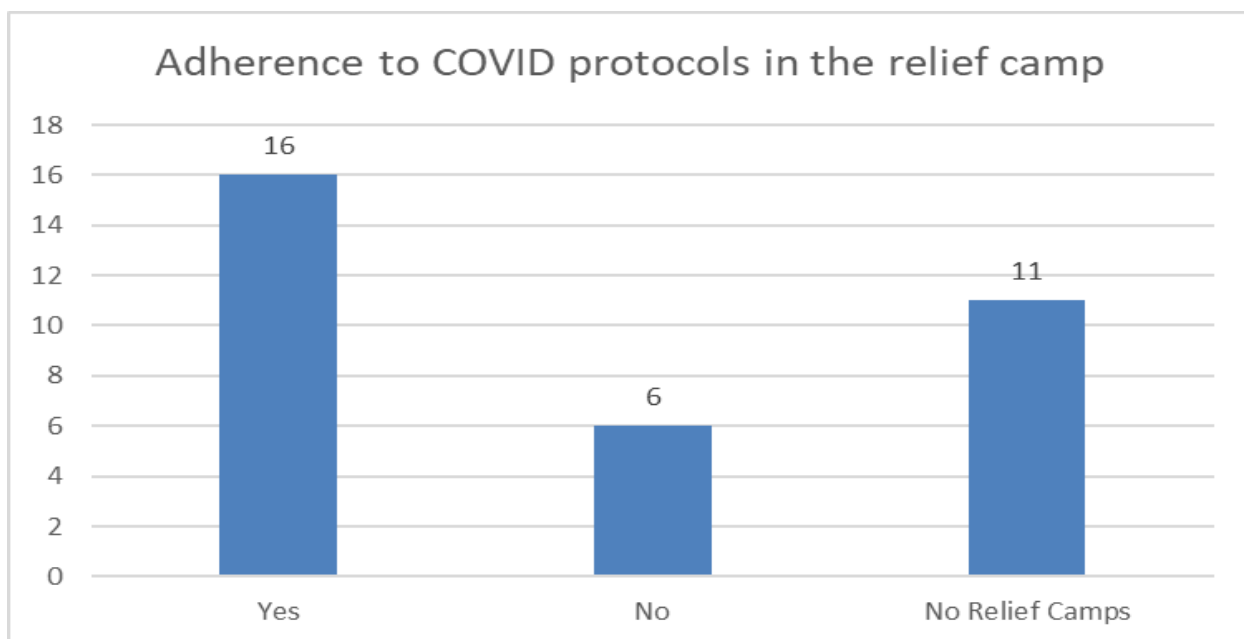
- **Functionality of the services** - During the assessment, it was found that 63% of health services were functional, whereas 37% of the services were not functioning in the flood affected areas.



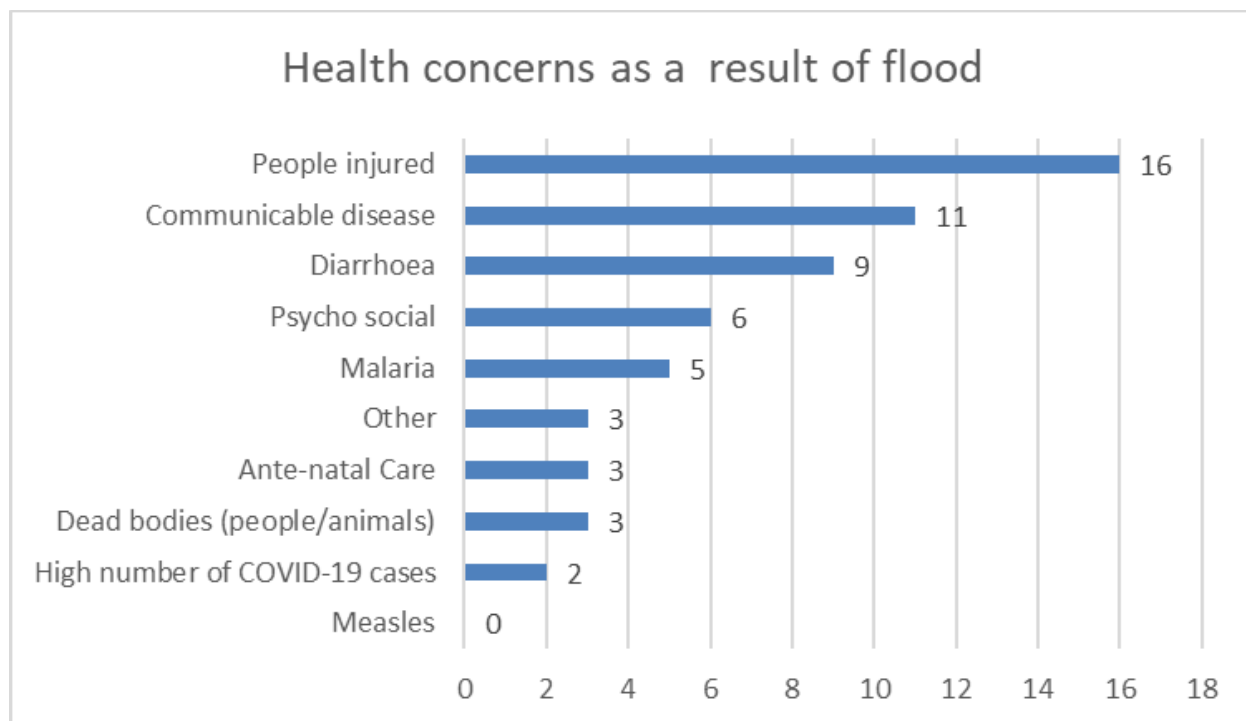
- The majority of health services remained functional during the post-disaster scenario in the assessed areas. Majority of the services like PHCs (16 out of 17) and sub centers (17 out of 17) continued to function by providing timely support to the affected population. 30 ANM and 28 ASHA workers were effectively working during the post disaster situation in providing basic necessities and treating people with various health issues.



- Due to the heavy rains and floods, few of the health centers could not function. Some of the reasons for non-functionality were –
 - In 12 health centers there was lack of supplies and medicines to treat the patients.
 - Loss of medical equipment's and instruments were found in 12 centers.
 - 5 health centers could not function as the location was not accessible due to floods and waterlogging.
 - In 5 centers, there was shortage of personnel. Functioning of the centers becomes challenging in such environment due to which timely support cannot be provided.



- **COVID-19** - Of all the surveyed villages, out of 29 relief camps only 16 (55%) relief camps adhered to the COVID-19 protocols and 11 relief camps no protocols were maintained. This needs to be addressed on emergency basis so that people follow the rules. Further, due to the flooding in these areas, immunization process has been delayed/stopped. Going forward, not adhering to protocols will have dire consequences.



- During the assessment a total of 28 cases(11 communicable diseases, 9 diarrhoea, 5 malaria and other 3 diseases) of health issues were identified. 16 people were injured during the floods, 2 cases of COVID was reported and 6 people requires psycho social support. As the assessment covered only limited population, there may be a greater number of cases in these areas which needs to be addressed.
- **Water and Sanitation** - Poor habitat and improper sanitation are some of the major problems found in the affected areas especially in relief camps, sheltered schools etc. Untreated drinking water from open sources like ponds, wells, rivers etc. are the major causes of various water borne diseases like Cholera, Diarrhea, Dysentery etc. This may pose threat to the people.

Recommendations

The immediate, medium and long-term actions focuses on undertaking detailed assessment of the infrastructural damages to the health centers, repairing of the existing damages, distribution of medicines to all the affected population and centers, organizing mobile health camps to address immediate health issues, awareness generation on various health topics and capacity building of the staffs at all levels on risk informed initiatives.

