



Version 1

JOINT RAPID NEEDS ASSESSMENT MANIPUR HUMANITARIAN CRISIS

MAY 2023





ACKNOWLEDGMENT

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We would also like to acknowledge, with deep gratitude, the guidance, cooperation, and support extended from HAI, Tanyak, HelpAge India, World Vision India, and Caritas (Report Writers) in the preparation of the JRNA Report.

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

Sphere India

29th May 2023



ABOUT JRNA

As per Sphere India Standard Operating Procedures, adapted to address the emergency situation, a Joint Rapid Needs Assessment (JRNA) was conducted across the various affected areas of Manipur; data collection was conducted through secondary sources, field visits, personal interviews, key informant interviews, observations, and information provided by the local organisations and volunteers. The organizations engaged in response have also shared their observation notes to incorporate in the report. The aim was to gather information on the impact of the crisis on the community members and understand their 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, 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

Since May 3rd, 2023, Manipur has faced a severe humanitarian crisis with numerous casualties, hospitalizations, and displacements. Over 47,900 people have been displaced, with 7,900 seeking refuge in Mizoram and Assam. The districts of Bishnupur, Chandel, Churachandpur, Imphal East, Imphal West, Jiribam, Kakching, Kangpokpi Thoubal, Tengnoupal, Ukhru, and have been heavily affected by violence. The displaced population suffers from shortages of fuel, food, and medicine in makeshift camps and internet services have been suspended. The Supreme Court has demanded a status report on safety, relief, and rehabilitation efforts. Children and nursing mothers face health issues, and exams are missed, forcing some students to drop out. Investigations are underway, and security officials are collaborating with community leaders to address the situation. A Joint Rapid Needs Assessment (JRNA) was conducted to determine urgent priorities for response and relief efforts.

SECTORAL FINDINGS AND URGENT NEEDS



FOOD SECURITY & NUTRITION, LIVELIHOOD: The crisis has led to low stocks of stored food grains in villages and inadequate food supplies in camps, impacting the affected population's access to essential nutrition. Livestock deaths, road closures, and train service suspensions have further exacerbated the situation.

Assessments reveal that most camps have only one to two weeks' worth of food supplies, with limited meals provided and insufficient support for pregnant and lactating mothers. Challenges include insufficient food stock, imbalanced diets, water scarcity, inadequate storage facilities, and limited market access. Pregnant and lactating mothers, as well as children over six months old, face particular difficulties in accessing nutritious food. Addressing these challenges is crucial to support the well-being of the affected population.

WATER, SANITATION AND HYGIENE (WASH): The analysis revealed that the provision of hygiene kits in camps varies, with some lacking essential items like dustbins with lids, blankets, bedsheets, and undergarments. Toilet facilities are predominantly for men, and while most camps have proper toilets, some are unsafe for women and children due to location. Waste disposal facilities are available, but running water is lacking in most camp toilets. Access to hygiene and sanitation products varies across camps, with some relying on cloth during menstruation. Challenges in meeting sanitation and hygiene needs include inadequate provisions, limited access to water and hygiene kits, insufficient sanitary pads, and scarcity of resources.

Urgent needs include menstrual hygiene products, clean drinking water, essential supplies, safe toilet facilities, and separate toilets for men and women.

HEALTH: The crisis has impacted access to holistic healthcare services. The assessment reveals urgent requirements for emergency medications for various health conditions, including diabetes, high blood

pressure, and cancer. The crisis has significantly impacted the mental health and psychosocial well-being of the affected population, necessitating immediate psychosocial support. Adequate quantities of menstrual hygiene products are needed in the camps, and health issues related to unhygienic water and mosquito bites require assistance with cleaning supplies. Safe drinking water is a critical need for the community.

Access to healthcare services is challenging in some camps due to distances from health centers and hospitals. Mental health issues, particularly anxiety, panic, and sleeping problems, are prevalent among camp residents. The assistance provided so far includes medicine, financial support, and access to ambulances, but challenges remain, such as insufficient availability of medicines and lack of immunization facilities. Psychosocial support, improved hygiene practices, immunizations for infants, and access to medical needs and facilities are urgent requirements for the affected population.

SHELTER, SETTLEMENTS AND NON-FOOD ITEMS: The surveyed camps in Manipur are primarily set up in schools, community centers, halls, colleges, churches, and other buildings. The condition of the camps is generally fine, but challenges exist in housing. Lack of separate rooms for each family affects privacy, and government assistance has been insufficient. Destruction of houses during the violence worsens the housing crisis. In Assam, shelters are provided in government and private schools, but challenges include inadequate essential items and safety concerns. In Mizoram, community halls serve as temporary shelters, but vulnerability to weather conditions is a major issue.

Urgent needs include protected shelters, assistance in rebuilding houses, employment opportunities, and government support to restore lives. Comprehensive efforts are necessary to address housing, employment, and property-related concerns for the affected population.

PROTECTION: The respondents reported that the recent unrest in Manipur and neighboring states has led to safety concerns for the displaced population seeking shelter in camps. While some camps provide a sense of security, others face challenges in privacy, especially for pregnant and lactating women. General safety and security are identified as the most critical protection needs, followed by mental health support, access to protection services, and safety for women and children. Lack of protection services and staff, privacy issues, language barriers, and trust issues hinder access to protection services. Most camps maintain peace and order, but isolated incidents of antisocial behavior and discrimination have been reported.

Urgent needs include a focus on peace, communal harmony, and the desire to return to their own villages, child-friendly spaces, psycho-social support for children, separate toilets for genders, privacy for pregnant and lactating women, and provisions for transgender individuals in camps.

EDUCATION: The population affected by the Manipur violence faces significant challenges in accessing education for children. While some areas receive assistance, others lack support, resulting in disrupted schooling and limited resources. In Assam and Mizoram, education needs have not been addressed, with children feeling unsafe in camps.

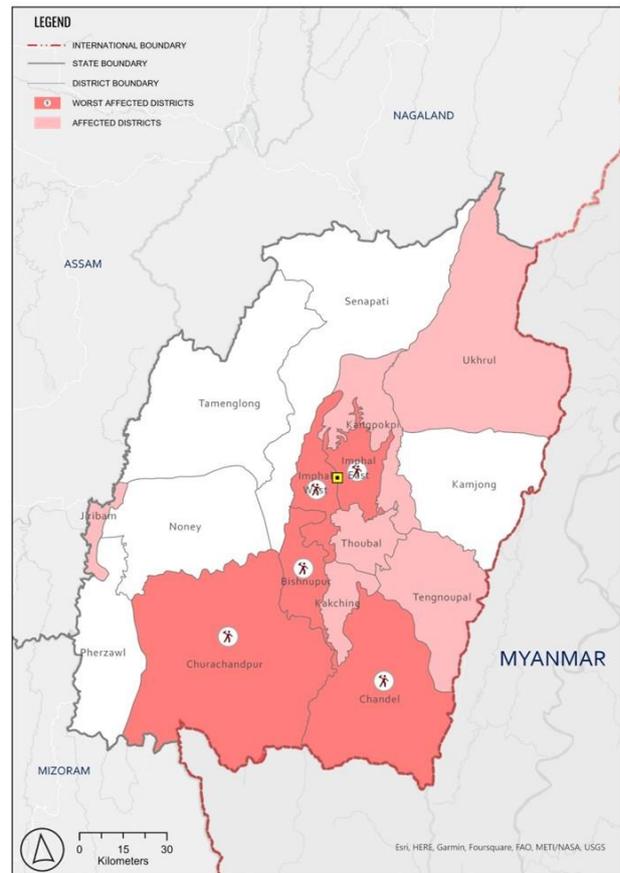
Urgent needs include prioritizing education, skill development training for livelihood, financial support, and provision of recreational materials. Games, sports, and education assistance are crucial for empowering the affected population and promoting their well-being. Efforts should be made to provide educational opportunities and address the pressing needs to foster resilience and empowerment.

2. BACKGROUND

2.1. Situation Overview

Since May 3rd, 2023, the state of Manipur has been grappling with a great humanitarian crisis, which has resulted in death of 74 people, hospitalisation of around 250 people and displacement of 47,914 people as on 25th May 2023. According to authorities more than 7,900 people have fled the conflict to the two north-eastern states. 6,520 people from Manipur, mainly from the Chin, Kuki and Mizo communities, have taken shelter in Mizoram, while 1,400 have camped in Cachar in Assam. As of May 19, according to official Mizoram government figures, maximum 2,248 people have taken shelter in Saitual district, followed by 2,278 in Aizawl, 2521 in Kolasib, 149 in Champhai, 10 in Khawzawl and 18 in Serchhip district.

- While Imphal East, Imphal West, Chandel, Churachandpur, and Bishnupur are mostly affected by violence, violence has also affected the districts of Thoubal, Tengnoupal, Kakching, Jiribam, Ukhrul, and Kangpokpi.
- More than 9000 people have fled to the two northeastern states following the conflict, officials said. 7801 people from Manipur, mainly from Chin, Kuki, and Mizo communities, have taken refuge in Mizoram, while 1,400 people have camped in Cachar in Assam. Most of the displaced people live in makeshift camps in several villages in Mizoram and Assam, while others are housed by their local relatives. Fuel, Food, and medicine shortages are acute in the camps.
- Internet services have been suspended in the state.
- The Supreme Court has asked the Manipur government to submit a fresh status report on the measures taken for the safety, relief, and rehabilitation of all the people affected by the violence.
- According to the government status report, a total of 318 relief camps have been opened, relief has been provided to 47,914 people
- According to media reports, most of the children below the age of six in the camps suffer from fever and diarrhea, while nursing mothers and babies face a lot of discomfort and inconvenience.
- The CM announced that a high-level inquiry would be held to determine the accountability of the individuals and groups who incited the violence and against government officials who did not fulfill their responsibility.
- Manipur Police has registered 2502 FIRs and has already started to identify and arrest the perpetrators and conduct raids. Security officials have now enlisted church leaders, tribal chiefs



MAP 1: AFFECTED DISTRICT



and other community leaders to contact the missing families and convince them to either return to their villages or paramilitary camps.

- As most of the exam centers are located in Imphal, it is a prevailing situation that candidates miss important exams like SSC, CUET, UPSC, UGC-NET, CSIR-NET, and many displaced students have to drop out.



FIGURE 4: ARMY AND ASSAM RIFLES FLAG OF MARCH



FIGURE 4: SITUATION IN MANIPUR



FIGURE 4: RELIEF CAMP



FIGURE 4: DIAPLACING PEOPLE

Table 1: Number of Camps and Residents in 7 districts of Manipur

#	District	No. of camps	No. of residents	Updated on
1	Imphal West	17	2470	24 th May 2023
2	Imphal East	43	6780	23 rd May 2023
3	Thoubal	10	950	28 th May 2023
4	Bishnupur	56	7817	29 th May 2023
5	Churachandpur	77	12838	30 th May 2023
6	Tengnoupal	02	169	30 th May 2023
7	Kangpokpi	47	10305	30 th May 2023
#	Other States	No. of camps	No. of residents	Updated on
1	Mizoram	07	6993	30 th May 2023
2	Guwahati	03	183	30 th May 2023
3	Delhi	01	16	30 th May 2023

2.2. Humanitarian Response and GO-NGO Coordination

The Govt and Non Govt actors have stepped up relief efforts. While various coordination groups have become active for coordination between like-minded organizations within civil

society over social media, GO-NGO coordination is also established. Sphere India, a national coalition of humanitarian agencies which coordinates the humanitarian organizations in the country have been releasing regular sitreps and have activated Unified Response Strategy the mechanism with SOP for inter-agency coordination during such emergencies

Government Response

- The Center government has ordered the state government to start mega outreach programs with all ethnic groups
- A total of 128 columns of the Indian Army and Assam Rifles are continuing flag march in the affected areas
- Round-the-clock surveillance by special-duty unmanned aerial vehicles, Mi-17 and Cheetah helicopters of the Indian Air Force and Army, numerous foot patrols and flag marches are being resorted to restore the confidence of local residents
- Assam Rifles, continuing its efforts to help the people of North Eastern regions, is making relief arrangements in its camps to help the people rescued from Manipur
- 40 MT rice issued from Food Storage Department (FSD) Sawombung for Imphal East and West districts and 7.5 MT Rice issued from FSD Tamenglong for Tamenglong district.
- Govt of Manipur has opened a helpline center to provide help and assistance to the persons affected.
- The Manipur government on Sunday appointed Mr. Vineet Joshi as the new Chief Secretary of the state.
- The Chief Minister has announced ex-gratia of Rs 5 lakh to the next of kin of the deceased, Rs 2 lakh to those seriously injured and Rs 25,000 to those with minor injuries, appealing for peace.
- The Manipur state government has released a contingency fund of Rs 3 crore for the relief work and around 46,000 people have been helped so far.
- Several state governments, including the northeastern states, are working on plans to evacuate their citizens from violence-hit Manipur.
- Government of Assam has deployed Sanjeevani Village Health Outreach Program (VHOP) to organize relief clinics in the border areas between Assam and Manipur and provide essential medical care to the citizens of Manipur.
- The Manipur government has convened an all-political party meeting on May 6 to discuss the current situation in the state and find ways to bring peace and stability to the region.

Humanitarian Response

- Central Young Mizo Associations (CYMA) leaders visited relief camps for Manipur arrivals in the Kolasib District of Mizoram and extended support.
- The JNV Khumbong Alumni Association has opened a Relief Data Support Centre to streamline and facilitate the flow of information between relief providers and relief camps, amid the prevailing crisis in Manipur.

- The Young Chori Association relief team visited the refugee camps and donated a small amount to the relief fund for their food and essentials.
- Volunteers of Masaikon Charitable Trust and All Manipur Thanga People's Welfare Association provided relief materials to facilitate the displaced brothers and sisters camping in 14 different relief camps opened in Thanga AC.
- North-East Students Forum TISS and Student Fraternity of North-East from TISS launched a fundraising campaign for victims of violence in Manipur.
- Evangelical Fellowship of India is providing temporary accommodation with basic amenities in its center in Delhi for the violence-affected people of Manipur.
- Manipur Red Cross Society is providing relief and support to the affected population.
- Indian Red Cross Society, Nagaland state branch, reached out to the Manipur state, and relief materials were distributed amongst the displaced people of Kangpokpi and Senapati district.
- Caritas India and CRS, along with their local partners are providing Food kits and Hygiene kits in Manipur, Mizoram, and Assam worth Twenty Thousand USD and Ten Lac INR.
- START fund has allocated 300.000 GBP for the response and Caritas India, Action Aid and Tearfund with their partners are responding.
- Goonj is responding in Cachar, Assam, and Kangpokpi, Manipur with food and non-food items. They are also exploring for funds to meet the needs of other districts.
- Doctors For You is supplementing the government's effort in organizing medical camps and health care support in the violence-affected districts.
- Oasis India in collaboration with KKL provided relief support in the form of Food and WASH kits to nine makeshift camps in Churachandpur.
- Humanitarian Aid International, along with its local members, provided support in violence affected areas and delivered emergency relief supplies to 1,330 people from eight camps in Assam. Also, HAI is trying to supply drinking water to 20 relief camps in the Bishnupur district of Manipur.
- Northeast India Committee on Relief and Development (NEICORD) is coordinating with local agencies and individuals in the makeshift camps in Cachar. They also supported the community kitchen in Guwahati.
- EFICOR is planning to provide relief materials to people from Manipur, who have taken shelter in Delhi.
- ADRA India is planning to respond in Manipur and trying to find ways to get access to the state. They are also closely monitoring the situation in Mizoram.
- CASA is working in Manipur relief program in Kangpokpi, Ukhrul, Bishnupur, Thoubal districts with food, non-food, and WASH items.
- Tanyak conducted a Rapid Needs Assessment between May 20 and 23 to assess the immediate humanitarian needs arising out of the violence in Manipur. A total of 8 camps were visited in 03 districts of Manipur.



Humanitarian Coordination

- Sphere India called for an emergency meeting of the Inter-Agency Coordination Committee on 8th May 2023 to take stock of the situation and plan the course of action. Sphere India Secretariat is also regularly monitoring the situation in close coordination with IAG Manipur.
- The second Inter-Agency Coordination (IAC) Committee meeting of Sphere India was held on May 20th, 2023, over Zoom Platform, with representatives from IAG Manipur and other responding agencies. During this meeting, the IAC committee decided to activate the Unified Response Strategy (URS) for Manipur Peace and initiate the JRNA Process.
- **GO-NGO Coordination Meetings** were organized in six districts- Churachandpur, Bishnupur, Kangpokpi, Imphal East, Imphal West and Thoubal at the DC offices.



Figure 5: GO-NGO Coordination Meetings in (L-R) (i) Kangpokpi (ii) Bishnupur (iii) Churachandpur and (iv) East Imphal



3. OVERVIEW OF JOINT RAPID NEEDS ASSESSMENT REPORT

3.1 Timeframe

In close coordination with State Inter Agency Group- Manipur, Sphere India has been monitoring the situation from 3rd May 2023. Six SitReps were also released during this time. In light of the changing situation, an emergency IAC meeting was convened on 8th May 2023, and subsequent follow up meeting was organised on May 20th, 2023 with second Inter-Agency Coordination (IAC) Committee, with representatives from IAG Manipur and other responding agencies. During this meeting, the IAC committee decided to activate the Unified Response Strategy (URS) and initiate the JRNA Process.