Immediate Support Required:

- Undertake assessment of all the infrastructural damages including hospital buildings, drug warehouses, cold chain storage, blood storage facilities, water supply and sewage system and take necessary immediate action to restore the services.
- Immediate availability of basic medicines to treat symptoms of common cold, fever, water-borne diseases etc. for affected population.
- Restoration of immunization services in areas where health facility services are non-functional.
- Immediate replacements of all the medicines, equipment's and furniture's those were lost in the centers so that there is no further interruption in the services.
- Organize mobile medical camps in all affected villages.
- Undertake disease surveillance and organising hygiene promotion in relief camps and community.
- Deploying medical teams comprising doctors, nurses etc. with sufficient medicines to all the villages where there is no health centres and centres which are not in functional conditions.
- Provide psycho social support to all the affected individuals and families and in severe cases associate them to the higher institutions for further actions.
- Strengthening of monitoring mechanisms for COVID-19 patients in the affected areas to avoid spread of diseases.
- Provisions to quick start the immunisation of COVID-19 in affected areas to avoid any further consequences.
- Awareness creation in relief camps on health and hygiene especially on menstrual hygiene needs to be highlighted. Girls and women should have access to clean cloths and sanitary napkins, portable drinking water, clean sanitation facilities especially in relief camps.
- Awareness needs to be generated in relief camps and affected villages on safe drinking water, clean sanitation facilities, open defecation, COVID-19 protocols, communicable diseases etc.
- Immediate placement of ANM/ASHA workers in all the centres where the health services have been stopped due to shortage of staffs.
- Disinfection of the affected areas and institutions need to be taken up immediately. (schools, AWCs, health centres, water sources etc.)

Medium term actions required:

- Relief camp management
 - Training of Medical Officers, ANMs and ASHA workers on flood preparedness and response and care of new-born in relief camps.
 - Identify alternative delivery points for conducting child birth with minimum facilities.
- Prepositioning essential medicines, equipment's, materials and personnel as per the hazard-specific SOPs and guidelines before the onset of any hazards.
- Capacity building of the ANM and ASHA workers on reproductive health, menstrual hygiene etc.
- Training of the volunteers on psycho social support 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:

- Risk mapping of all the HCS and preparation of list which are likely to be severely affected/vulnerable areas/at risk in various disasters and identification of alternate space for running HSCs during emergencies.
- Retrofitting of all the old/existing public and community building.
- GIS Mapping of all Health Institutions (DH, SDCH, CHC, FRU, PHC, MPHC, SD and SC) and Notified Blood Banks across the state.
- Establish pool of volunteers to provide services related to mental health like counselling support etc. in relief camps and community.
- Capacity building of the health professionals on Disaster Risk Reduction.
- Prepare roster of doctors, drivers, Emergency Management Technicians of ALS and BLS ambulances for deployment during emergencies in every affected districts.

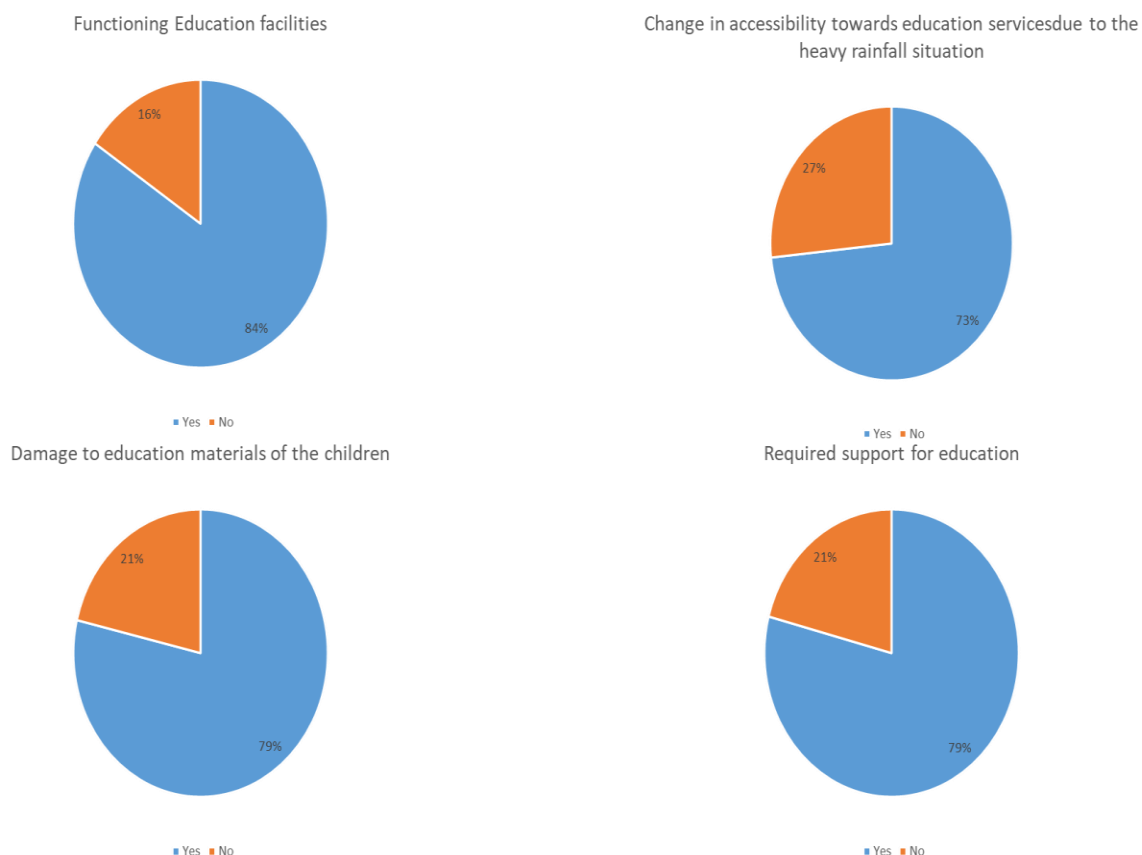
4.4. EDUCATION

Overview

Literacy rate in Andhra Pradesh has seen upward trend and is 67.02 percent as per 2011 population census. Though the literacy rate shows the upward trend, still the state needs to strive in this area. According to National Family Health Service-5, , 68.6 percent of women age 15-49 and 79.5 percent of men age 15-49 are literate. 39.6% of Women has 10 or more years of schooling whereas 47.9% of Men has more years of schooling. Under the New Education Policy (NEP), the government of Andhra Pradesh has divided the schools into six categories as a result there will be an increase of schools in the state to impart quality education to the children with sufficient staffing and facilities.

On the school attendance, it was found that in Andhra Pradesh 67% of boys and 68% of girls' age 2-4 years attend preschool. Preschool attendance is lower among children in non-nuclear households than nuclear households. Overall, preschool attendance in urban HHs (69%) and rural HHs (68%) is almost same.

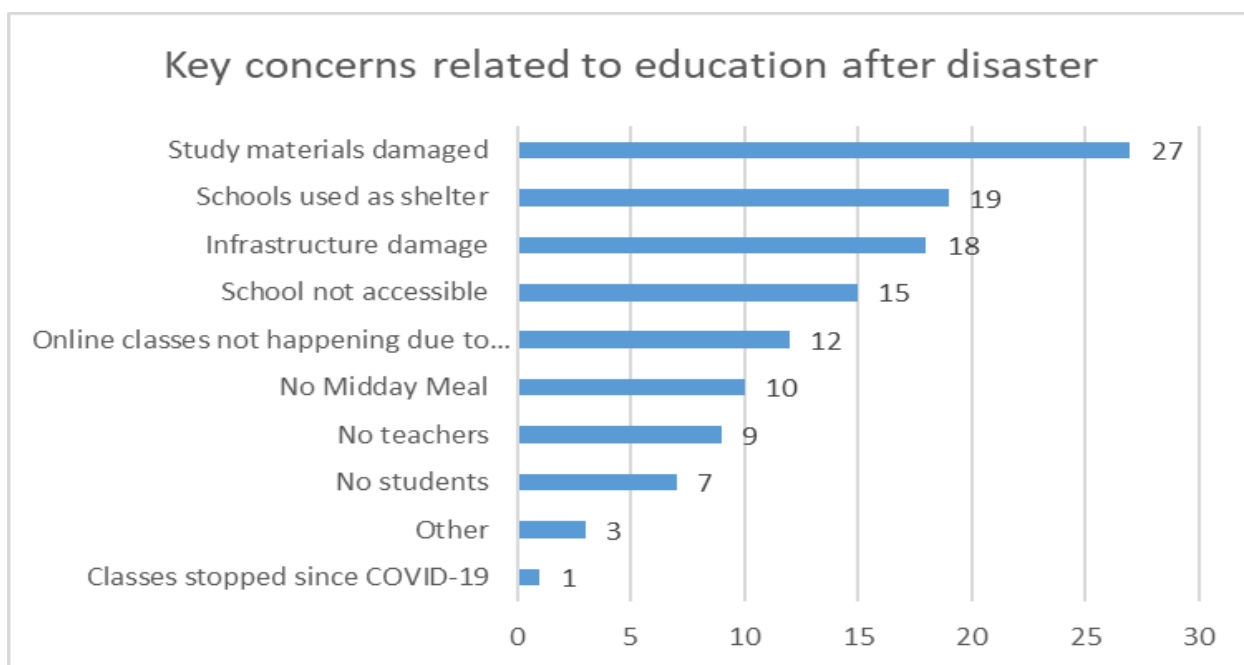
Assessment Findings



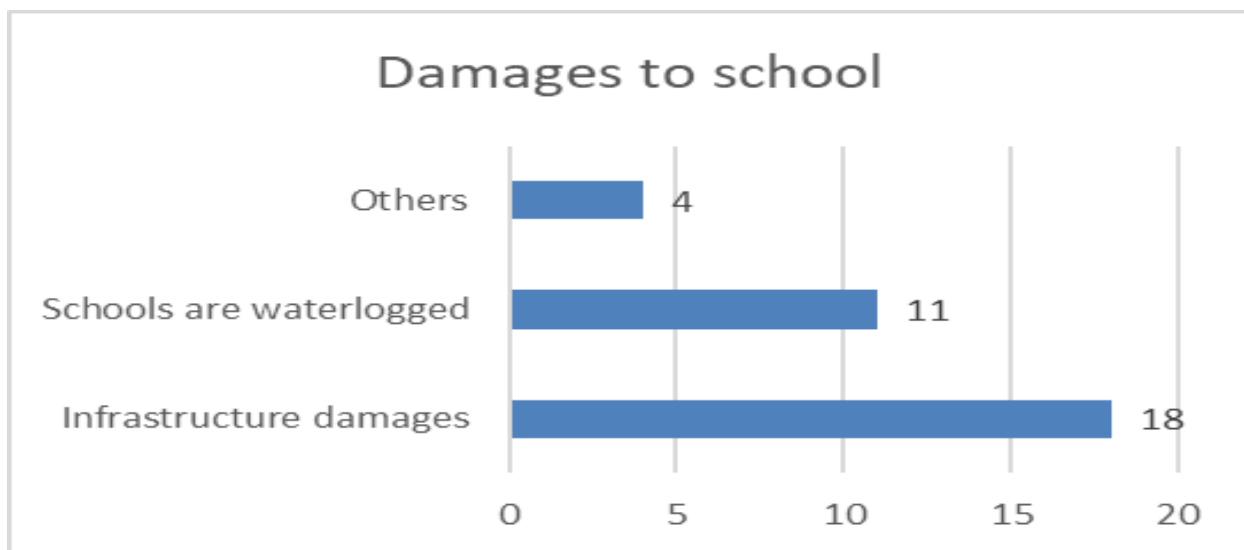
Loss of school days - Floods brought in disruption in the school days which affected the regular teaching-learning process. Most of the schools were closed due to heavy rains and flooding. 73% of the respondents could not access schools due to heavy rains. Around 19 schools were used as the

temporary shelter for the affected populations. This prolonged the access to children of regular schooling.

Loss of education materials - During the assessment it was found that 79% of students have lost their education materials due to floods. 27 respondents have reported loss of all their study materials in the floods. Due to the prevailing of pandemic and floods, online classes of the children were also interrupted. Around 12 respondents did not have any access to online classes due to damages to electricity, loss of educational materials etc.



Disruption of Midday Meals - During the assessment 10 schools reported non-availability of midday meals. Due to the existing of pandemic, most of the school's midday-meals had been stopped due to which children are deprived of their regular meals which led to dearth in nutritional benefits.



Infrastructure loss and damages - During the Joint Rapid Need Assessment, 18 schools reported infrastructural damages. Around 15 schools were not accessible during the floods and 11 schools had water logging. Surveyed schools in the villages were either damaged, flooded or Debris were found inside the school. The severity of the damages yet to be assessed. Also, there can be more schools which requires immediate attention.

Staffing - Absence of teachers in schools is one of the major concerns. 9 schools reported of no teachers and 7 schools reported of no students. This may be due to lack of sufficient staffing, inaccessibility to schools due to water-logging etc.

Water and sanitation - Due to the waterlogging and infrastructural damages, water sources and toilets were damaged. Some of the schools do not have safe and portable drinking water facilities. Toilets are dysfunctional. Provision of safe and portable water is essential for drinking and cooking purposes. Further assessment is required for the detailed report of actual damages occurred.

Recommendations

The immediate, medium and long-term actions focuses on undertaking detailed assessment of the damaged educational institutions, repairing the existing damages, identifying alternative buildings for continuation of teaching-learning process, distribution of educational resources to all children who have lost their materials, promote school safety programmes and capacity building of the staffs at all levels on risk informed initiatives.

Immediate Support Required:

- Conducting technical assessment of the all educational institutions in affected areas and identifying severely and partially damaged infrastructures (including water facility and toilets), allocating of the funds and undertaking repairs of the same.
- Undertake cleaning of schools which are inaccessible due to water-logging, debris etc. Volunteers support can be sort from various sources like NGO's, colleges, community etc. for cleaning the schools.
- Replenishment of the lost or damaged materials/equipment in the schools.
- Distribution of teaching learning materials, uniforms, stationary items etc. to the children who have lost everything in the floods.
- Restarting the midday meals in all the education centers.
- As we are still in the pandemic, inclusion of COVID-19 appropriate behaviour in School safety programme is very essential.
- Mandatory use of mask , sanitisers by all students and staffs.

Medium term actions required:

- Strengthening the inter-department and inter-sectoral coordination for ensuring proper linkages among, Education, WASH, food & nutrition, shelter & health departments.
- Replacements of all education materials lost in the floods like books, computers, labs equipment's etc.
- Estimate and keep stock of food-grains and fuel/ gas cylinder for continuation of Mid-Day Meal during emergencies.
- Strengthening the e-learning platform at community and household level.

Long term and resilience building:

- Mapping of all the educational institution in the disaster prone areas and relocation to safer locations for continuation of education during the floods or any other disaster.