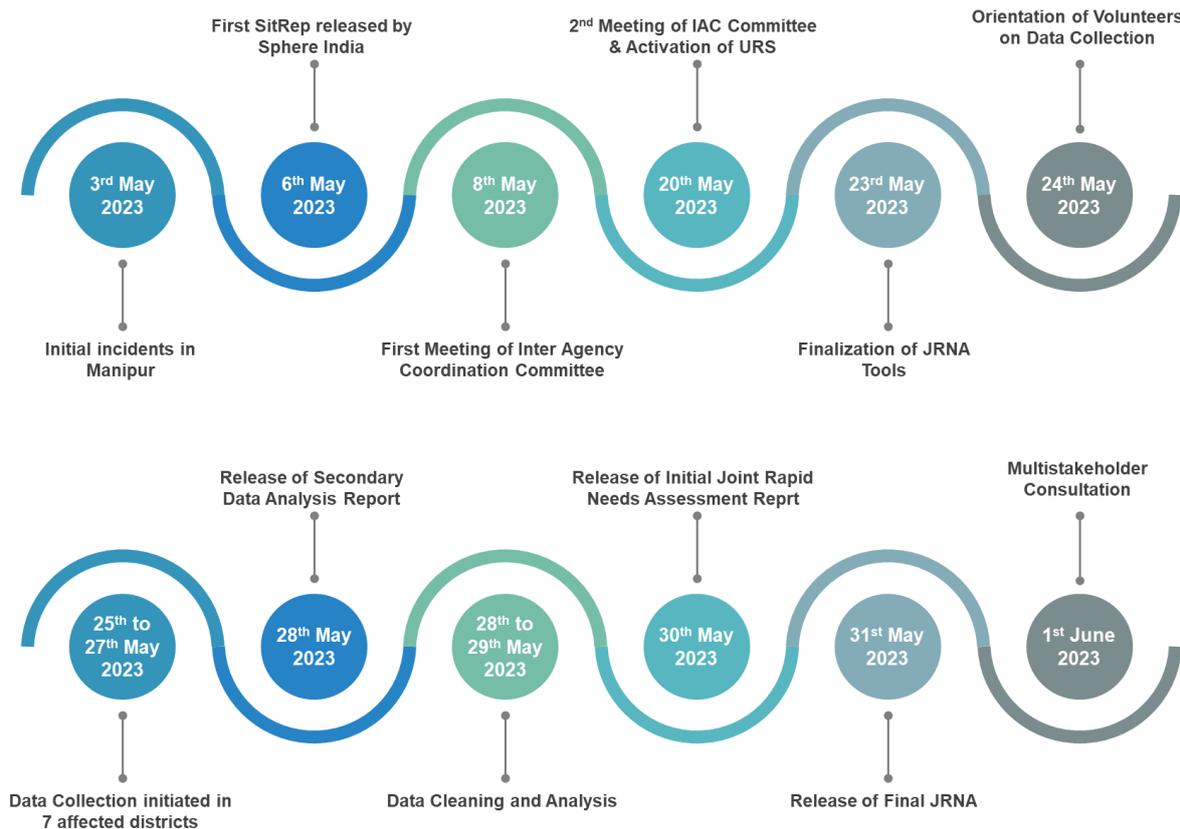


FIGURE 6: TIMELINES FOR JRNA PROCESS

3.2 Methodology:

Based on the emergency situation, Sphere India coordinated with its existing NGO partners working in the affected areas of Manipur. It was decided to conduct a Joint Rapid Needs Assessment 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 in urban areas.

The JRNA involved joint efforts from Member organizations in the affected districts facilitated by Sphere India with the field support from local NGOs, Government led institutions, line departments providing support and necessary information & data.

Volunteers were oriented to carry out data collection using district, FDG, household, and relief camp tools in these affected districts. The collected data got analyzed by the Sphere India team, and the

draft report was reviewed by the respective sectoral experts. The reviewed and then revised report also incorporates the inputs and insights shared by the Sectoral committee leads.

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

a) Structured one-to-one interviews with affected households (ensuring prioritizing of random households from most affected villages giving equal representation to all sections of the local community).

b) Secondary data from various media sources with observation and fact checking.

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

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

TABLE 2: Number of Samples Collected for various Tools

District	District Tool	Samples Collected						
		Focus Group Discussions (FGDs)					Camp Inmate	Camp Incharge
		Men	Women	Children	Mixed	Total		
Bishnupur	1				5	5	40	5
Churachandpur	1	6	6	8	2	22	60	5
Imphal East	2		1		5	6	56	5
Imphal West	0	2	2			4	21	2
Kangpokpi	0					0	100	0
Thoubal	1				2	2	12	0
Tengnoupal	0				7	7	52	8
Aizwal (Mizoram)	1			10	11	21	17	9
Cachar (Assam)	1	10	10			20	1	2
TOTAL	7	18	19	18	32	87	359	36



Out of 7 worst affected districts (Bishnupur, Churachandpur, Imphal East, Imphal West, Kangpokpi, Thoubal and Tengnoupal) in Manipur State and camps in Aizwal (Mizoram) and Cachar (Assam), 7 districts, 36 Camp level and 359 household samples were taken as sample of most affected community and have been assessed and documented based on the instruments/tools/questionnaires.

Qualitative and Quantitative Data Analysis: Once data was collected, Sphere India team carried out data cleaning and data analysis using Microsoft Excel. The key findings were analyzed and highlighted in the form of graphs and charts to provide a better understanding of the emerging trends to the readers. While an excellent sample size was received at the camp level in 4 Districts (More than 9% of camps have been covered), the no. of samples in 2 districts: Kangpokpi and Thoubal were lacking. Similar issues are there for HH Level data collection, where we have received a good sample size for some districts but for Bishnupur, Churachandpur and Imphal East, less than 5% of HHs in Camps have been covered. Hence, the data documented at both HH and Camp level has been analysed with a qualitative perspective, drawing linkages with the FGDs Data as well. Responses documented from focus Group Discussions (FGDs) have been analysed qualitatively and documented in Sector-wise Findings.



4. SECTORAL ASSESSMENT & RECOMMENDATIONS

4.1 RESPONDENTS PROFILE

Based on the camp level information received from Camp Incharges, out of the 25 camps surveyed in five districts of Manipur (*Bishnupur, Churachandpur, Imphal East, Imphal West, and Tengnoupal*), women account for 37% of the camp residents, while men constitute 30% of the population. Children (6-18 years) are the third highest category at 13% followed by babies (0-6 years) at seven percent. Four percent of the camp residents are senior citizens and two percent pregnant and lactating mothers. Others constitute one percent and People with Disabilities (PwD) constitute less than one percent of the population. The disabilities observed at camp level include motor/physical disabilities, visual impairments, and elderly with mental trauma.

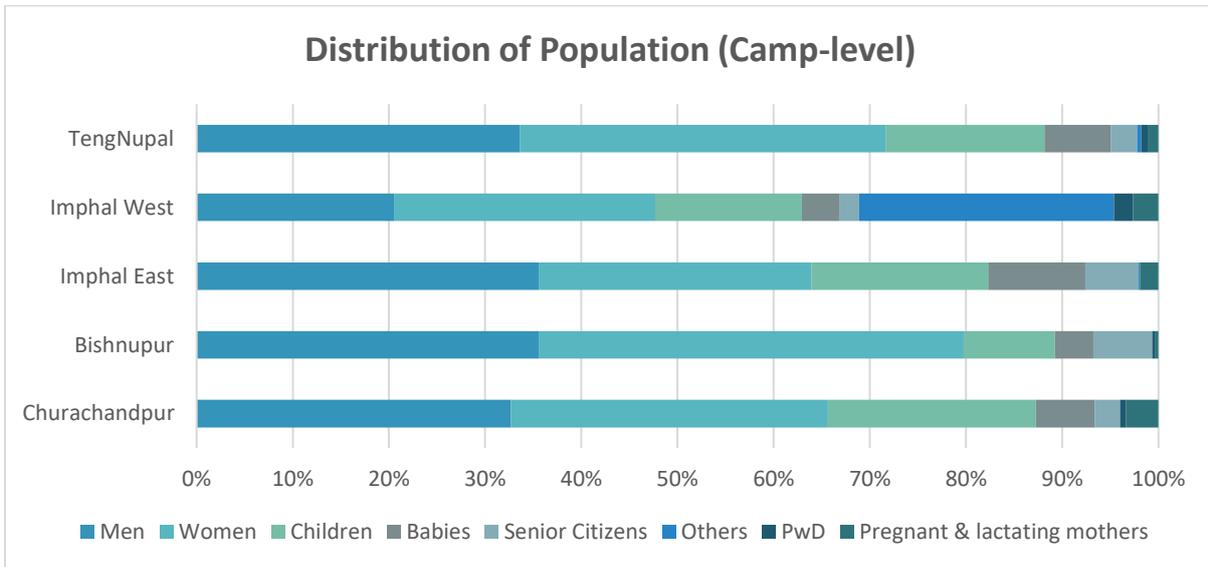


FIGURE 7: DISTRIBUTION OF POPULATION (CAMP-LEVEL)

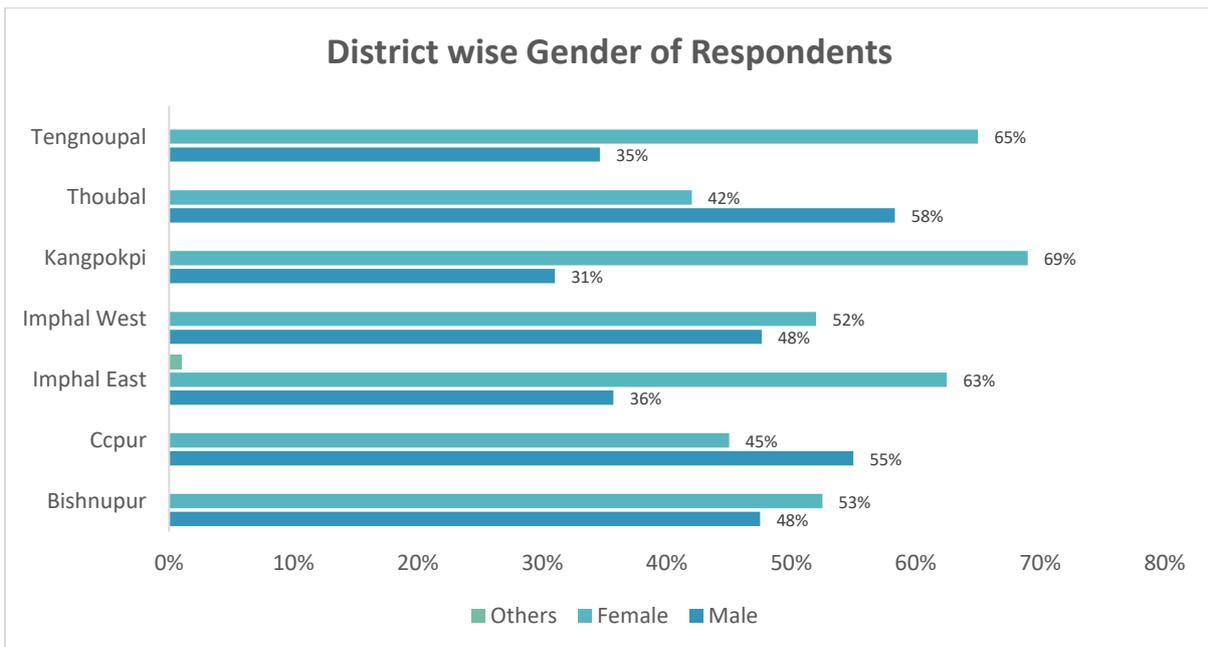


FIGURE 8: DISTRICT WISE GENDER OF RESPONDENTS

While analysing district wise, household level information received from camp residents across seven districts of Manipur (Bishnupur, Churachandpur, Imphal East, Imphal West, Kangpokpi, Thoubal and Tengnoupal), it was observed that approximately 55% of the respondents were women, while 44% of the respondents were men. The proportion of male respondents were least in Imphal East, Kangpokpi and Tengnoupal at 36%, 31% and 35% respectively. While the proportion male and female respondents were approximately balanced in other four districts; Bishnupur, 48% of respondents were male, while 53% were female, in Churachandpur, 55% of respondents were male, and 45% were female. Imphal West had 48% male and 52% female respondents and Thoubal had 58% male and 42% female respondents.

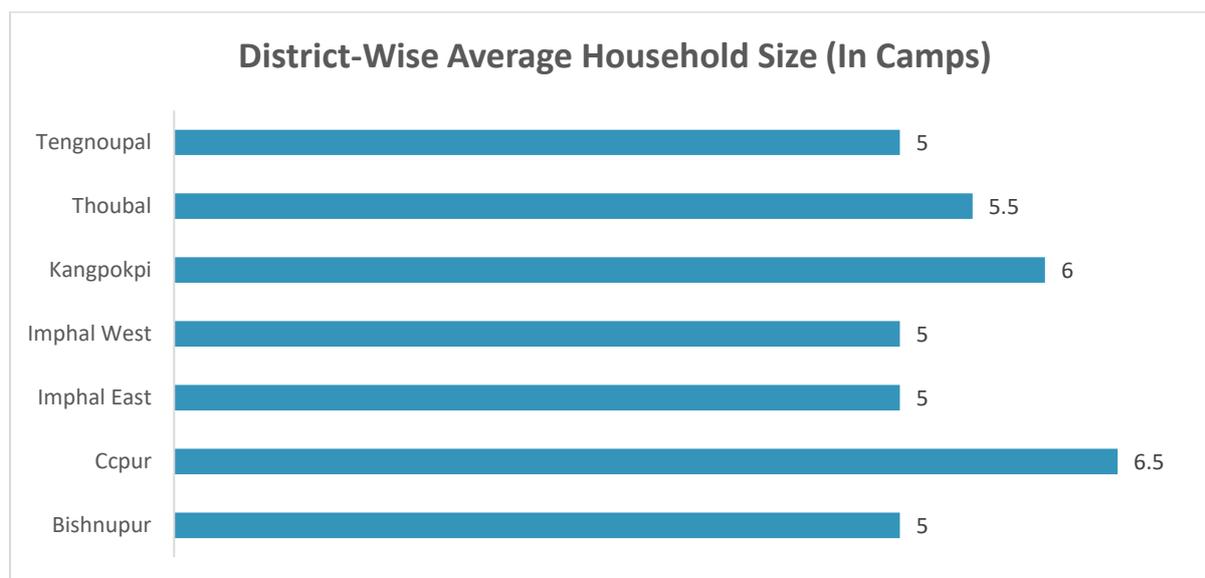


FIGURE 9: DISTRICT-WISE AVERAGE HOUSEHOLD SIZE

The district-wise analysis of the average household size based on the survey conducted inside camps, states that the average household size in Bishnupur, Tengnoupal, Imphal East and West is 5, while in Thoubal the average HH size is 5.5, in Kangpokpi it is 6, and in Churachandpur it is 6.5.

Table 3: District-wise number of HHs (in camp) with Pregnant/Lactating mothers and PwD

District	Pregnant/Lactating Mothers	PwD
Bishnupur	9	0
Churachandpur	23	12
Imphal East	14	3
Imphal West	2	7
Kangpokpi	31	10
Thoubal	3	0
Tegnoupal	1	0
TOTAL	83	32

While analysing the number of HHs (in camp) with Pregnant/Lactating mothers, it was observed that a total of 83 household had pregnant or lactating mothers in their families. A total of 32 households reported that they had atleast one person with disability in their families. In both the categories, majority respondents belonged to Churachandpur and Kangpokpi district of Manipur.

Of the displaced people living in the camps across various districts of Manipur, Assam and Mizoram, it was observed that in camps of Bishnupur, 73% of the inhabitants were native of Churachandpur

district, while in Tengenoual district camps, 71% of the inhabitants were native of Kangpokpi, In Imphal Eat district camps, 49% inhabitants were native of Kangpokpi, and in Churachandpur district camp, 67% inhabitants were native of Kangpokpi. This data suggests that the surveyed people have fled their native districts to reside in camps of nearby districts (minor proportion of displaced people have resided in the relief camps of their native districts). Also, it was observed that majority proportion of displaced population were native of Kangpokpi district.

Table 4: Native District of Incamp HHs

District	Native district of Incamp HHs	%
Bishnupur	Churachandpur	73%
	Bishnupur	28%
Churachandpur	Kangpokpi	67%
	Bishnupur	3%
	Churachandpur	23%
	Imphal East	3%
	Imphal West	3%
Imphal East	Kangpokpi	49%
	Tengenoual	14%
	Imphal East	37%
Tengenoual	Chandel	25%
	Kangpokpi	71%
	Tengenoual	4%
Kangpokpi	Kangpokpi	100%

Of the displaced people living in the camps across various districts of Manipur, Assam and Mizoram, it was observed that in camps of Bishnupur, 73% of the inhabitants were native of Churachandpur district, while in Tengenoual district camps, 71% of the inhabitants were native of Kangpokpi, In Imphal Eat district camps, 49% inhabitants were native of Kangpokpi, and in Churachandpur district camp, 67% inhabitants were native of Kangpokpi. This data suggests that the surveyed people have fled their native districts to reside in camps of nearby districts (minor proportion of displaced people have resided in the relief camps of their native districts). Also, it was observed that majority proportion of displaced population were native of Kangpokpi district.



4.2 FOOD SECURITY AND LIVELIHOOD

Overview

The crisis has impacted stocks of stored food grains in many villages which are currently running low. There are reports that the people in the camps are not receiving adequate food and nutrition. It has caused prices of essential commodities to shoot up sky-high, adding to the woes of the locals. The prices of essential commodities such as rice, potato, onion, eggs, LPG cylinders, and petrol have skyrocketed and are being sold well above the government-set rates. The increasing cost of goods are burdening the affected population to secure essential food items like baby foods which are urgent needs. Severe fodder shortages and violence have resulted in livestock deaths as well. Road closures have affected the movement of goods by truck, and the suspension of train services have also affected the movement of goods by this route. The violence has further affected the functioning of markets in some areas. The crisis has disrupted daily labour work and access to workplaces. Limited internet connectivity has impacted e-entrepreneurs, small businesses, and freelancers.

Assessment Findings

Analysing the camp level information received from Camp incharges, it was observed that in majority camps, food supplies that were available might not last for more than a week. Relief camps in Tengenupal, Imphal West and Churachandpur districts reported that the food stocks will last for a maximum of one week. While in some camps, food supplies might last for more than a week. Very few camps reported food stocks that would last for three to eight weeks. Camps in Tengenupal and Imphal West only have food supplies for a couple of weeks. Ninety-two percent of the surveyed camps provided two meals a day, while only eight percent of camps provided three meals a day to the camp residents. Moreover, the majority of the camps (91%) did not provide any additional/specific food for pregnant and lactating mothers.