- Construction of education institutions or “Green Schools”, recommended for relocation/reconstruction
- Allocation of funds for school for cleaning/ minor repair immediately after floods.
- Addressing the dropouts issues, strengthening various social protection schemes that enables parents to send their children to school.
- Digitalisation of all office files, records, case files and other government documents through development of MIS or cloud based backup solutions.
- Shortage of teachers in the schools needs to be addressed.
- Training of the department staffs at all levels on risk informed programmes and developing training module on guidelines for risk informed programme (GRIP).
- Panchayat and rural department (local panchayat) can prepare a list of potential shelters in villages which acts as a relief shelters during any disasters. This can avoid schools turning into relief camps during any disaster and children can have regular schooling.

4.5. FOOD & NUTRITION SECURITY

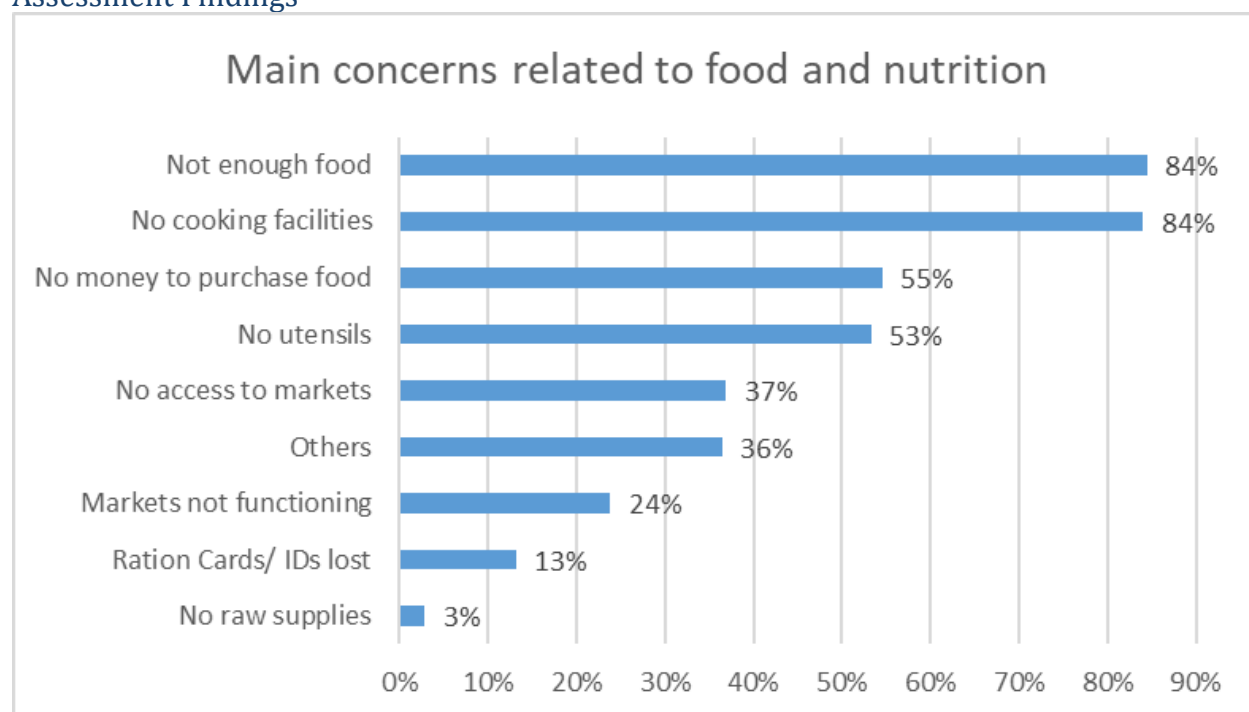
Overview

India's policy framework for health and nutrition is robust and includes most evidence-based nutrition and health interventions. Over the years Andhra Pradesh has shown tremendous improvement in health parameters. According to the NITI Aayog's 2019 Health Index report '**Healthy States, Progressive India**', Andhra Pradesh secured the second healthiest state in India after Kerala.

According to the recently published National Family Health Survey 5, Andhra Pradesh has 58 percent of women in the age group 15-49 years are anaemic (2 percent lesser compared to NFHS-4) and 63 percent of Children age 6-59 months are anaemic (an increase of 5 percentage compared to NFHS-4). The prevalence of stunting and wasting are 31 per cent and 16 per cent respectively. Such nutritional deficiencies adversely affect the health of the mothers and the children.

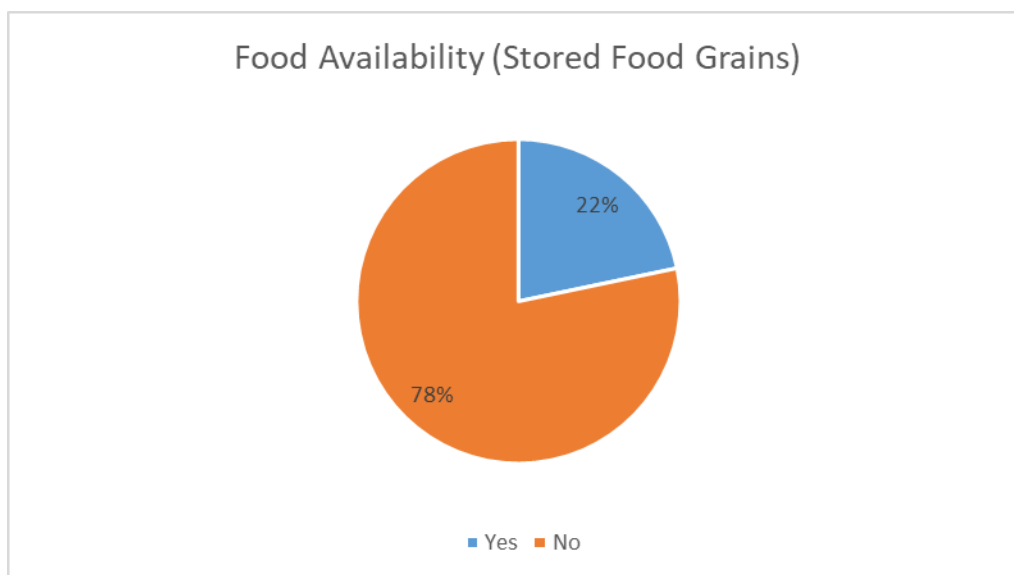
In Andhra Pradesh, more than three quarter of the children under the age of 6 years receives different kind of services from an Anganwadi centre. 76% received supplementary food and growth monitoring. Integrated Child Development Scheme (ICDS) plays a pivot role in moulding the life of child and women. Disruption in the functioning of ICDS will have adverse effect on women and child's overall growth and development.

Assessment Findings

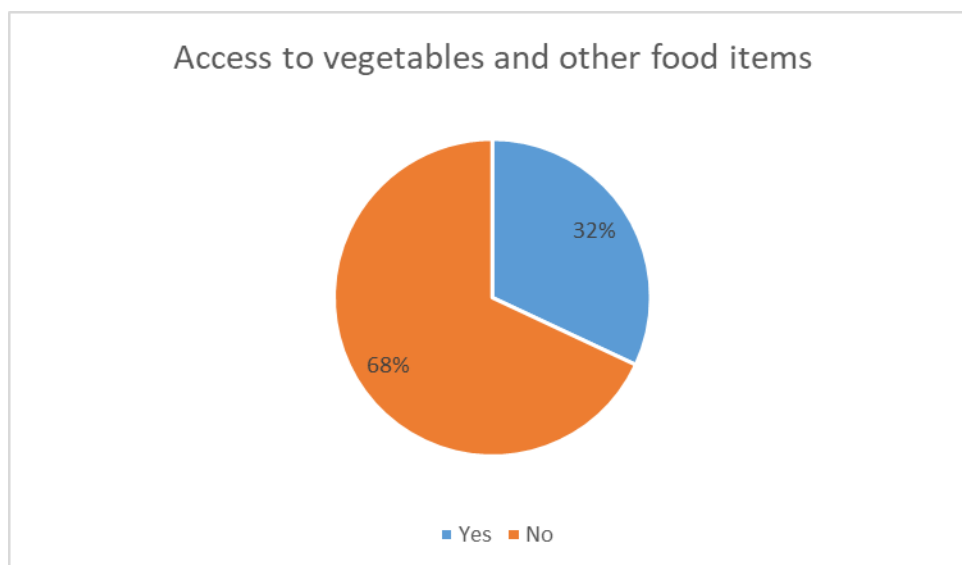


- As per the data gathered from Joint Rapid Needs Assessment, food and nutrition raises major concerns as 84% respondent did not have sufficient food and cooking facilities respectively. It was found that a significant population did not have sufficient food items for survival. Lack of money leads to scarcity of basic requirements.

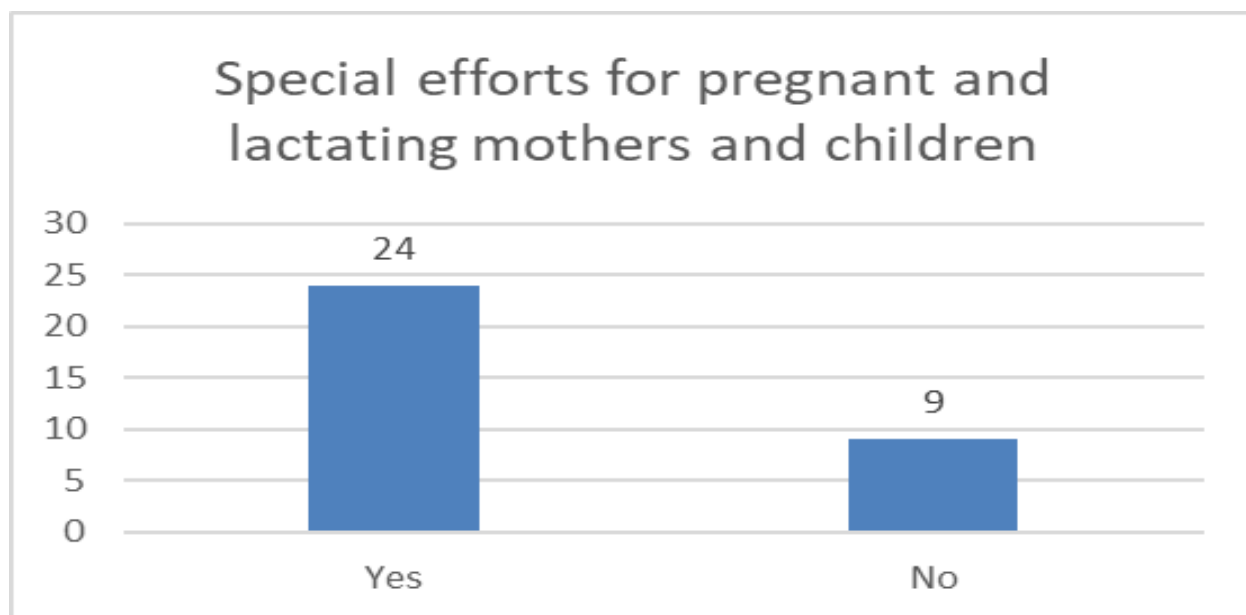
- Another major concern cited in the assessment is the functioning of the markets. Due to the floods, 24% of the markets were not functional and 37% of the respondents did not have the access to existing markets.
- Furthermore, it was found that 55% respondents did not have money for purchasing food. Lack of cooking utensils was reported during the assessment. It was found that 53% of the respondents did not have utensils for daily cooking. Most of the respondents have lost their food grains and utensils in the floods.
- It was found that 13% respondents have lost their ration cards and others IDs in the floods. Due to this people cannot avail regular supplies from the PDS shops.



- During the assessment, it was found that 78% respondents had stored food grains and 22% of the respondent did not have any storage of food.



- During the assessment it was found that 68% of the people had access to markets and food items whereas 32% of the people did not have any access to any supplies or markets. Due to the flooding, functioning of markets came into standstill and in few areas there was disruption of regular services of PDS shops. This has adversely affected their daily intake of food and lifestyle of the people. In some areas due to longer duration of waterlogging, people could not get timely support like relief packages etc. .



- As pregnant and lactating women are more vulnerable and weaker during the times of any disasters, special efforts were undertaken to support their basic necessities. During the assessment it was found that majority of the women and children under this category availed benefits from various sources which helped their overall development. Due to waterlogging, inaccessibility to the relief centers, distribution points etc. minority of them could not get these benefits. Also adequate nutritional health is critical for safe motherhood and to break the otherwise perpetual intergenerational cycle of under-nutrition.

Recommendations

The immediate, medium and long-term actions focuses on undertaking detailed assessment of the infrastructural damages to the AWCs, warehouses, PDS shops etc. repairing of the existing damages, identifying high risk women and children(pregnant, malnourished etc.) and providing immediate support, relief camp management, awareness generation on various topics like menstrual hygiene, sanitation, healthy eating habits etc., strengthening supply chains and capacity building of the staffs at all levels on risk informed initiatives.

Immediate Support Required:

- Immediate damage assessments of all the AWC buildings in the affected areas.
- Replacements of all lost materials and THR in AWCs for continuation of the services. Timely monitoring of the THR is required.
- Establishment of temporary feeding rooms for lactating mothers in relief camps with proper facilities.
- During the distribution of relief packages inclusion of contraceptives and sanitary napkins should be made along with necessary medicines and food packets.

- Pregnant women and lactating mothers needs to be identified and nutritional supplements needs to be delivered on time in relief camps and other residing places.
- Identification of the pregnant women and malnourished children and associate them to nearest centre for services.
- Due to disruption of supply chains and lack of supplements for longer duration at the centres, chances of increase in malnutrition cases may be found. In such instances, provisions needs to be made to reach out to those identified children to receive regular intake.
- Disinfection of the water sources is very essential for the survival of the women, children and community. Water tanks, wells and water pipes needs to be cleaned and treated immediately for smooth running of centers and households.
- Installation of Sanitary Toilets in Relief Camps and ensure regular use of Sanitary Toilets and full stop for open defecation.
- Awareness generating programme to be promoted on health and hygiene, use of clean and portable water, sanitation, COVID-19 protocols, hand washing, etc.
- Undertake cleaning of all storage facilities like warehouses, PDS shops, AWCs etc. to bring regulatory in supplies.
- As assessment cited lost documents of the affected people, efforts needs to be taken to get their entitlements from the Government.
- Provision of food packages and utensils for the affected population who have fully lost their kitchen essentials and ration cards. Set up food distribution chains for the people not getting covered under government schemes.
- Distribute non-food essential items to empower households with supplies and reduce wastage of low shelf-life product.
- Provide unconditional cash support to daily wage workers who do have means of livelihood and have to struggle in buying essential items.
- Immediate focus on areas more prone to water contamination and scarcity as those areas will have high risk of undernourishment and future illness

Medium term actions required:

- Creation of awareness on complementary feeding and hand-washing during house visits and community programmes.
- Training of Anganwadi workers and helpers on flood preparedness and response and care of 0-6 years in relief camps.
- Need for developing strategies for improving households food security through public distribution systems, food intakes, socioeconomic condition, and personal hygiene.
- Strengthening the inter-department and inter-sector coordination for ensuring inter-sectoral linkages among, Education, WASH, food & nutrition, shelter & health.
- Distribution of IEC materials on issues pertaining to food and nutrition.