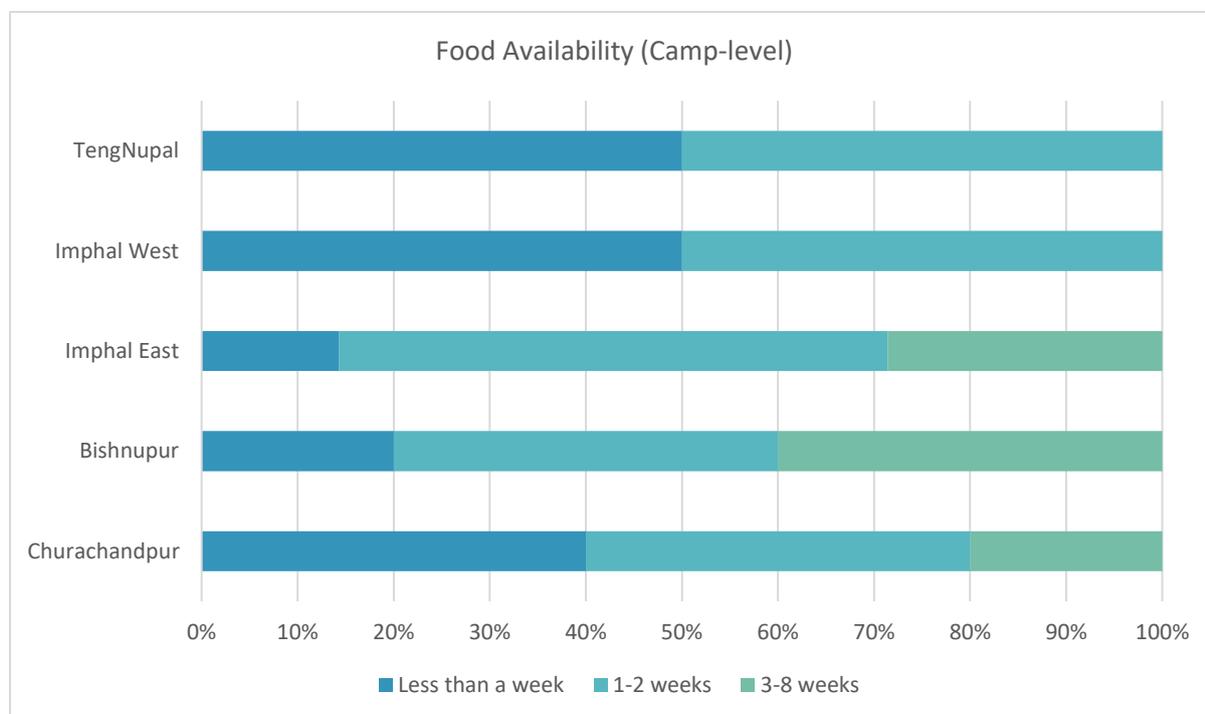


FIGURE 10: FOOD AVAILABILITY (CAMP-LEVEL)

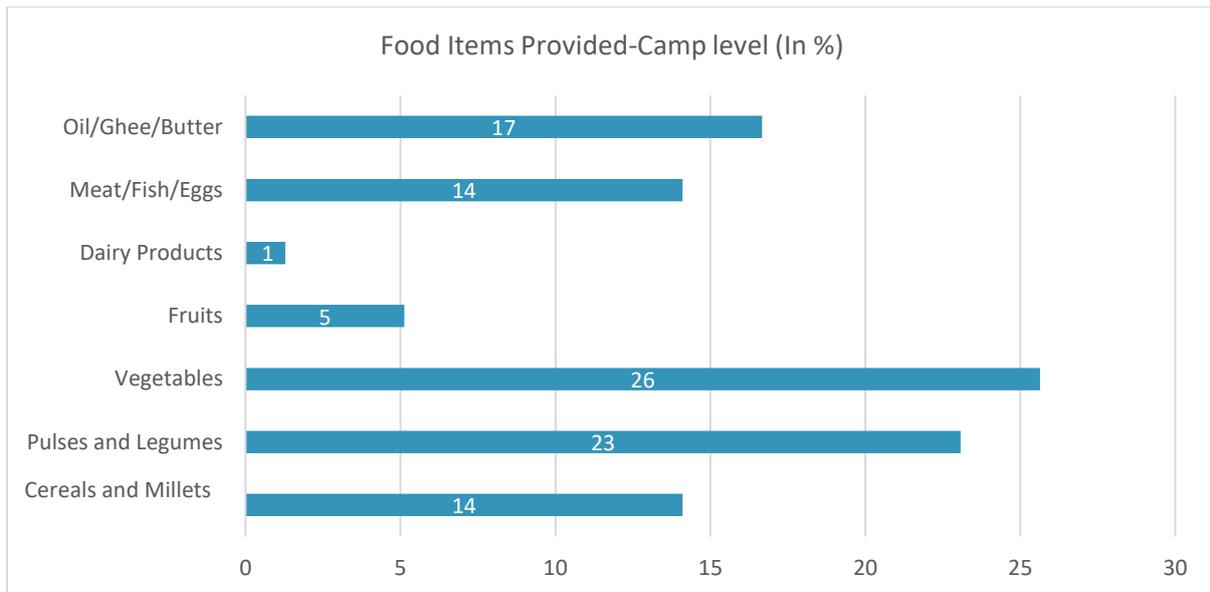


FIGURE 11: FOOD ITEMS PROVIDED- CAMP LEVEL

Analysing the food items provided to camp residents, vegetables constituted majority proportion, followed by pulses and legumes. This is followed by oil/ghee/butter; and cereals & millets; and meat/fish/eggs. Dairy products and fruits were rarely provided to the camp residents.

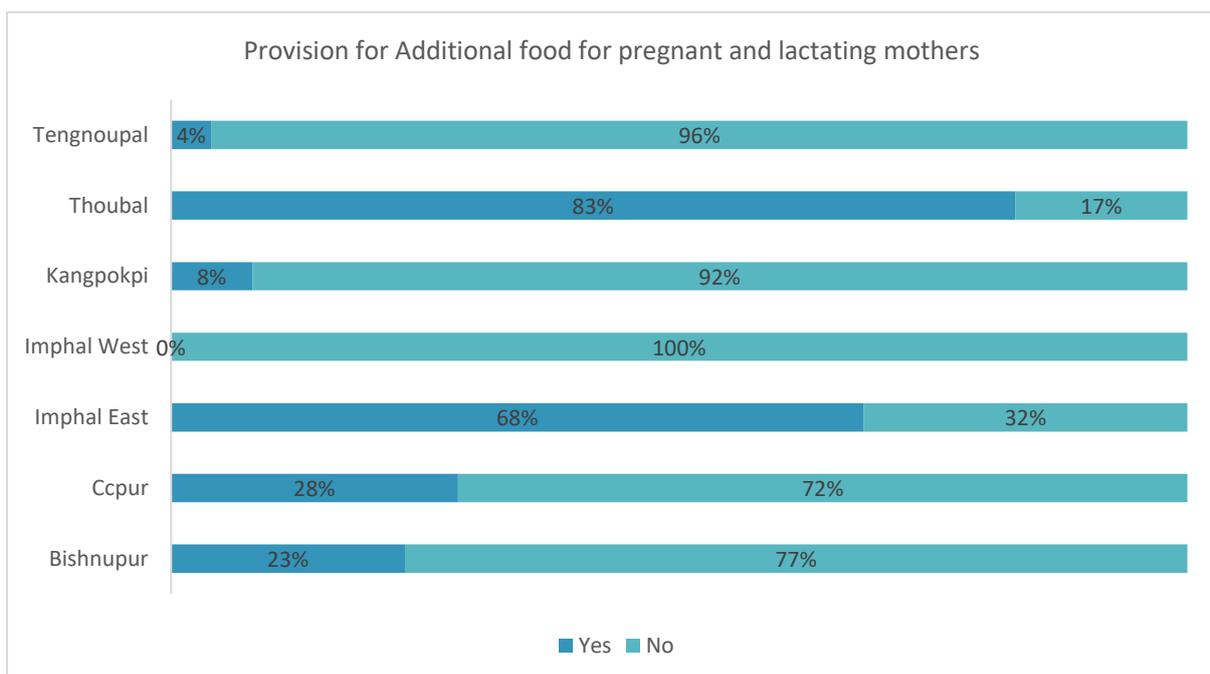


FIGURE 12: PROVISION OF ADDITIONAL FOOD FOR PREGNANT AND LACTATING MOTHERS

Based on the household level information, 83% of the respondents have stated that there is provision for additional quantity and quality of food for pregnant and lactating mothers. While 68% of respondents from Imphal East have stated that such provisions are available, no such facility was provided in the camps of Imphal West. Only 4% and 8% of the respondents from Tengnoupal and Kangpokpi districts have stated that such provisions for pregnant and lactating mothers are available in their camps.

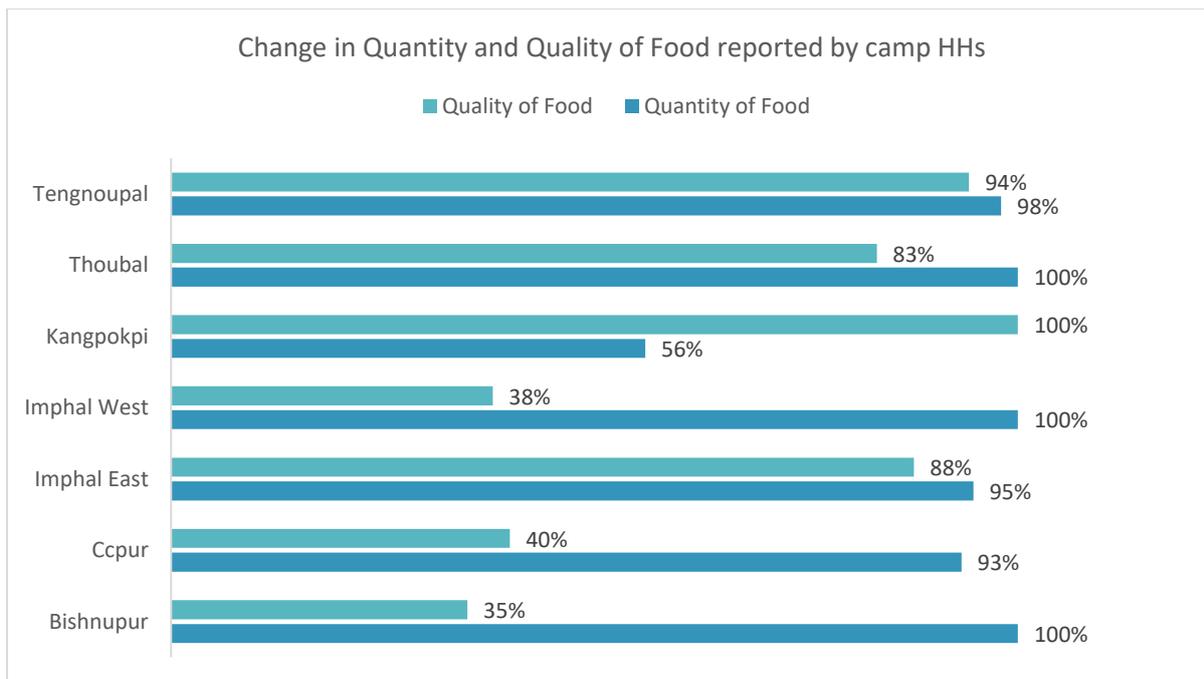


FIGURE 13: CHANGE IN QUANTITY AND QUALITY OF FOOD REPORTED BY CAMP HHS

When enquired about the quality and quantity of food provided to the camp residents, 98-100% of the respondents in the surveyed six districts of Manipur, have stated that there is a change in quantity of food received in the camps compared to the quantities they were having in their household prior to moving to the camps, except Kangpokpi. While 80-100% of the respondents from Imphal East, Tengenoupal, Kangpokpi, and Thoubal district reports change in quality of food compared to what they were having prior to the violence, while 35-40% of the respondents from Bishnupur, Imphal West and Churachandpur reports that there have been changes in quality of food served in the camps.

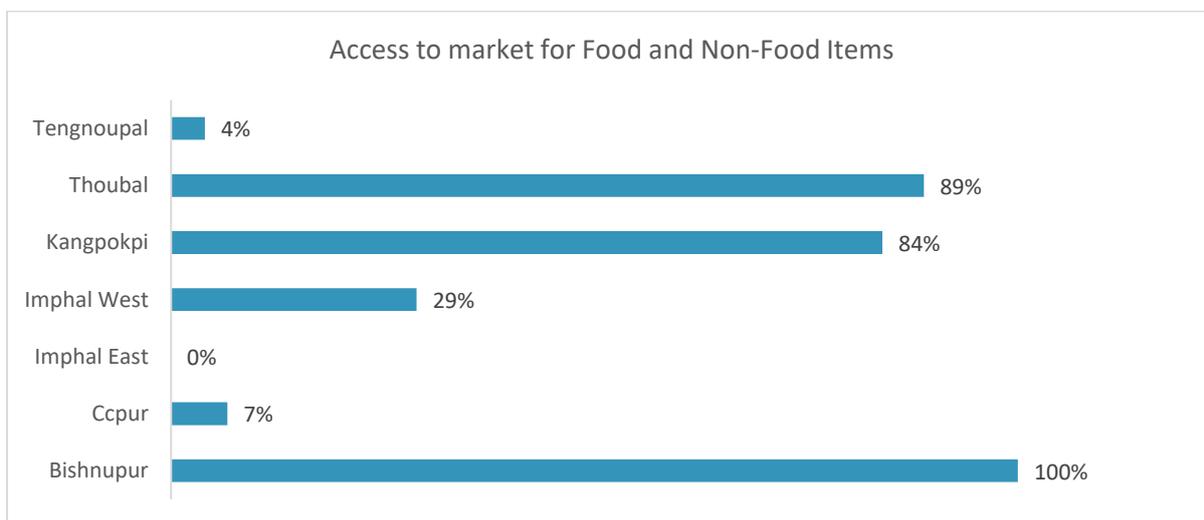


FIGURE 14: ACCESS TO MARKET FOR FOOD AND NON-FOOD ITEMS

As per the information received from the HH level survey, 84-100% of the respondents from Thoubal, Kangpokpi and Bishnupur districts have stated that they had access to market for food and non-food items. While only 29%, 7% and 4% of the respondents from Imphal west, Churachandpur, and Tengenoupal respectively stated that they had access to the market, camp residents in Imphal East responded that they did not have access to any market for food/non-food items.

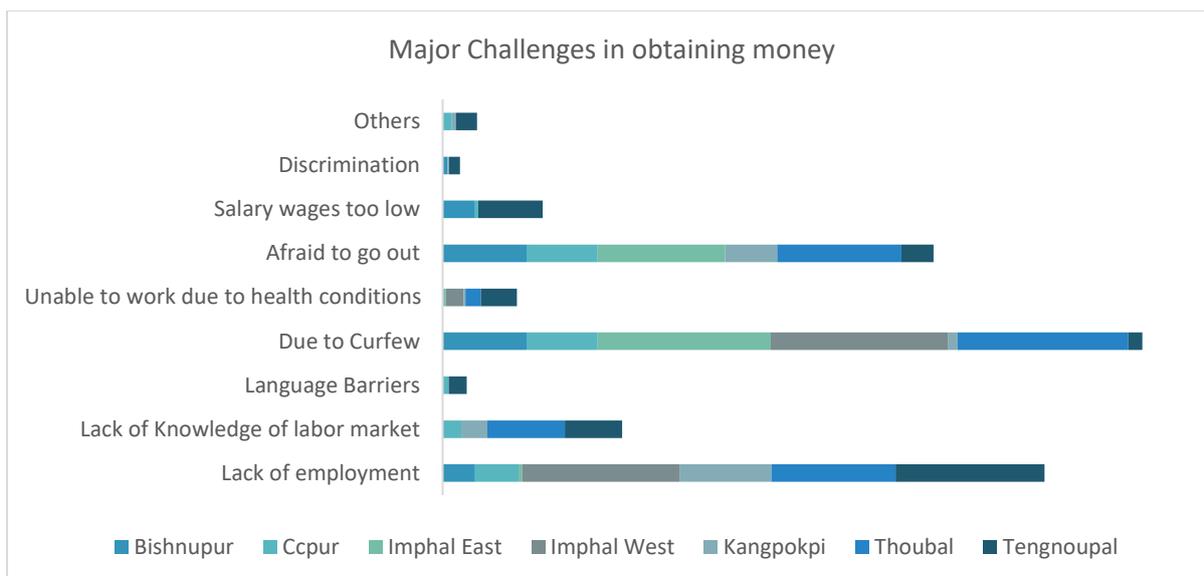


FIGURE 15: MAJOR CHALLENGES IN OBTAINING MONEY

75-100% of the respondents from Imphal West, Imphal East, Kangpokpi and Bishnupur during the household survey stated that they had challenges in obtaining money in last 30 days. When enquired about the major challenges, lack of employment, restricted movement due to curfew, and fear to go out were cited as most common reasons. Some other reasons and challenges faced by the respondents are lack of knowledge of labor market, language barriers, low wages, poor health conditions and discrimination were cited as the challenges faced by the people in obtaining money in last 30 days, in the aftermath of violence in Manipur.

FGD Findings for Manipur: FNS Sector

The population affected by the Manipur violence has received some assistance to meet their food and nutrition needs and livelihood requirements. They have been provided with rice, groceries, and two meals a day, including items such as dal, potatoes, vegetables, meat, and eggs. The assistance has been provided by organizations like KSO (Kuki Students' Organization) and some voluntary assistance by people in the community. However, there are several challenges that hinder the fulfilment of their food and nutrition needs. These challenges include insufficient stock of food, lack of nutritious options, imbalanced diet, water scarcity, and inadequate storage facilities. Additionally, barriers such as the absence of income generation sources, homelessness, unemployment, communal riots, and curfews further exacerbate their food security situation. Pregnant and lactating mothers are not accessing the necessary dietary needs for their health and well-being. While some basic foods and Cerelac are provided for infants, the overall access to nutritious foods is limited. Addressing these challenges and ensuring access to clean and nutritious food for all is crucial to support the well-being of the affected population.

Situation Overview for Assam (FNS Sector): The population affected by the Manipur violence inhabited in relief camps of Assam have received assistance, primarily by the state government. However, there are significant challenges in the provision of food assistance. One of the major challenges is the lack of availability of vegetables and nutritious food. The food provided may not adequately fulfil the dietary requirements of the affected population, including pregnant and lactating mothers. It is reported that they do not have access to clean and nutritious food.