Long term and resilience building:

- Mapping of AWCs which are at high risk and identifying safe areas for relocation during emergencies for the continuation of food and nutrition supplements to the target groups.
- Establish direct nutrition-based interventions including counselling for behaviour change, supplementary food and micronutrient supplements.
- Package of nutrition based interventions - Micronutrient supplementation for pregnant women during ANC visits. The interventions focuses on providing Vitamin A supplementation, iron, iodine, calcium, zinc and ORS.

- Digitalisation of all services related to the government records, files, various document etc. and storage of the same along with the backup.
- Training of the department staffs at all levels on risk informed programmes and developing training module on guidelines for risk informed programme (GRIP).
- Promote & spread awareness about the facilities available in Nutrition Rehabilitation Centre (NRC)
- Emergency Support Service to be in place during the emergencies and timely updation of the same
- Strengthening the Public Distribution System (PDS) and building new PDS to cater to larger audience who are currently not benefitted.

4.6. LIVELIHOOD

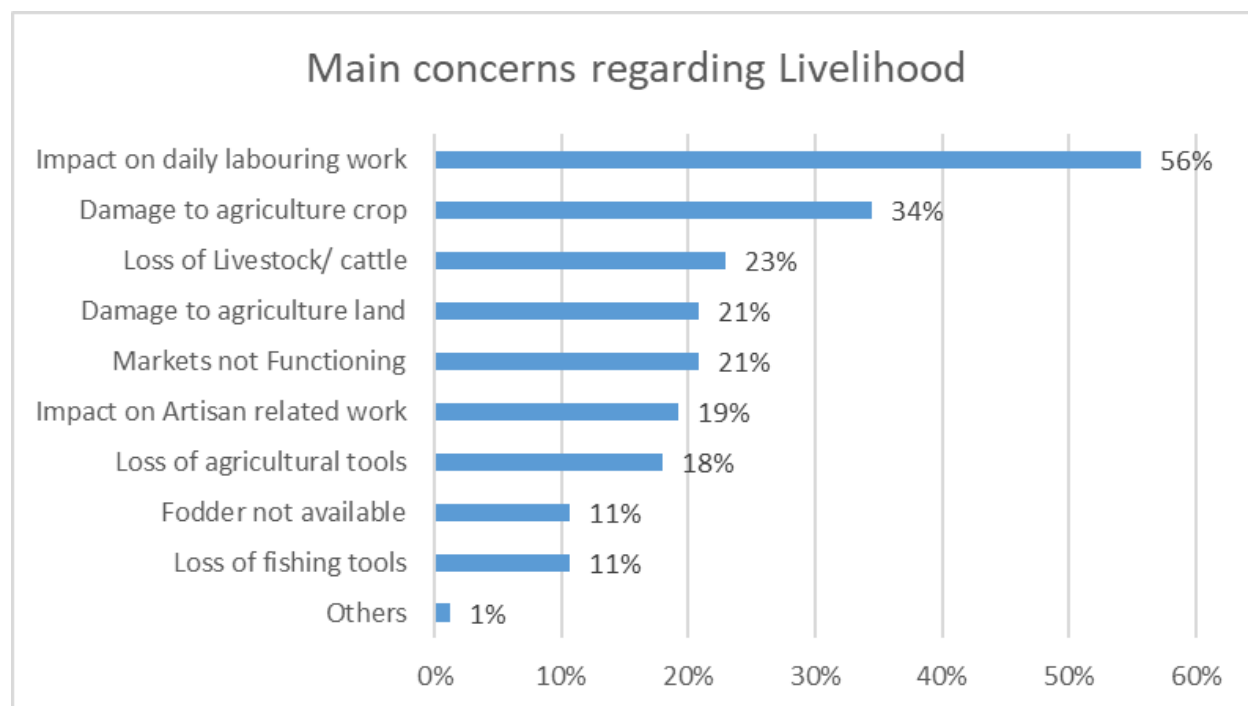
Overview

Of Andhra Pradesh's total population, approximately 62% are dependent on the agriculture and allied sectors. The growth of the agriculture and allied sectors is expected to reflect in an upward economic mobility of these families. Farming sector is given more emphasise in the state. As result the state observes increase in the farm incomes, improved economic status of the dependent families, and regular debt repayment by the farmers. Andhra Pradesh has been historically called 'Rice Bowl of India'. In terms of growth and value, horticulture, livestock, and fisheries sectors plays an important role. In line with UN Sustainable Development Goals, focusing on 'No Poverty', 'Clean Water and Sanitation', 'Responsible Consumption and Production', and 'Life on Land', Government of Andhra Pradesh Zero-Budget Natural Farming (ZBNF) by 2024 which aims at creating natural farming without inclusion of any chemicals.

Due to torrential rainfall, southern districts of Andhra Pradesh were severely affected with the high impact was found in four districts namely, Anantapur, Kadapa, Nellore and Chittoor. A population of 260,863 were affected by the floods. High damages can be envisaged in agricultural sector and daily labours work. As more than half of the population depends on agricultural, damages and loss to the sector is seen as humongous loss.

Assessment Findings

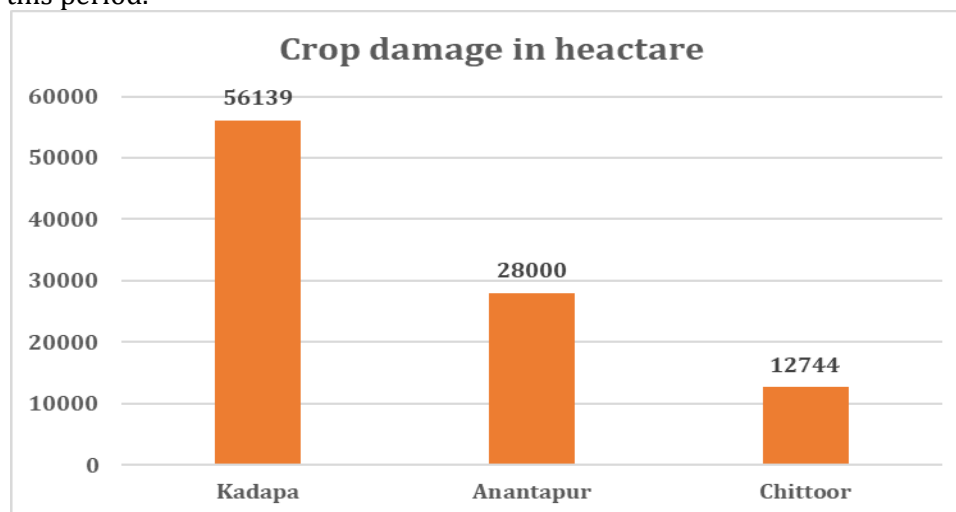
- **Impact on labour work** – During the assessment it was found that 56% of the respondents were engaged in labour work which was severely affected due to heavy rainfall and floods. 19% of the artisans were impacted. This has adversely affected their regular income.



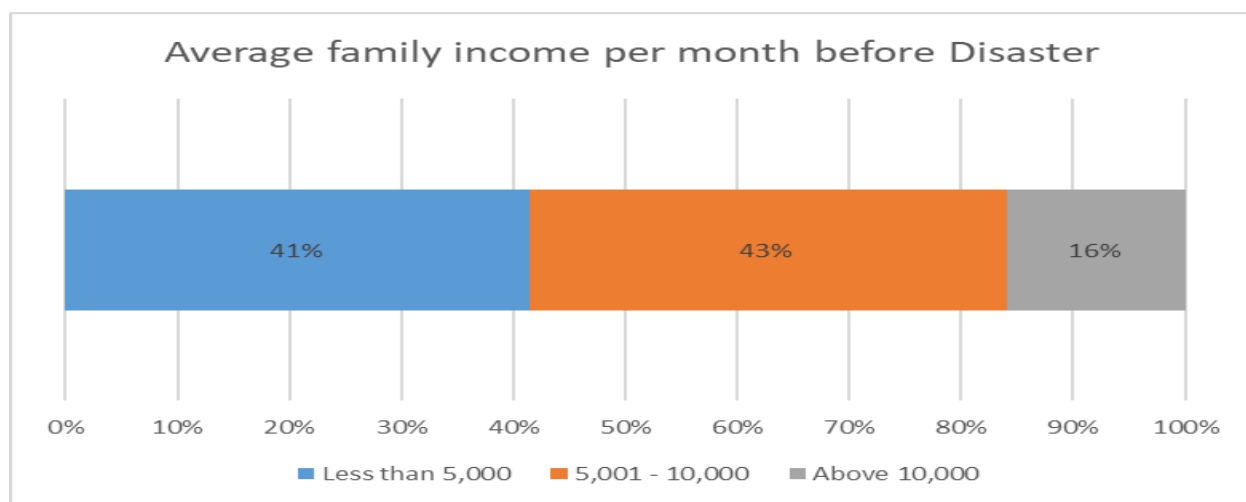
- **Damage and loss to agricultural sector** – During the Joint Rapid Assessment it was found that 21% of agricultural land is affected in the 4 districts of Andhra Pradesh. Around 18% of

the respondent lost their agricultural tools. 34% of agricultural crops damage has been reported.

From the secondary data analysis report it was found that floods in Andhra Pradesh had an devastating effect on the agricultural sector. Crop damage was reported in 2.86 lakh hectares maximum in Kadapa district with 56,139 hectares affected, followed by 28,000 hectares in Anantapur and 12,744 hectares in Chittoor district. Around 4.78 lakh farmers were affected during this period.



- **Livestock** – The state is rich in livestock's and poultry management. People in the rural areas are more dependent on milch animals and poultry management. In the assessment, 23% of the respondent lost their livestock/cattle in the floods. 11% of the respondents did not have fodder for their livestock. Some of the reasons for damage and loss is due to lack of proper infrastructure availability with the families to rear these animals, insufficient highland areas for safety during emergencies and families living in areas which gets inundated during floods.
- **Fishing** – Andhra Pradesh has significantly contributed to the fisheries sector. 11% of the respondent cited loss of fishing tools.



- Before disaster, 41% of family's income was lesser than Rs. 5,000, 43% families earned moderate income and only 16% of the families have income more than Rs. 10,000 per month. Loss of work can be observed among the people post disaster which has affected their living conditions. Adding to this, COVID-19 has also contributed to the loss of employment.

Recommendations

The immediate, medium and long-term actions focus on undertaking detailed assessment of the loss and damages of agricultural land and crops, fisheries, livestock's etc., enable the families to receive compensation, creation of livelihood opportunities through skill building programmes and capacity building of the staffs at all levels on risk informed initiatives.

Immediate Support Required:

- Distribution of milch animals, poultry, fodders etc. can be undertaken with the support of NGO's and CSR initiatives.
- Distribution of fishing equipment's to the affected population to retrieve their livelihood immediate. Support from various NGO's and CSRs can be sort.
- As the state is rich in livestock's and poultry, detailed assessment of loss needs to be undertaken. Regarding the poultry, milch animals etc., no much data was available during the assessment; assessing the loss would help the families receive required benefits.
- Cash for work can be promoted for cleaning up infrastructural damages in educational institutions, AWCs, health centers, community centers etc. Also, involvement in construction and repairing work of various institutions can be considered.
- Enable families who have lost their livestock's, agricultural lands and crops etc. in availing compensation from the respective government departments.

Medium term actions required:

- Skill training can be imparted to the affected population. Government schemes can be tapped and CSR & NGOs can be approached for support.
- Imparting training to the farmers on new techniques of farming, skill boost up activities etc.

Long term and resilience building:

- The issue of food security, nutritional security and improved livelihood in the rural areas is very essential. Efforts needs to be undertaken to strengthen the systems so that damage and loss can be minimized.
- Promoting sustainable and resilient infrastructure to minimize the damages caused by various disasters.
- As the state is vulnerable to various calamities, wavering of the loans will help in crisis hit agricultural farmers.
- Strengthening of organic farming with the support from the agricultural department.
- Awareness on provision and supply of quality seeds to the farmers through various schemes like NFSM, RKVY, NMOOPS etc.
- Detailed analysis of crop varieties, demand and cropping pattern should be undertaken and creation of Seed Banks.
- Integrate DRR into routine programmes through Risk Informed Programming.

4.7. PROTECTION

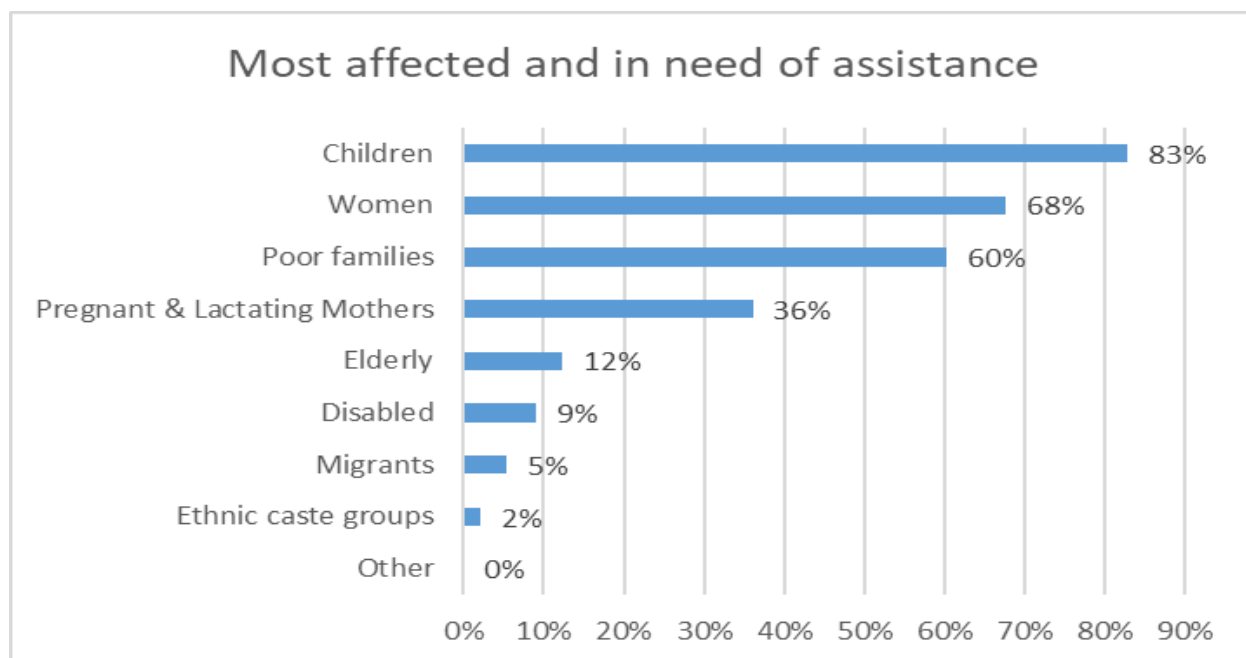
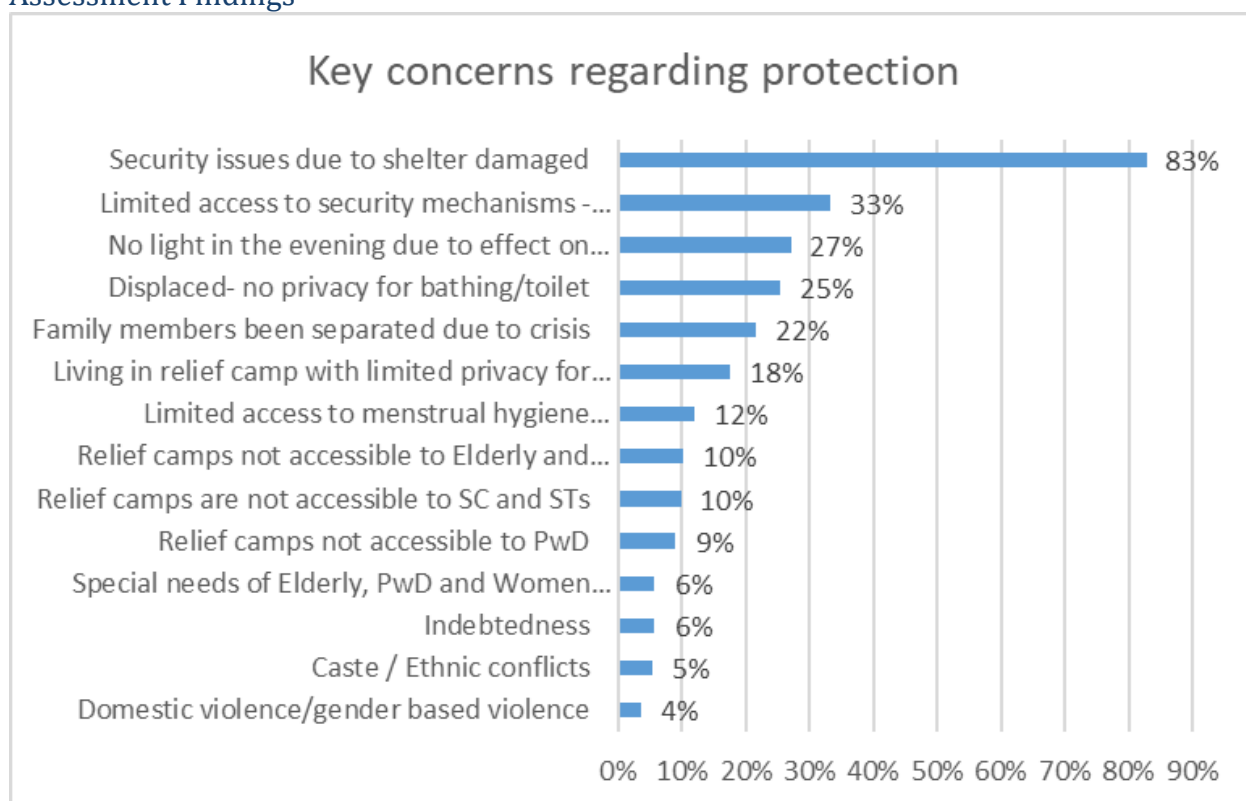
Overview