Prior to the conflict or their displacement to the relief camp, they typically had three meals a day. However, yesterday they were able to consume only two meals. There is no provision for additional quantity and quality of food specifically for pregnant and lactating mothers. The type of food consumed after the conflict is not different from what they used to consume before. The food stock available in the relief camp is estimated to last for 15 days for each household. Unfortunately, there is no access to markets for purchasing food and non-food items. The relief camp does not have an in-house mess or canteen. It is also mentioned that there is no supply of food available specifically for children over six months old.

Situation Overview for Mizoram (FNS Sector): As per the responses received by the people affected by Manipur violence, living in relief camps of Aizawl, they are provided with meals on a daily basis, while some of the meals are even contributed by locals in the area. However, there are challenges in terms of food storage. The affected population faces difficulty in stocking food for an extended period of time. When it comes to pregnant and lactating mothers, the information provided suggests that they do not face any challenges in accessing clean and nutritious food.

Prior to the conflict and their displacement to the relief camp, they used to have an average of three meals per day. However, in the camp, they are now receiving only two meals a day. Unfortunately, there is no provision for additional quantity or quality of food specifically for pregnant and lactating mothers, which is concerning for their nutritional needs. Additionally, the type of food being provided in the camp is different from what they were accustomed to consuming before the conflict. The food stock available is estimated to last only for six days for each household, indicating a potential shortage in the near future. Furthermore, the affected population does not have access to the market to purchase food and non-food items. In terms of dining arrangements, there is no in-house mess or canteen available. As for children over six months, there is no supply of specific food items for their age group, posing a challenge in meeting their dietary needs.

Urgent Needs

- 1. Adequate Food as per dietary requirements:** The affected population is in dire need of adequate and nutritious food supplies for kids. They require regular access to balanced meals that include essential nutrients to support their health and well-being.
- 2. Food for Pregnant and lactating Women:** Respondent population have also highlighted the importance of receiving nutritious foods specifically tailored for pregnant and lactating mothers to ensure their health and well-being.
- 3. Security of Food:** The affected population emphasizes the need for a reliable and secure supply of food. Ensuring that their food resources are protected from theft, spoilage, or scarcity will greatly contribute to their comfort and peace of mind. Adequate storage facilities and proper distribution mechanisms can help meet this requirement.
- 4. Livelihood Support:** income-generating activities, particularly skill development through tailoring and weaving machines, is desired to empower the affected population and enhance their self-sufficiency.



4.3 WATER SANITATION AND HYGIENE

Overview

Water, Sanitation, and Hygiene items including sanitary napkins, washing, and bathing soaps are required in relief camps. Maintenance of personal hygiene is an issue due to limited access. Curfew in the state has already troubled water supply in the state. The private water supply tankers were found selling water at the exorbitant rates. Construction was water treatment plant of high capacity should be initiated immediately. The regulation on private water supply should also take on priority basis. There is a need for hygiene kits. Sanitary pads though have been provided by organizations but are inadequate. Diapers for young children are needed, some of the elderly in camps require adult diapers too.

Assessment Findings

As per the information provided by the Camp Incharges, in five districts of Manipur, hygiene kits were provided at majority camps, however the contents of the kits varied across camps. The items that were not provided in majority camps were dustbins with lids, blankets, bedsheets, undergarments, rope, oil, detergent, etc. Similarly, while mug, bucket, soap, etc. were provided in a few camps, others did not receive the same.

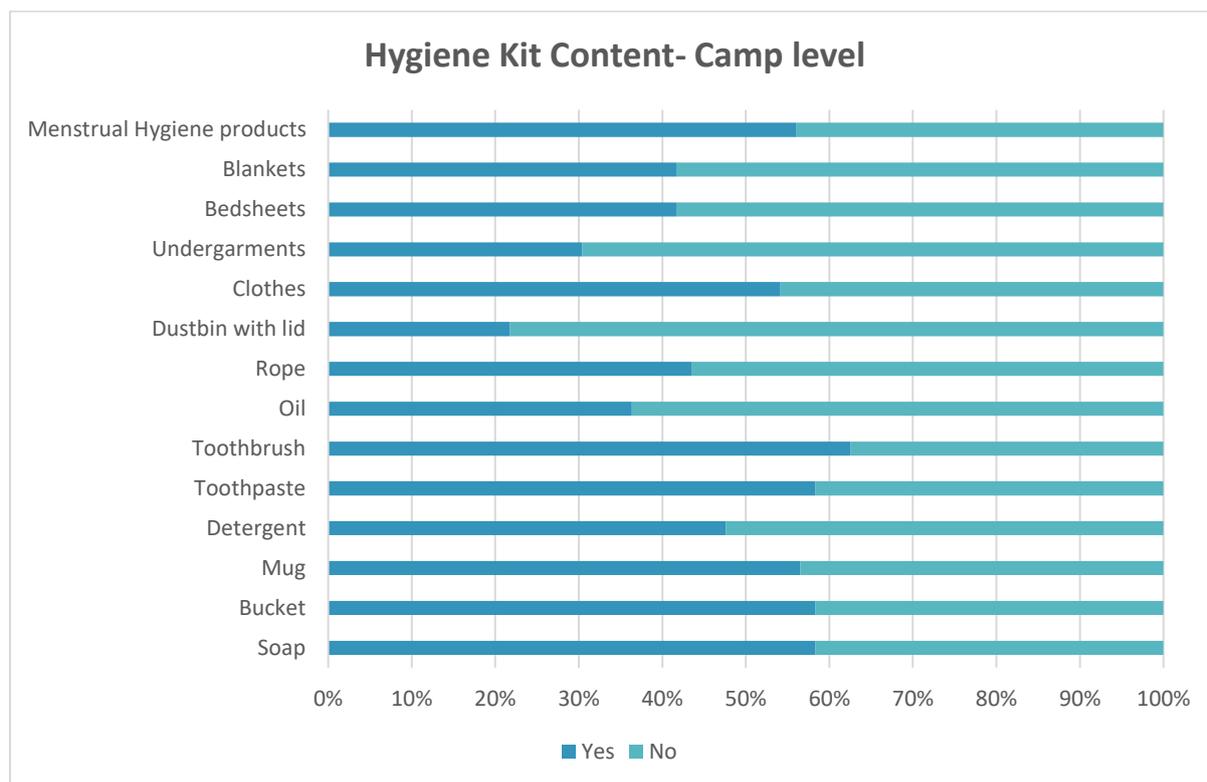


FIGURE 16: HYGIENE KIT CONTENT- CAMP LEVEL

When enquired about the toilet facilities, the camp incharges reported that there were 44 toilets for men and 40 toilets for women (total number for 25 camps) in five districts of Manipur. Overall there were 30 toilets that could be used by men and women both. Out of the 25 surveyed camps, only 19 camps have separate toilets for men and women. The number of toilet facilities available as per the camp population falls severely short with one toilet for more than 100 people in some cases. In most cases the available toilet facilities is one for over 20 people. Focussing on the structures of these



facilities, it was found that there were 18 permanent toilet facilities while 6 were temporary structures.

Similarly, the camp incharges also provided information about the toilet facilities, most camps have reported the presence of proper toilet facilities. However, a significant proportion of toilet facilities have been reported to be unsafe for use by women and children due to location. The camp incharges have reported presence of waste disposal facilities, while majority toilets did not have running water facility.

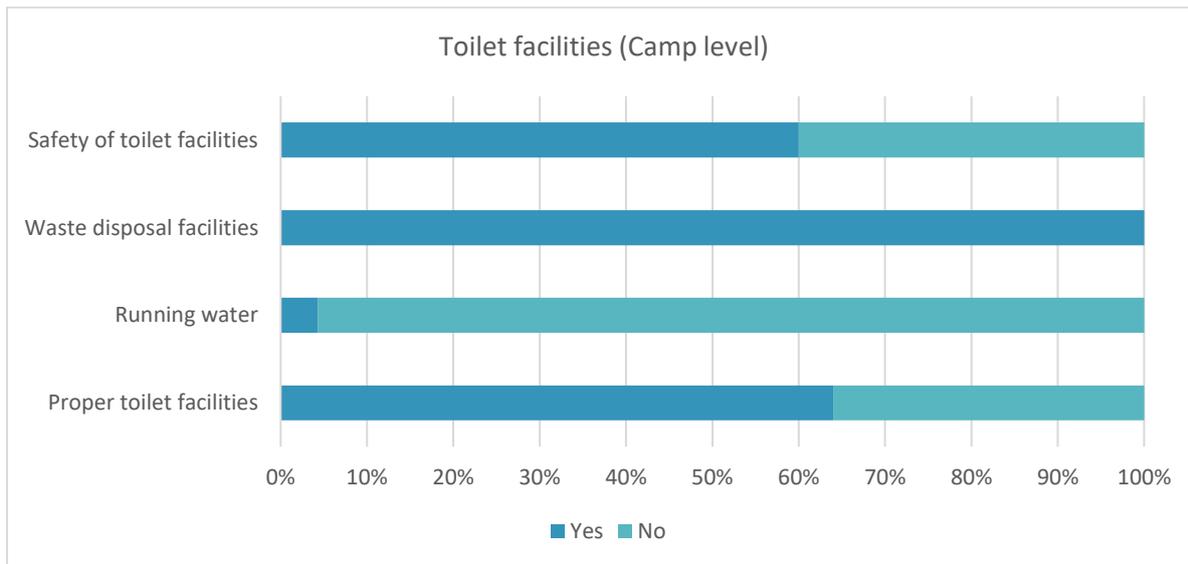


FIGURE 17: TOILET FACILITIES- CAMP LEVEL FOR 25 SURVEYED CAMPS

No. of toilets (Men)	No. of toilets (Women)	No. of toilets (Unisex)	Temporary toilet facilities	Permanent toilet facilities
44	40	30	6	18

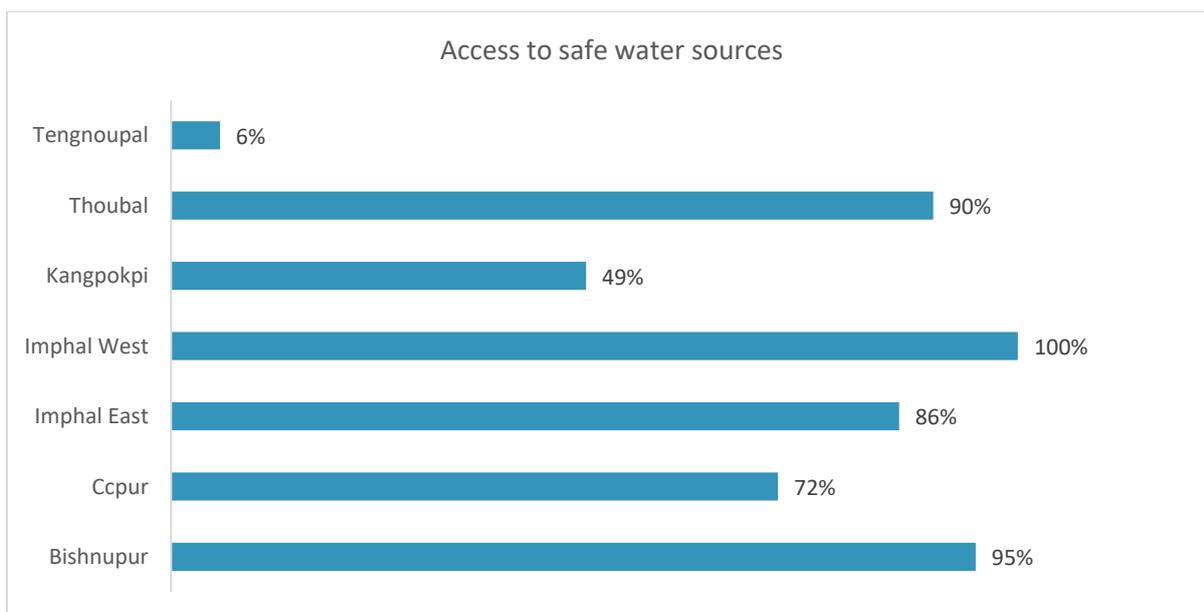


FIGURE 18: ACCESS TO SAFE WATER FOR DOMESTIC PURPOSE



Under the Household level analysis, it has been observed that 85-100% respondents from five districts of Manipur have reported having access to safe water sources. 49% respondents in Kanpokpi district and only 6% respondents from Tengenoupal district have reported that they have access to water sources.

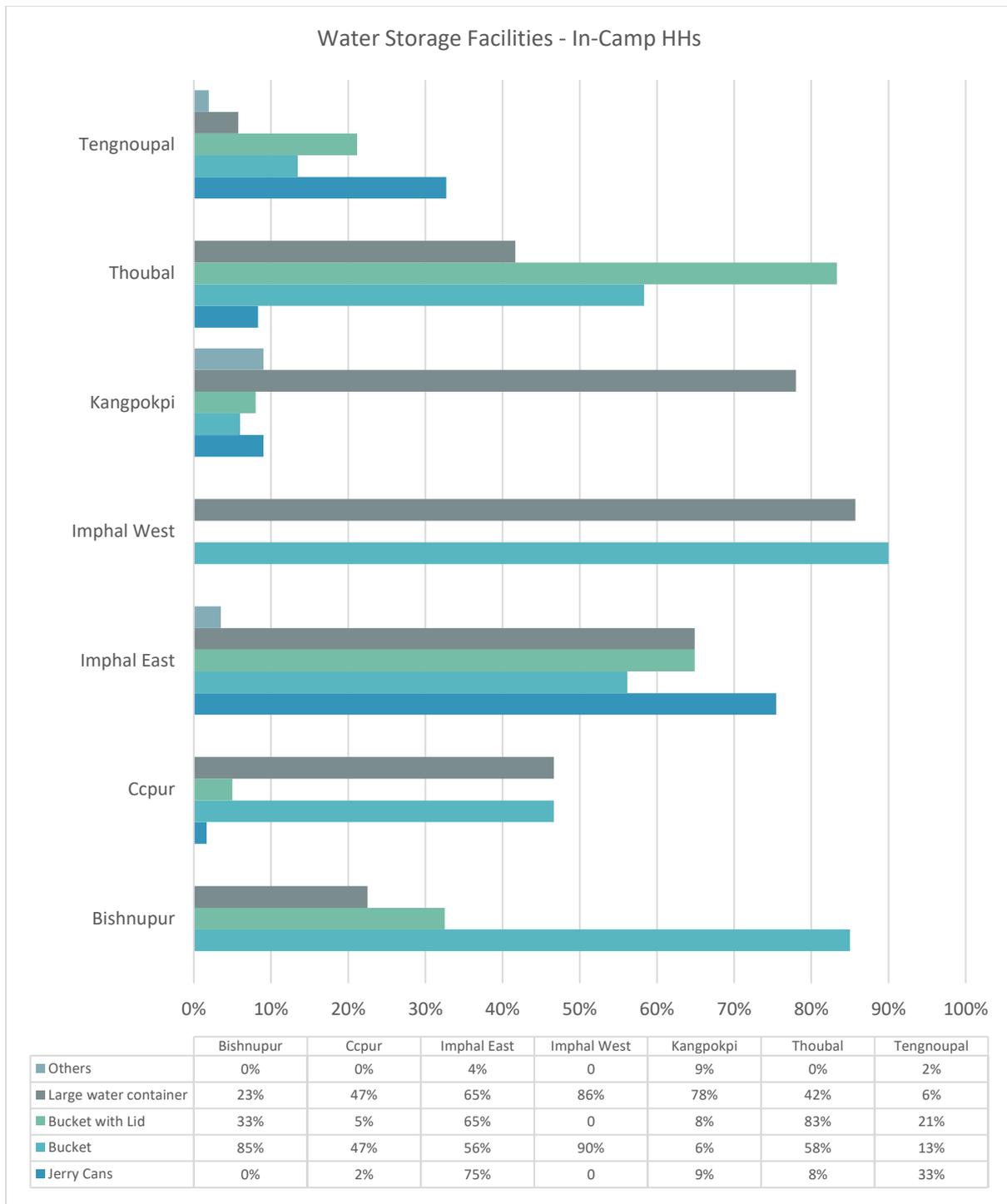


FIGURE 19: WATER STORAGE FACILITIES - IN-CAMP HHs

Understanding the water storage facilities available in the camps, the HH level survey suggests that Bucket and Large water containers are the most used water storage facilities, while jerry cans and Buckets with lids are the least used storage facilities across the surveyed seven districts.

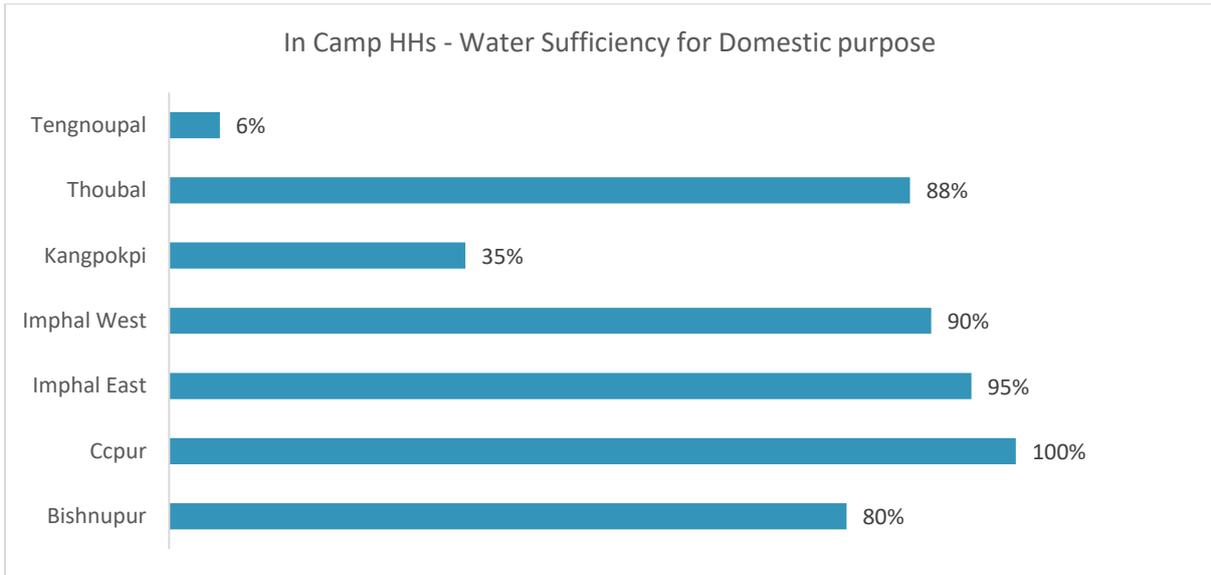


FIGURE 20: IN CAMP HHs - WATER SUFFICIENCY FOR DOMESTIC PURPOSE

As per the responses received during the HH Survey, it was observed that 80-100% respondents from five states have reported water Sufficiency for Domestic purposes, however, only 6% respondents from Tengnoupal district have stated that they have water sufficiency.

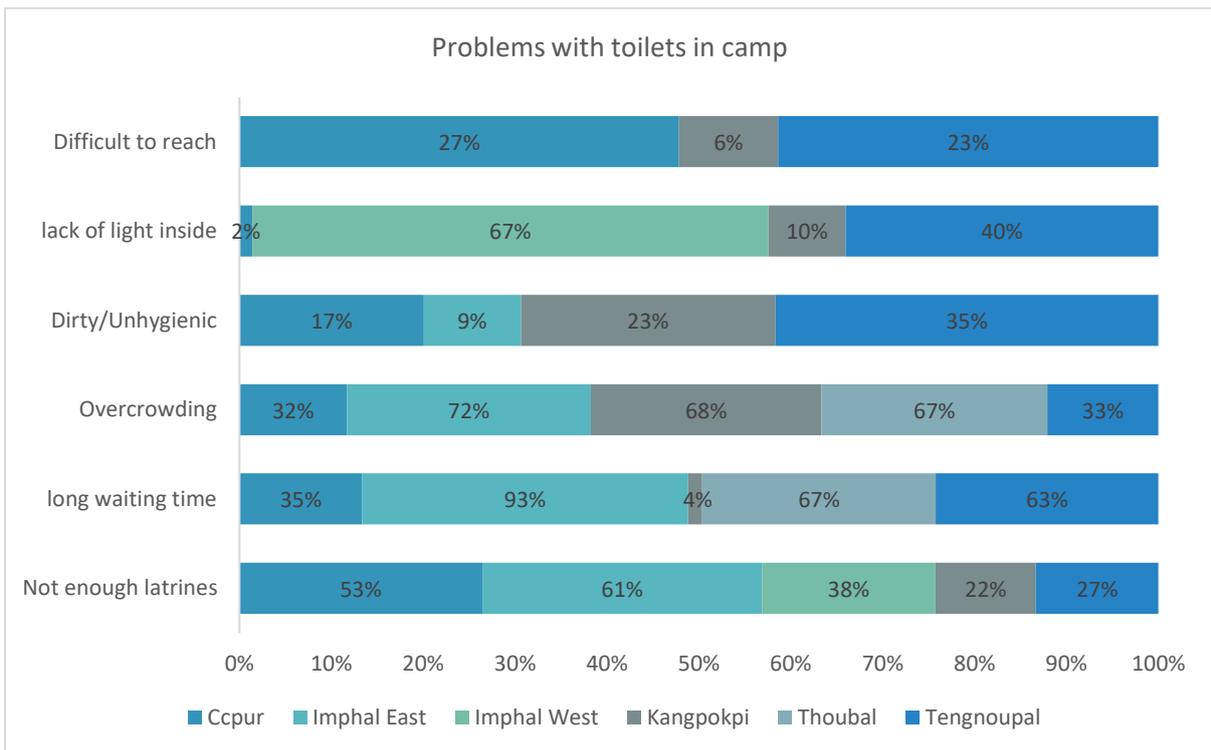


FIGURE 21: PROBLEMS WITH TOILETS IN CAMP

Understanding the problems with toilets in the Camps, it was observed that overcrowding and long waiting time to access toilets were the primary concerns. While other issues comprises of insufficient number of toilets, dirty/unhygienic conditions, absence of inside lights and difficulties to access toilets.

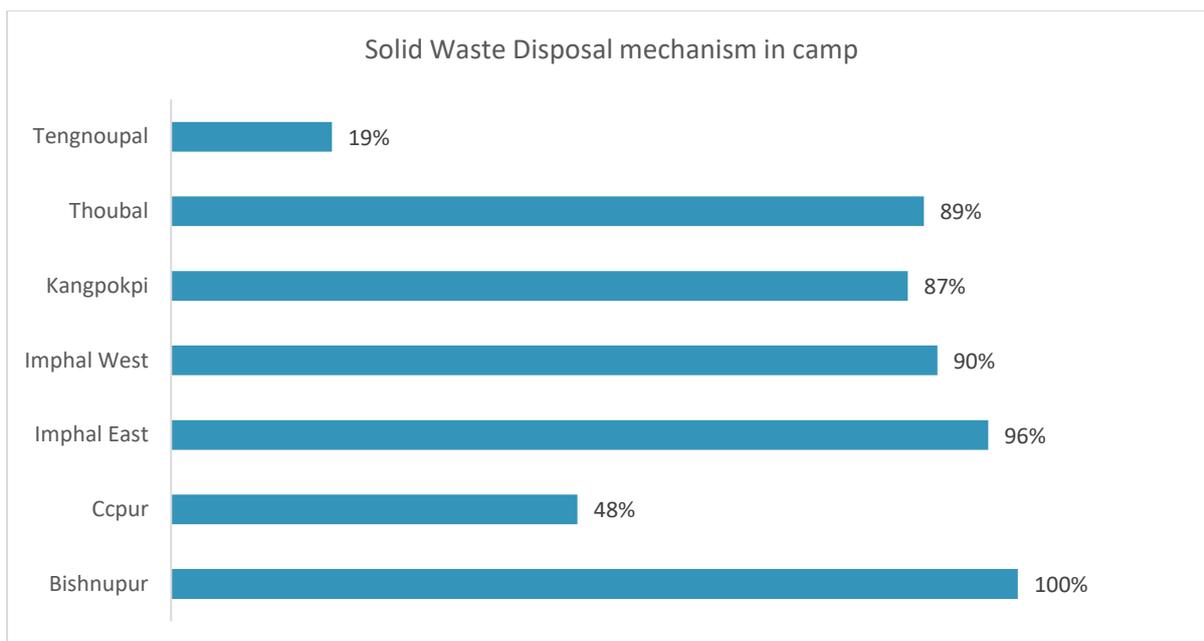


FIGURE 22: SOLID WASTE DISPOSAL MECHANISM IN CAMP

While solid waste disposal mechanisms were available in all the camps of Bishnupur, 85-96% of the respondents from Imphal East, Imphal West, Kangpokpi, Thoubal reported that they have witnessed SWD mechanisms in their camps while only 19% of the respondents from Tengnoupal have stated availability of SWM mechanisms.

FGD Findings for Manipur: WASH Sector

In some villages of Bishnupur, Imphal East, Imphal West, and Thoubal districts, toiletries have been provided, addressing the basic hygiene needs of the affected population. However, there have been challenges in meeting these requirements comprehensively. In villages of Churachandpur, for instance, there were not adequate provisions for sanitation and hygiene. Some major challenges observed include the lack of adequate provisions, the unavailability of soap and detergent, limited access to drinking water, the absence of hygiene kits, inadequate toilet facilities, and the scarcity of sanitary pads. While some villages have benefited from a good supply of water, there is a need for sustained efforts to ensure consistent access to clean water, improved sanitation facilities, and proper hygiene resources throughout the affected areas.

When asked about their access to hygiene and sanitation products, the majority of respondents stated that they do have access to hygiene products. Specifically, sanitary pads were mentioned as the common means of managing menstruation. The used sanitary pads are washed, torn, and then disposed of in the dustbin. In some cases, waste disposal arrangements have been made at the camps to ensure proper disposal of sanitary products. However, in Churachandpur, there have been reports of insufficient sanitary napkins, with women and girls resorting to using cloth or limited sanitary napkins. These used products are disposed of in dustbins. NGOs and CSOs have played a significant role in donating sanitary napkins. In Thoubal, there was no access reported to hygiene or sanitation products, indicating the need for urgent intervention in addressing this issue.

Situation Overview for Assam (WASH Sector): The affected population inhabited in relief camps of Assam, suggests that no specific assistance have been provided to address the critical Sanitation and

Hygiene needs in the affected areas. As a result, the population faces significant challenges in accessing enough water, maintaining proper sanitation practices, and ensuring basic hygiene standards.

While there is access to safe water sources, there are not enough water storage facilities available for households, leading to insufficient water availability to meet domestic needs. The area also lacks an adequate number of latrines. Moreover, there are no separate bathing spaces for men and women, and a proper solid waste disposal mechanism is lacking at both the camp and household levels. The contents of the family hygiene kits provided are limited, lacking items such as soap, a rope, a dustbin with a lid, and clothes and undergarments. The toilet facilities in the camp are joint toilets for men and women, with only two separate toilets available for each gender. Unfortunately, the camp staff is not trained in cleanliness and infection control and the current toilet facilities are not safe for women and children, and they are temporary in nature.

Situation Overview for Mizoram (WASH Sector): The affected population have received assistance in the form of access to toilets, washing powder, and soap, which are essential for maintaining cleanliness and hygiene practices. However, the specific challenges faced in meeting their water, sanitation, and hygiene requirements are not mentioned.

When asked about their access to sanitary and hygiene products, the respondents expressed that they do not have access to such products. They mentioned that they manage requirements during menstruation on their own, using old cloth. Unfortunately, no specific details were provided.

The people residing in the camp shared that water storage facilities is available in the form of large containers, ensuring an adequate supply of water to meet their domestic needs. However, challenges related to the latrines were highlighted, including the lack of lights inside toilets and insufficient number of latrines. Additionally, there are no separate bathing spaces for men and women. The camp also lacks a proper mechanism for solid waste disposal at both the camp and household levels. Family hygiene kits have been provided, containing items such as soap, buckets, mugs, detergent, toothpaste, toothbrushes, oil, and bedsheets. However, some essential items like ropes, dustbins with lids, clothes, undergarments, and blankets have not been provided. The toilet facilities are not adequately separated for males and females, with only nine joint toilets available for both genders.

Urgent Needs

1. **There is a critical need of menstrual hygiene products** at almost half of the surveyed camps. Adequate amount of hygiene products for menstruating people at the relief camps ought to be provided.

2. **Access to clean drinking water**, along with essential items such as mattresses and blankets, is also crucial for their comfort and survival. Additionally, there is a need for supplies such as Huggies for children, detergents for laundry, and sanitary pads for personal hygiene.

The drinking water is somehow available in quantity to collect and store at the camps. However, there is a need of availability of Halogens/ disinfectants to ensure the water quality and also to disinfect the drinking water source.

3. **Safe and secure toilet facilities** with adequate water supply and lighting are also required by the camp residents. This requires separate toilets for different genders.

4. There is a need to use the **IEC materials on hygiene education**, especially on personal hygiene and Menstrual hygiene and also use of some such IEC materials



4.4 HEALTH

Overview

Needs Assessment reveal that emergency medications for chronic diseases like diabetics, high blood pressure, cancer patients, as well as for dysentery that are observed in camps, etc. are required with urgency. The crisis has deeply impacted the mental health and psychosocial wellbeing of the affected populations. There is an immediate need to provide psychosocial support for long term recovery of affected people. Menstrual hygiene products in adequate quantities are required in the camps. Several health impacts due to unhygienic water, mosquito bites have been reported by people needing assistance through cleaning supplies, etc. Safe drinking water in sufficient quantities is a critical need for the community.

Assessment Findings

Most of the 25 surveyed camps in Manipur have a community health center in a one to two kilometers radius. However, some camps are located at distances greater than 5 kms that can make accessing health services a challenge. Similarly, most camps can access government hospitals within a radius of 5 kms. However, some camp locations are at distances greater than 10 kms to a government hospital. Combining this information with an indication by camps on challenges in accessing ambulance services, this can be critical during emergencies.

Distance to nearest community health centre		Distance to nearest Government hospital	
Distance	No. of Camps	Distance	No. of Camps
Less than 1 KM	5	Less than 1 KM	3
1-2 KM	14	1-2 KM	8
3-5 KM	3	3-5 KM	6
6-10 KM	2	6-10 KM	3
>10 KM	1	11-20 KM	3
		>20 KM	2

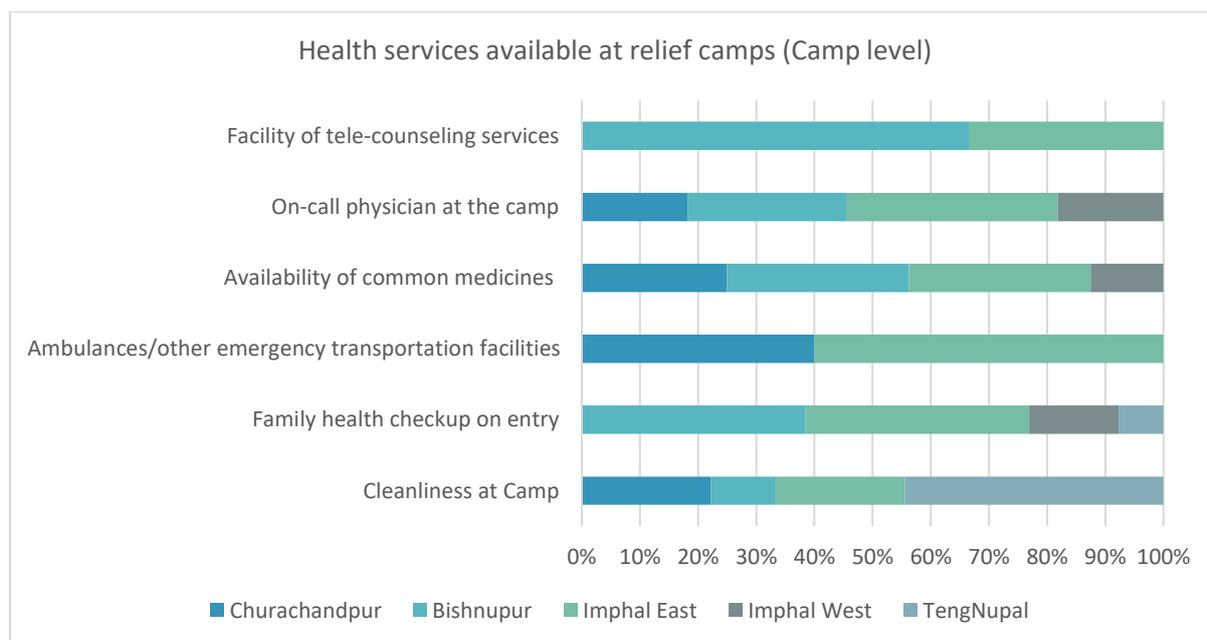


FIGURE 23: HEALTH SERVICES AVAILABLE AT RELIEF CAMPS- CAMP LEVEL



As per the information provided by the camp incharges, most camps have instituted family health check-ups for camp residents upon entry, however no such facility was available in Churachandpur. Only camps in Bishnupur and Imphal East have reported the availability of tele-counseling services at relief camps. Camp Incharges in Tengnoupal district have reported absence of medicines for common ailments, facilities in the relief camps as well as a lack of ambulances or other emergency transportation facilities. Camp cleanliness is reported from most districts except for Imphal West camps.

The Camp Incharges have reported that most of the camp residents have mental health impacts due to the humanitarian crisis and they display symptoms of general anxiety or panic, and most residents are reported to have trouble sleeping. Majority camp residents have shown increased anger and irritability and some cases of substance abuse, chronic physical illness, and increased instances of inter/intra family violence also have been reported.

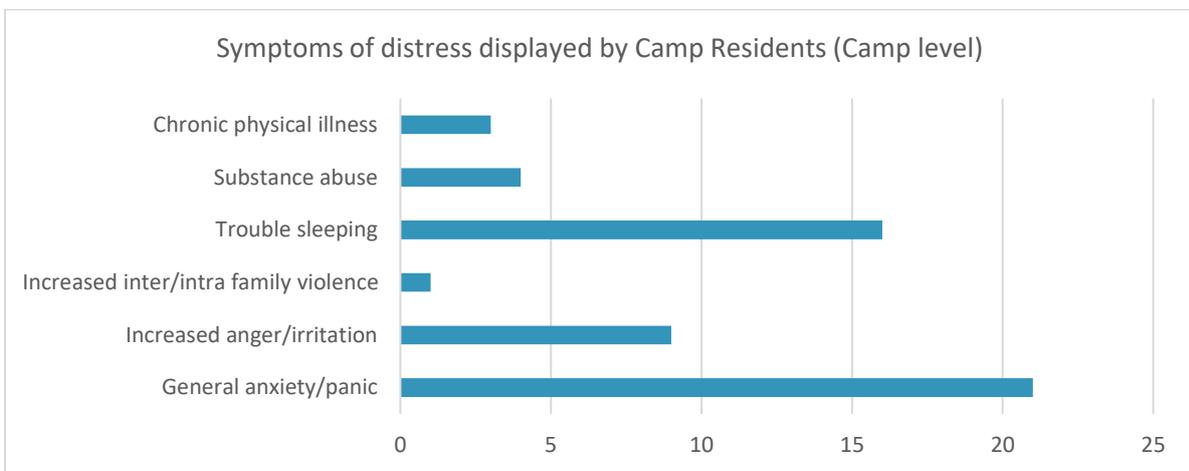


FIGURE 24: SYMPTOMS DISPLAYED BY CAMP RESIDENTS- CAMP LEVEL

Talking about the symptoms displayed by the camp residents, the Camp Incharges have reported that Senior citizens or elderly (30%) are reported to have been most impacted by the crisis, followed by women (27%), men (20%) and children (12%). Youth, People with Disabilities (PWD) and Others are also reported to have been impacted by the crisis.

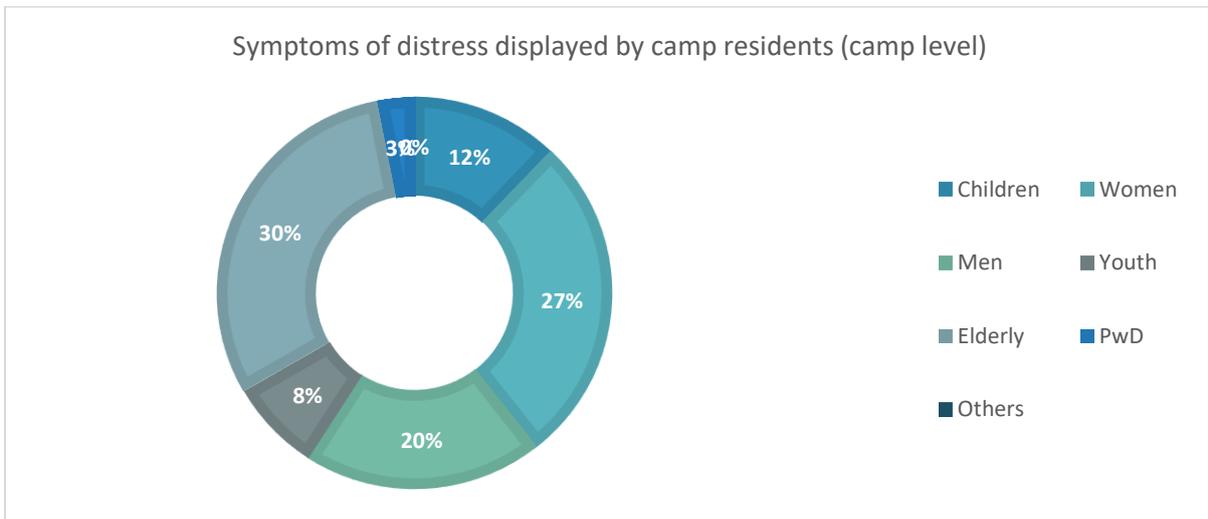


FIGURE 25: SYMPTOMS DISPLAYED BY CAMP RESIDENTS- CAMP LEVEL



Analysing the Household level information, it was observed that 60-72% of the respondents from Kangpokpi, Imphal West and Churachandpur district have agreed to having atleast one member in their family with health issues. While only 30-40% of the respondents from Tengnoupal, Thoubal, Imphal East, and Bishnupur have reported of having family members with health issues.

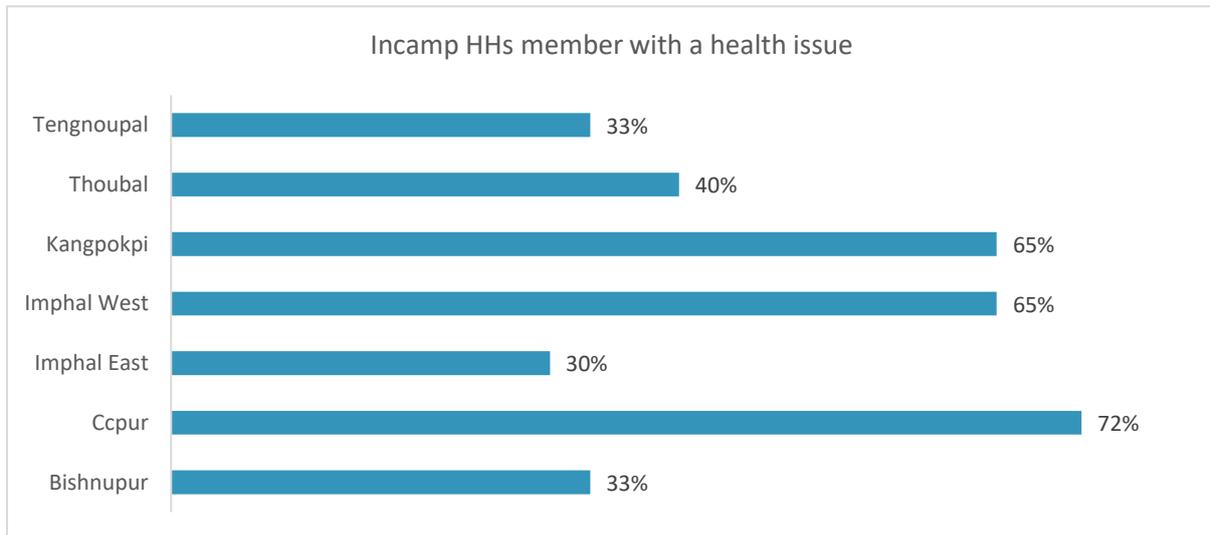


FIGURE 26: INCAMP HHs MEMBER WITH HEALTH ISSUE

When enquired about accessibility to healthcare facilities, it was observed that First Aid in Camp and government hospitals were the most preferred or accessible ways for seeking care for health needs.

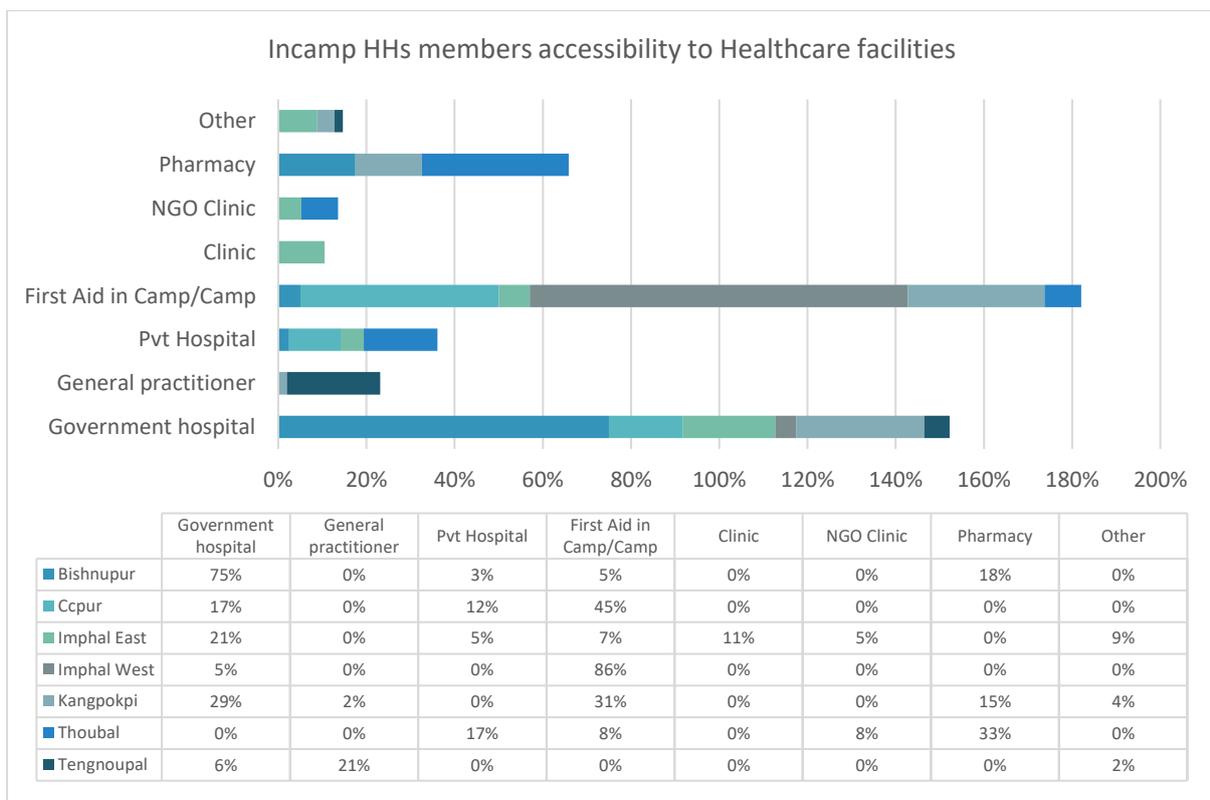


FIGURE 27: INCAMP HHs MEMBERS ACCESSIBILITY TO HEALTHCARE FACILITIES

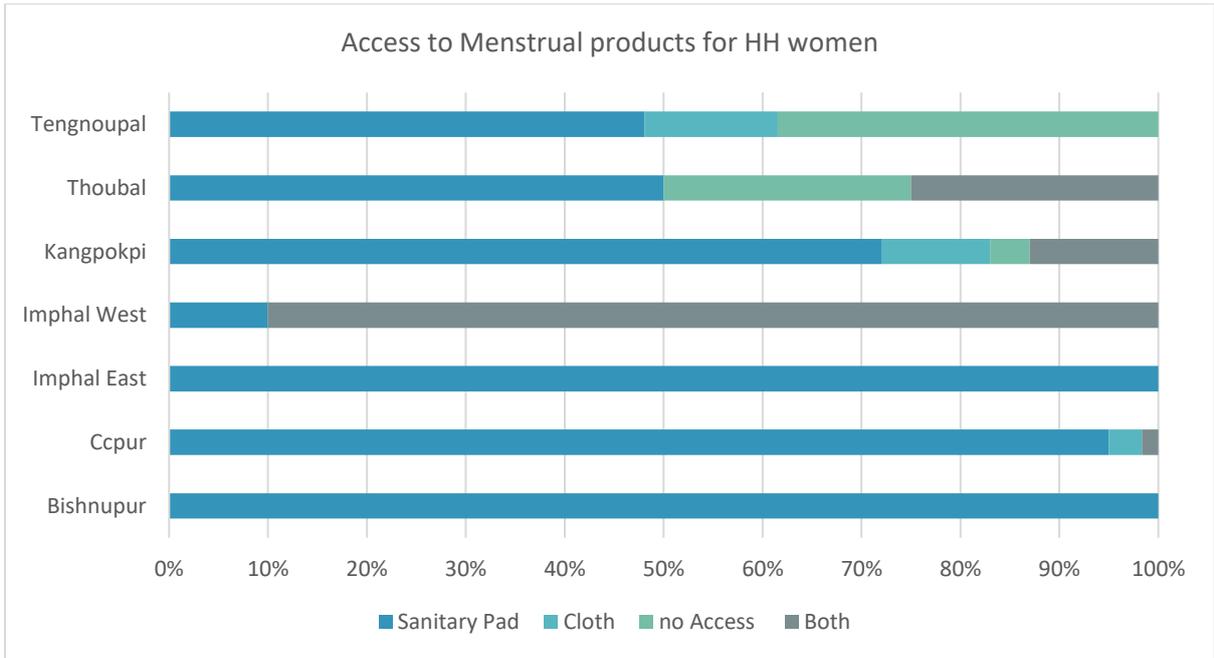


FIGURE 28: ACCESS TO MENSTRUAL PRODUCT FOR HH WOMEN

When enquired about accessibility to Menstrual products to women residents, it was observed that approximately 69% of the respondents across seven districts had access to sanitary pads, while 10% of the total respondents had no access to menstrual products. 4% of the total respondents had access to cloth as menstrual product while 19% of the total respondents across seven districts had access to both cloth and sanitary pads as menstrual hygiene products.

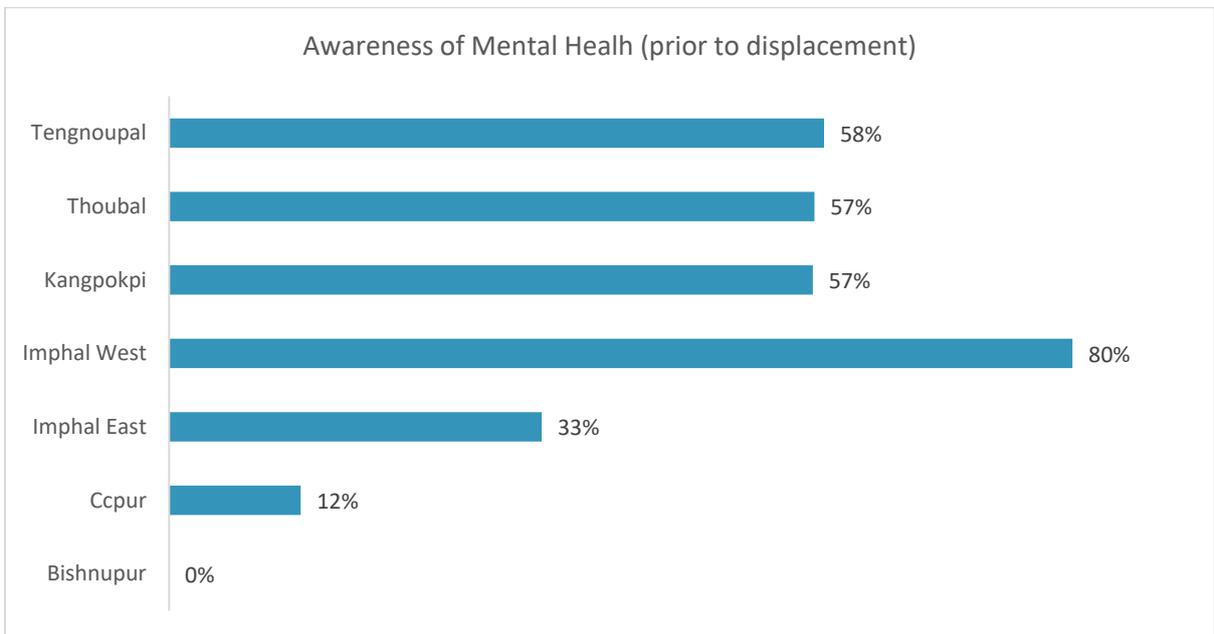


FIGURE 29: AWARENESS OF MENTAL HEAL (PRIOR TO DISPLACEMENT)

Understanding awareness regarding mental health, it was observed that 80% of the household in Imphal West district were aware about their mental health conditions and situations, prior to displacement, while no household in Bishnupur district were aware about Mental Health issues and conditions. Approximately half of the respondents in Tengnoupal, Thoubal and Kangpokpi had mental



health awareness. In places like Imphal West 81% children are facing mental health issues and more than 30% children in Tengnoupal, Thoubal and Kangpokpi are impacted.

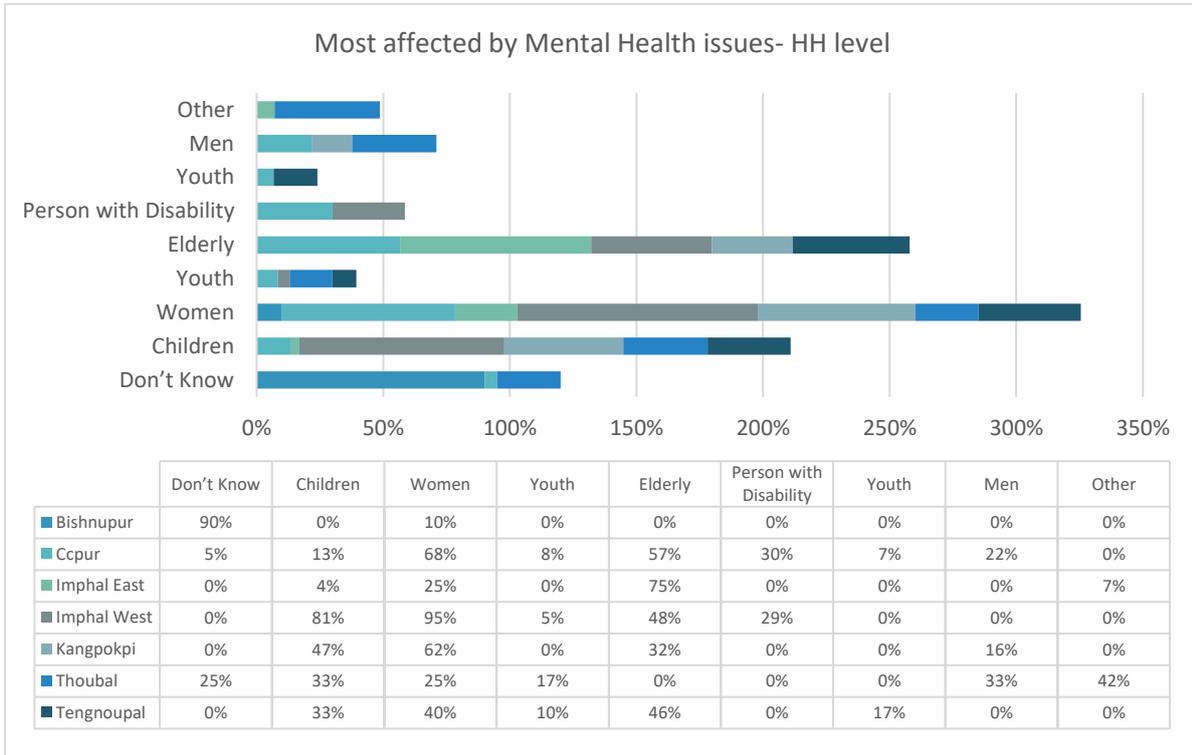


FIGURE 30: MOST AFFECTED BY MENTAL HEALTH ISSUES

Analysing the groups, most affected by Mental health issues, it was observed that 47% of the total respondents affected by mental health issues were women, while 37% of the total respondents affected by mental health issues were senior citizens. The least affected were youth, while 17% of the respondents weren't aware if they were affected by mental health issues or not.

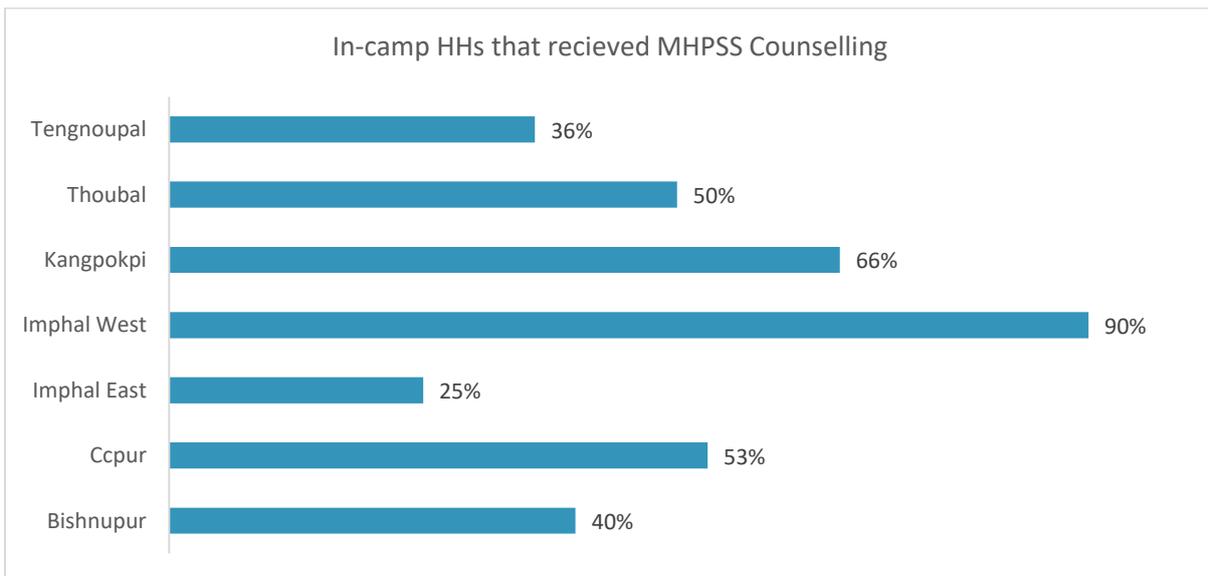


FIGURE 31: IN CAMP HHs THAT RECEIVED MHPSS COUNSELLING

As per the information received by the Household survey data, it was observed that 90% of the respondents from Imphal district received Mental Health and Psychosocial Support Counselling, while

only 25% of the households have received MHPSS counselling. Approximately 40-60% of the households in Bishnupur, Kangpokpi, Thoubal, Tengenoupal and Churachandpur have received MHPSS counselling.

FGD Findings for Manipur: Health Sector

The assistance received so far by the affected populations in six districts of Manipur, includes the provision of medicine, with a focus on common ailments, financial support for accessing health facilities in some camps and access to ambulance. In addition to medicine, items such as Huggies, Nestogen (infant formula), milk, tea, and snacks have also been provided. Regular health check-ups have been conducted in some villages, and common medicines have been distributed through Primary Health Centers (PHC), Community Health Centers (CHC) in Tengenoupal, and other first aid assistance and support have been provided by well-wishers.

However, several challenges have been observed. Lack of antenatal facilities for expectant mothers led to deliveries in the camps and many women are giving birth in the forests as well. Segregation of men and women in camps was done at later stages improving ease of access to healthcare for expectants, lactating women. Residents have been facing shortage of life saving medicines and now outbreaks and care of chronic diseases like hypertension, diabetes and cancer will be the major concern. These challenges include outbreaks of flu and other illnesses, insufficient availability of medicines, the absence of weekly health check-ups and no immunisation facilities since all the essential documents lost/burnt, financial constraints, the lack of alternative arrangements, and the resulting impact on children's education, leading to dropouts. Furthermore, there are concerns that the necessary facilities may not be provided in serious medical conditions.

Mental Health Wellbeing: When enquired about whether they have received any psychosocial support or counselling, the responses vary among the affected districts of Manipur. Some camps/villages in Churachandpur reported receiving support in the form of psychosocial assistance, while others did not receive any such services. Psychosocial counselling is the need of the hour for affected individuals. The counselling has to be case sensitive and be rendered by politically as well as ethnically neutral counsellors.

Regarding provisions for pregnant women and delivery, it was reported that immunization for pregnant women and lactating mothers was conducted through Anganwadi workers and primary sub-centers. However, it was also noted that immunization for new born children was not readily available in some cases. Furthermore, there were no separate rooms designated for lactating mothers within the shelters, highlighting the lack of adequate facilities and support for this specific group.

Situation Overview for Assam (Health Sector): Some assistance has been provided to the affected villages of Cachar district of Assam, particularly medicines have been provided by the state government to meet their health and first aid requirements. However, significant challenges have been observed in accessing appropriate healthcare facilities. When there is a serious medical condition, it has been reported that the necessary facilities and support are not readily provided.

As per the responses received, some of family members of the respondents have health problems and require access to healthcare services. They have received care from government hospitals and first aid at the camp. Prior to the displacement and crisis, some individuals were aware of mental health issues, particularly related to stress and lack of sleep. Children in the households are reported to be the most

affected by mental health issues, post violence. However, there is a lack of counselling and psychosocial support provided to the families or residents in the camp. Cleanliness lapses have been observed at the shelter, indicating a need for improved hygiene practices. Health check-ups are conducted for each family upon entry into the camp, and ambulances and emergency transportation facilities are available. Common medicines are provided at the camp, and an on-call physician is accessible. However, there is no facility for tele-counselling services in the camp. After the displacement or crisis, symptoms such as increased anger/irritation and trouble sleeping are observed in the households. The most affected individuals in the camp are children, women, and the elderly.

Situation Overview for Mizoram (Health Sector): The assistance provided to affected people inhabited in relief camp of Mizoram includes contributions from local people, particularly in the form of children's medicine. However, several challenges have been observed in accessing adequate healthcare. The lack of financial resources is a significant barrier for individuals in seeking medical attention for severe health issues. There is a pressing need for medicines for emergencies such as painkillers, glucose, and cough medicine.

People inhabited in the Refugee Camp, reported that no one in their households had health problems. Moreover, prior to their displacement and the crisis, the households were not well-informed about mental health issues. However, when asked about the individuals most affected by mental health issues, the majority identified children and youth as the vulnerable group. The camp demonstrates good cleanliness standards, with no reported lapses in hygiene. Unfortunately, there is no provision for a health check-up upon entry into the camp, and the availability of ambulances and emergency transportation facilities is also limited. Common medicines, on-call physicians, and tele-counselling services are currently unavailable within the camp.

Urgent Needs

1. Camp wise health watch to track the health situation, and to constantly update on the needs and availability. Local healthcare organizations can extend support as per the needs to ensure mitigating the gap. Private healthcare organisations can support the government health department and coordinate and collaborate with them to provide essential medical supplies and services. Local ASHA, FHW/ANM and nurses can be trained to support these initiatives.
2. Need for immunizations for infants to ensure their health and well-being. Many have also highlighted the loss or destruction of essential documents, such as identification cards and vital records, which are crucial for accessing immunisation services.
3. Support for managing psychosocial well-being and combating depression. The traumatic experiences endured during the Manipur violence have taken a toll on the mental health of the respondents, making psychosocial support an essential aspect of humanitarian assistance. Addressing these urgent needs will greatly contribute to the overall recovery and well-being of the affected population.
4. Access to Medical Needs and Health Facilities: The provision of medical assistance and access to health facilities is of utmost importance. The affected population requires healthcare services to address any injuries, illnesses, or chronic conditions resulting from the crisis. Timely access to medical aid, including medication, medical professionals, and necessary treatments, is crucial for their physical and mental well-being. Drinking water, along with essential items such as mattresses and blankets, is also crucial for their comfort and survival.



4.5 SHELTER and Non-Food Items

Overview

The assessment reveals the extensive damages caused to properties in many of the villages. Many private and government infrastructure have been damaged as well as places of worship. The market prices for food and non-food items have doubled and tripled with material shortages in the local markets due to limited transport connectivity. There are no cots or beds available in most camps which was expressed as a significant need by lactating mothers with infants. The camp structures are not accessible to People with Disabilities (PwD). There are no child friendly spaces in the relief shelters and there is a need to provide undergarments and clothes for children in the camps.

Assessment Findings

Out of the 25 surveyed camps in Manipur, most of the relief camps have been set up in schools. This is followed by some relief camps in community centres and halls, colleges, churches and some other buildings.

Understanding the safety in the camps, it was observed that 29% of respondents from Tengnoupal district feel safe in their camps, while 89% in Thoubal, 76% in Kangpokpi, 74% in Imphal West, 95% in Imphal East feel safe in their camps or the place of stay, after displacement because of the Manipur Violence. It was also observed that all the respondents from Churachandpur and Bishnupur district have stated that they feel safe in their camps.

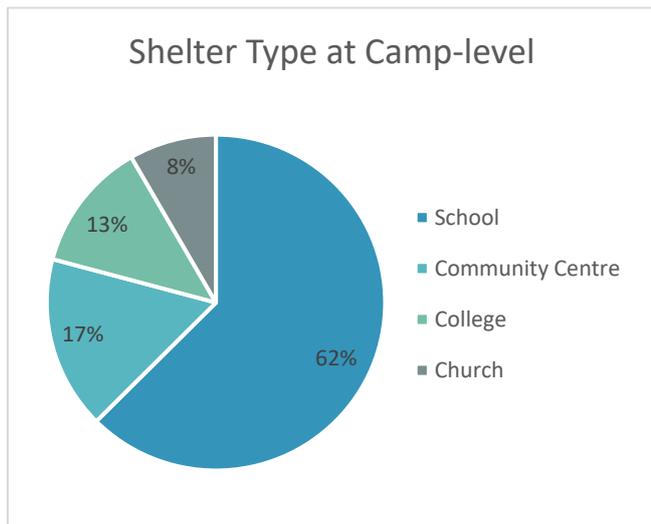


FIGURE 32: SHELTER TYPE AT CAMP LEVEL

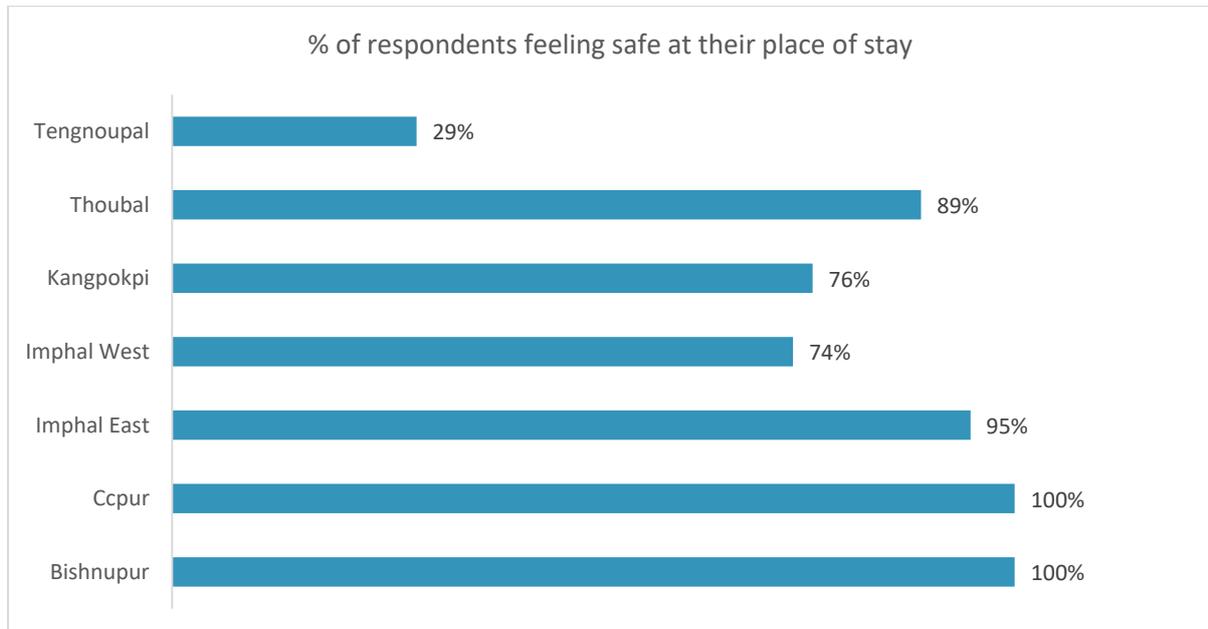


FIGURE 33: SAFETY OF PLACE OF STAY

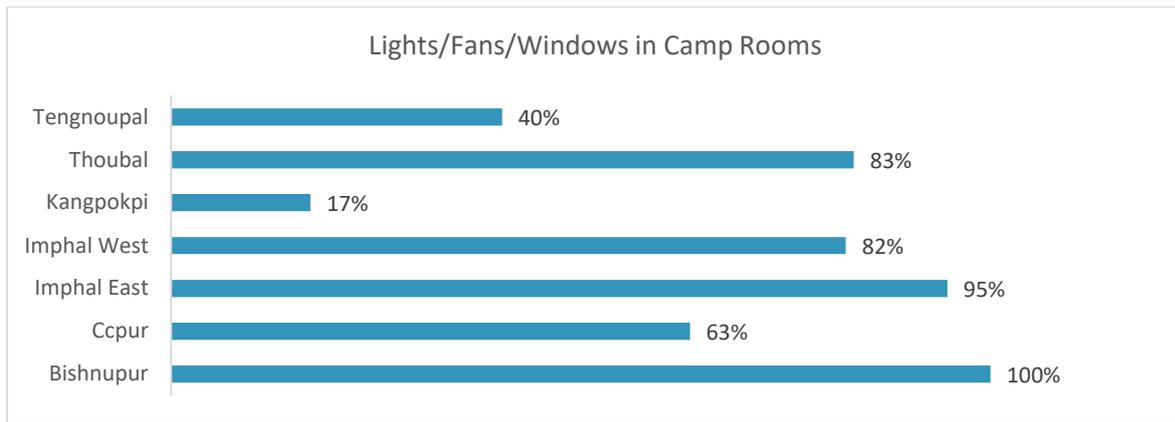


FIGURE 34: LIGHTS/FANS/WINDOWS IN CAMP ROOMS

When enquired about the facilities in the camps, it was observed that 40% of the respondents from Tengnoupal, 83% from Thoubal, 17% from Kangpokpi, 82% from Imphal West, 95% from Imphal East, 63% from Churachandpur have reported of having access to lights/fans/windows in their rooms/camps. Whereas, all the respondents from Bishnupur district have reported having accessibility to lights/fans/windows in their rooms/camps.

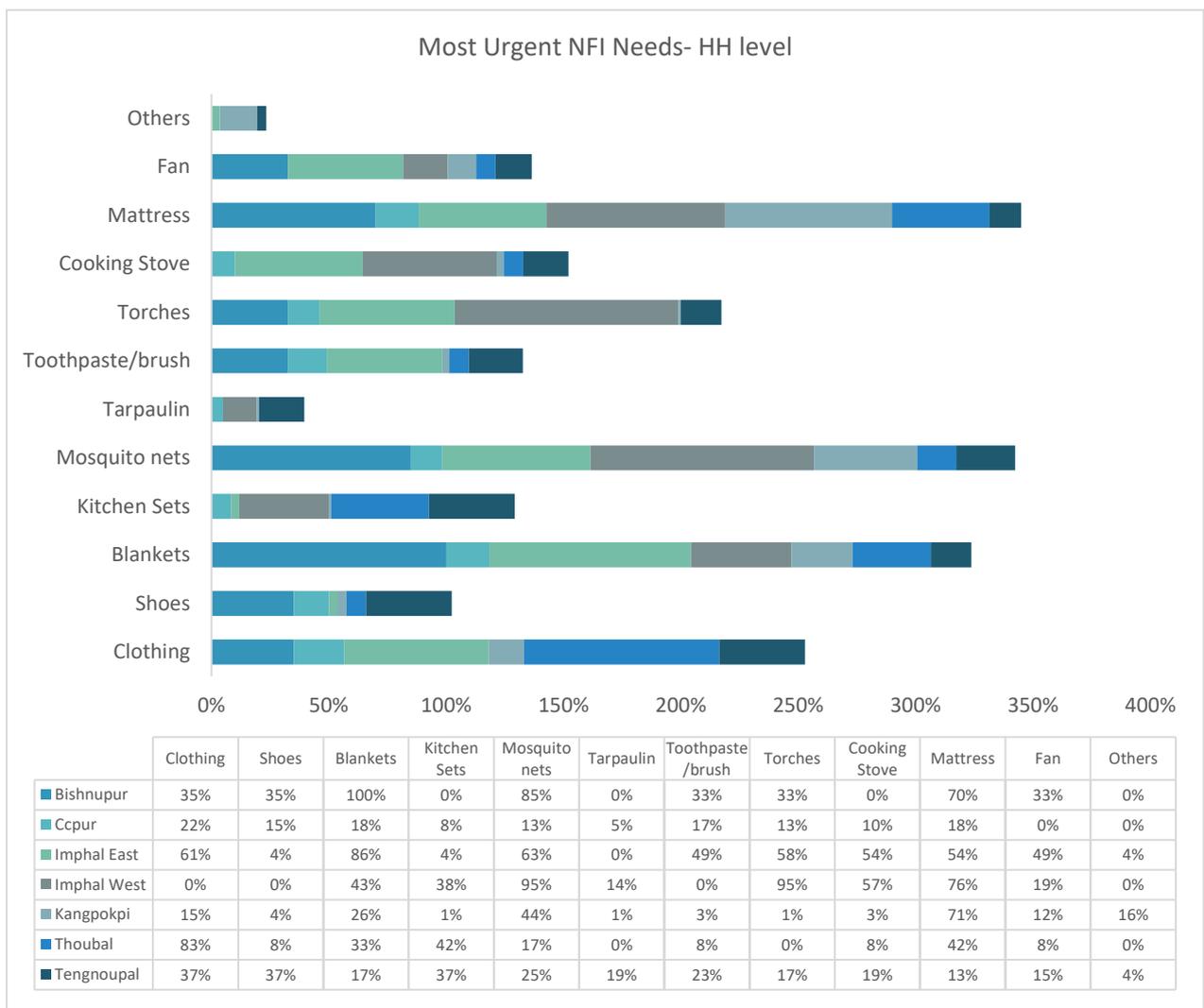


FIGURE 35: MOST URGENT NFI NEEDS



Understanding the most urgent Non-food item needs, across the seven districts of Manipur, blankets, and mosquito nets and mattresses emerged as the most urgent NFI needs. Additionally, clothing Shoes, toothpaste, Kitchen sets, cooking stove were other needed items while tarpaulin was the least needed along with emergency lamps.

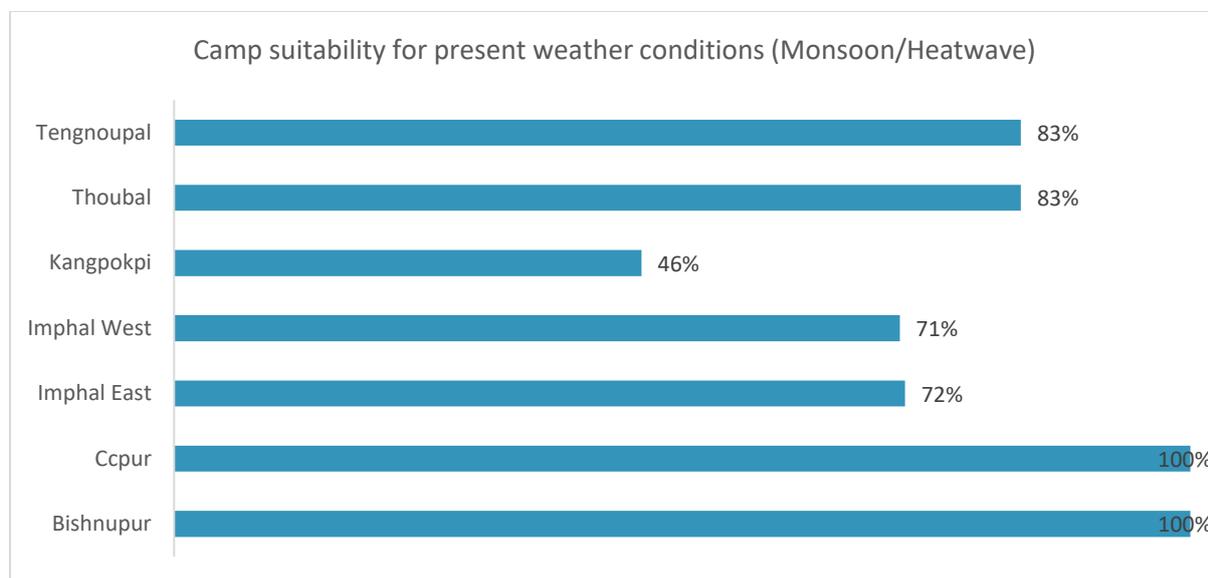


FIGURE 36: CAMP SUITABILITY FOR PRESENT WEATHER CONDITIONS (MONSOON/HEATWAVE)

Understanding the suitability of camps, in the current weather conditions, respondents living on camps of Kangpokpi (46%), Imphal East (72%) and Imphal West (71%) reported that the camp is suitable for present weather conditions.

FGD Findings for Manipur: Shelter Sector

Efforts have been made to provide assistance to meet the shelter needs of affected population. The establishment of camps has provided a temporary solution, and the overall condition of the camps is reported to be fine, with adequate shelter facilities available. Additionally, some affected population have found shelter in school buildings and community halls. However, several challenges have been observed in relation to housing issues. One major challenge is the lack of separate rooms for each family, which affects privacy and living conditions. Additionally, there have been reports of no assistance from the government side, leaving the affected population to fend for themselves. Moreover, the destruction of houses during the violence has further exacerbated the housing crisis.

Situation Overview for Assam (Shelter Sector): For the population affected by the Manipur violence in Assam, efforts have been made to provide assistance to meet their shelter needs. Government and private schools have been utilized as shelters to accommodate the affected population. While these measures have provided a temporary solution, there are significant challenges that have been observed. One major challenge is the insufficient availability of essential items such as blankets and mosquito nets.

In the relief camp, the affected population have expressed concerns about not feeling safe in their current place of residence. The lack of lights, windows, and fans further exacerbates their living conditions and comfort. The most urgent non-food item needs at present include blankets, mosquito nets, kitchen sets, tarpaulin, toothpaste/toothbrush, torches, cooking stoves, and mattresses. The

current shelter is not suitable for the prevailing weather conditions, which can pose additional hardships for the affected population. However, it is positive to note that rooms are provided for males, females, and families, which allows for some degree of privacy. The availability of windows in each room helps with ventilation and natural lighting.

Situation Overview for Mizoram (Shelter Sector): Temporary shelter has been arranged in community halls to accommodate the affected population. While these measures have provided a place of refuge, there are significant challenges that have been observed. One major challenge is the vulnerability of the shelters during heavy rainfall and storms. The safety and stability of the temporary shelters become a concern, posing risks to the well-being of the affected individuals.

The affected people living in the relief camps have expressed feeling safe in their place of residence. They have reported the presence of lights, windows, and fans in their current shelters. However, they have identified some urgent non-food item (NFI) needs that are essential for their well-being. These include shoes, kitchen sets, tarpaulins, toothpaste and toothbrushes, cooking stoves, and fans. It is noted that the current shelter is not suitable for the present weather conditions, indicating a need for better protection against the elements. The camp management has provided separate rooms for females and families, which promotes privacy and safety. Additionally, each room is equipped with windows, allowing for ventilation and natural light.

Urgent Needs

1. **Support to build proper houses:** Many of the affected individuals have lost their homes and are seeking assistance to rebuild their lives by providing them with secure and permanent housing. Plea for assistance in building houses and protecting their land, emphasizing the importance of land rights and security for the affected population
2. **Employment opportunities to earn a livelihood** while staying in refugee camps. This highlights the need for sustainable livelihood programs and job opportunities to support their economic stability.
3. **Government support:** to provide them with the necessary resources and properties to reconstruct their homes and restore their lives. These urgent needs underline the significance of comprehensive support and coordinated efforts from humanitarian organizations and government entities to address the housing, employment, and property-related concerns of the affected population in the aftermath of the Manipur violence.
4. Urgent need for **blankets, mattresses, mosquito nets, cots, mattresses, tarpaulin, torches, cooking** stoves, utensils in most of the camps.
5. **Conditions of the camps needs to be improved:** Some camps setup in open areas do not meet the minimum standards as they lack protected roof, recreational space, privacy etc. Most camps were hastily set up in institutions, public and private properties. They are overcrowded and do not have protection facilities such as safe space for families and separate space for women and men.



4.6 PROTECTION

Overview

The recent unrest in Manipur has led to concerns of safety and security for a large population that is displaced and has taken shelter in camps in Manipur and neighbouring states. Army has been deployed to maintain law and order but there is a prevailing fear of further incidents that may pose risk to life and property.

The assessment looked at aspects such as access to protection services, general safety and security, Safety and security of children and women, and the support for mental and psychological health.

Within the camps set up in schools, colleges and other institutions, people in Manipur mostly feel safe but the situation is not the same in other states. There are concerns about privacy especially for pregnant and lactating women. Some camps have set up separate space for the pregnant and lactating.

Assessment Findings

Based on the information provided by the Camp incharges of 25 camps in five districts of Manipur, forty-six percent of camps reported *General safety and security* as the most important protection need. This is followed by *Mental health and psychosocial support* (23%), *Access to protection services* (16%) and *Safety and Security for women and children* (15%).

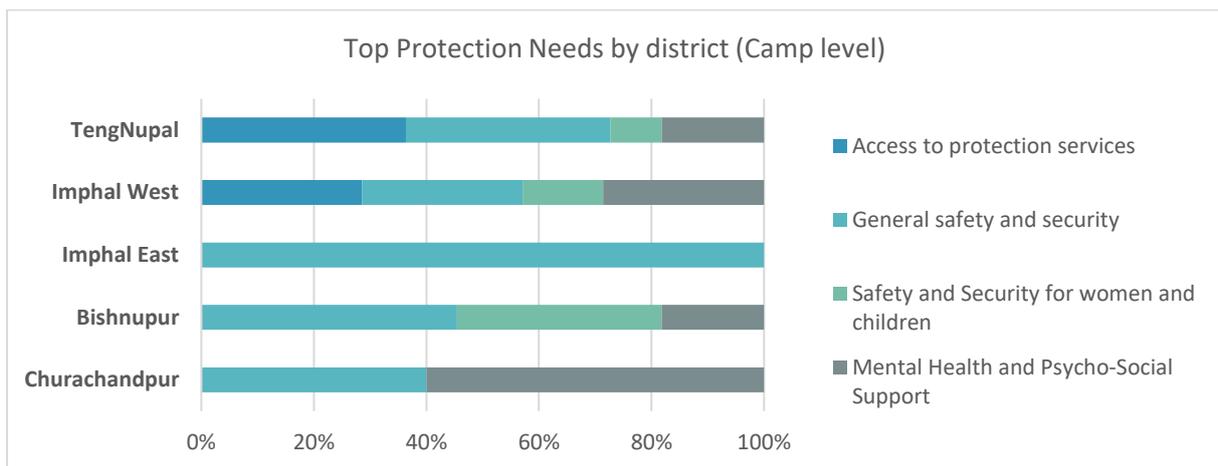


FIGURE 37: TOP PROTECTION NEEDS BY DISTRICT- CAMP LEVEL

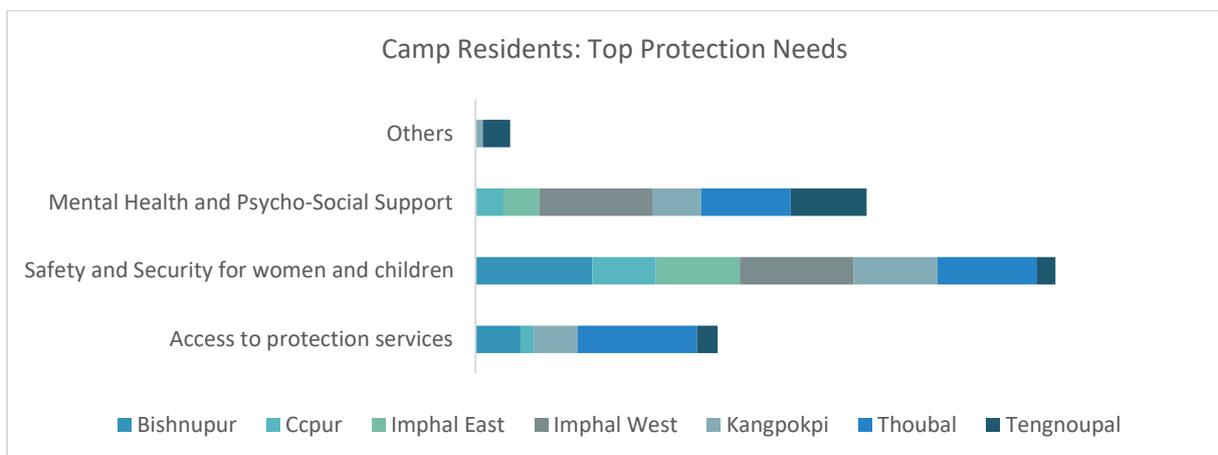


FIGURE 38: CAMP RESIDENTS: TOP PROTECTION NEEDS



Understanding the top priority protection needs, based on the household level survey in seven districts of Manipur, it was observed that Safety and Security for women and children is a priority need. Followed to this is Mental Health and Psycho-Social Support needs and the accessibilities to such services have been identified as priority protection sector needs.

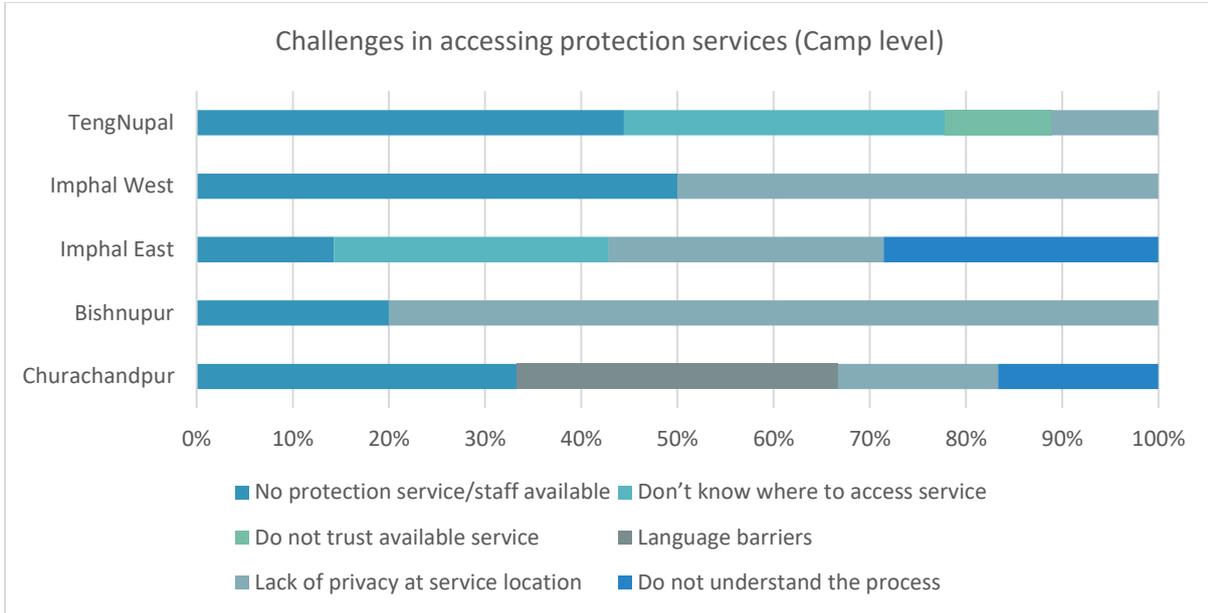


FIGURE 39: CHALLENGES IN ACCESSING PROTECTION SERVICES- CAMP LEVEL

As reported by the camp incharges, the main challenge to access protection services are lack of protection services and staff availability. This is followed by lack of privacy at service locations, lack of knowledge and understanding on methods to access services. Language barriers and lack of trust are also factoring to limit access to protection services.

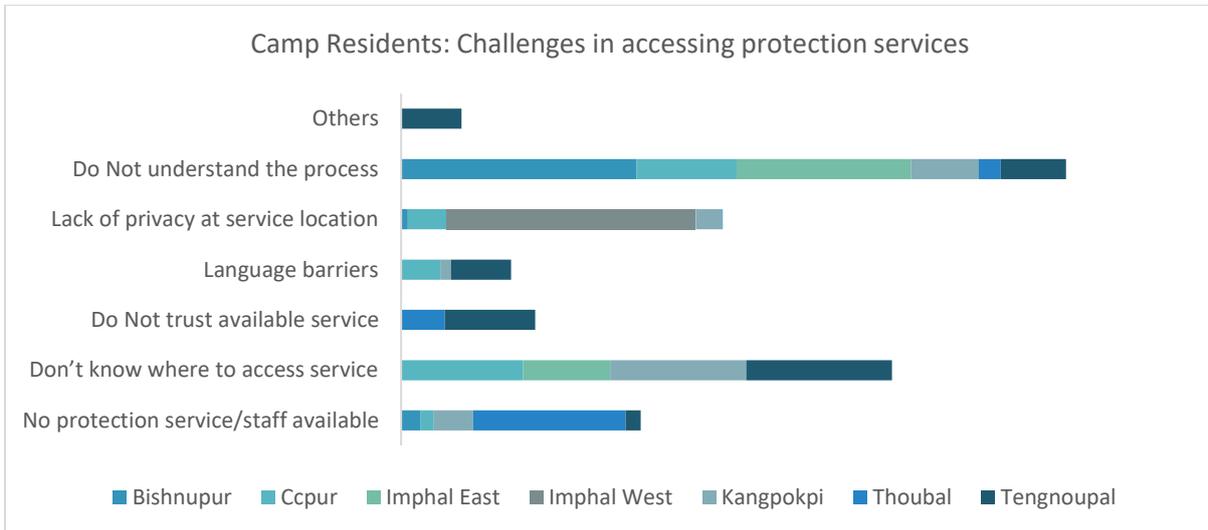


FIGURE 40: CAMP IN-MATES: CHALLENGES IN ACCESSING PROTECTION SERVICES

The camp incharges have reported that peace and order are followed in most camps with adequate provision of security at camp boundaries and gates. There have been isolated instances of anti-social/criminal behavior and discrimination at the camps that have been reported but such is not the case in most of the camps.

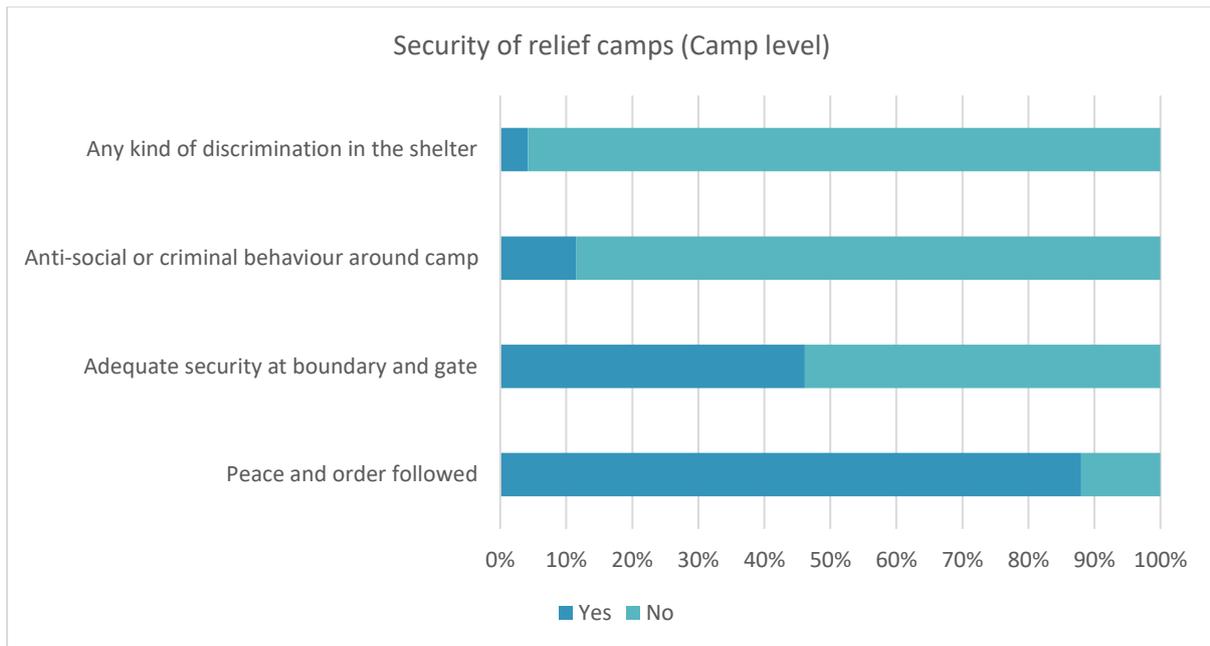


FIGURE 41: SECURITY OF RELIEF CAMPS- CAMP LEVEL

Understanding major concerns of protection, based on the information provided during the household survey, majority respondents across the seven districts of Manipur have stated that risk of losing accommodation, worsened mental health, and no access to education have been the most urgent protection sector needs. Additionally, increased risk of separation from family, Increased vulnerability to physical violence, sexual violence, and fear of being exploited have been cited as the urgent needs by the camp Residents during their stay in aftermath of the Manipur violence. Many residents have also lost vital documents such as academic documents, identification and property documents, etc.