These Districts have been affected by the COVID during first as well as second wave, and has now been struck with a deadly flood during the unprecedented rains in the monsoon. Children, women and other vulnerable groups like people living with disability, HIV/AIDS, trans-genders are mostly likely to be most affected by any disaster. Reliefs for shelter, food, water, sanitation and hygiene has been arranged and supplied by government, non-governmental and faith-based organizations. However, protection remains an area which generally receives less attention. Women, children and other vulnerable groups become very easy targets of abuse and violence, loss and destruction of houses render them homeless and exposed to ill treatment and abuse by outsiders.

Natural disasters like flood coupled with the pandemic had already left millions jobless and loss of livelihood makes the children and women very susceptible to child marriage, child labour and child trafficking to make ends meet. It is very important for the government to identify these children at the earliest and support them. The central and state government has come up with schemes for children who lost their parents to COVID. As natural disasters like floods generally lead to impoverished environments, the long-term effect of living in unhealthy and unsafe surrounding is greater on children than adults. Children also become very vulnerable to sexual abuse and domestic violence and psychological problems such as post-traumatic stress disorders and depression impact their physical and mental health. Safeguarding issues are also very crucial as community lead groups, humanitarian agencies and government authorities are active during these times to provide relief and support to the people effected and it increases their access and closeness to vulnerable communities. It facilitates access of predators to their victims. It is important for the government to strengthen their child protection structures at the state, district, block and village level for such emergency preparedness. Protection should be a priority before, during and after disasters like floods and pandemic.

A local NGO WINS has reported, there are many misconceptions still prevalent among rural folk concerning menstruation. Young girls and women had no access to sanitary pads during the disaster, though Pads have been popularised, in rural areas, as a commodity, nevertheless the same cannot be said about tribals, nomads who live away from the main villages. In these areas, women are contributing in HH and labour work but they are lesser paid. And also in relief camps lack of privacy, unequal distribution of resources and lack of awareness about services and entitlements observed.

Assessment Findings



- 74% of surveyed HHs reported communication services are operational after the disaster.
- 81% of surveyed HHs reported electricity services are operational after the disaster.

Recommendations

Immediate Support Required:

- Collecting and analysing the Sex, Age and Disability (SADD) disaggregated data especially at the camp setting and from the ward onwards.
- Women, girls and PwDs should have access to information related to support services for redressal of GBV, exploitation, abuse and harassment.
- Access to safe drinking water, sanitation facilities, menstrual health and hygiene products should be ensured in a camp situation or in areas where people are living in makeshift shelters.
- People who have lost legal documents should be identified and should be supported in getting the new ones.
- Identification and consultation with the children who are in need of care and protection.
- Reunifying of unaccompanied minor children who are separated or missing children from their parents or legal guardians in the aftermath of a disaster.
- All unaccompanied children should be enumerated and information should be shared with the Child Welfare Committee (CWC) for immediate action.

Medium term actions required:

- The District Child Protection Unit, Women Help Desk, Helplines to be orientated on the protection issues in a disaster context during COVID-19.
- Psychosocial and trauma counselling support to be extended at the community level through volunteers.
- Strengthen the capacities of the communities (women, children, PwDs) on disaster mitigation and reducing the risk of hazard in the context of COVID-19.
- Dissemination of information through innovative gender sensitive mediums on mechanisms for reducing the protection risk.
- Strengthening a community-based safety and security mechanism through engaging the existing structures like Ward Committees, etc. (if any)
- Services for women, girls and children facing protection risks like short stay homes, legal aid, and medical help should be considered as essential services during and in the post disaster situation.
- Implement the Minimum Integrated Service Package (MISP) in the humanitarian context focusing on prevention and management of gender and sexual violence.
- Key stakeholders to be trained on MISP to respond to the reproductive and health needs at the onset of a disaster.
- The families of children in need of care and protection should be linked with social protection schemes.
- Identification of the people with the special needs should be linked with government schemes on social protection and livelihood interventions.

Long term and resilience building:

- 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).
- Support community mechanism to report incidences of sexual and gender-based violence and support children and women.

- The local ward level bodies should be strengthened to respond to the protection risk in a multiple hazard situation.
- Support creation and/ or sustainability of women's groups and volunteer networks that provide remote support to survivors.
- Training of women and girls in construction of temporary toilets.
- Prepositioning of temporary toilet fitting at the panchayats which are highly prone to disasters.
- Assessing/ mapping the departmental gaps in responding to the protection needs of women, children and PwDs in the context of multiple hazards during COVID-19.
- Strengthening or building the capacities of the local government functionaries to identify, map and address the protection needs.
- A guideline needs to be developed for children in need of care and protection especially in during evacuation and in the aftermath of disaster and or a pandemic.
- Review the existing government schemes specially related to women, children and girls and adapt it in line with COVID 19 situation reducing the protection risk.
- Establishing a digital platform for aggregation of the problems faced by specific groups and connecting it with relevant schemes.

Annexure

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3. Field Photographs

4. JNA Questionnaire

Supported by:

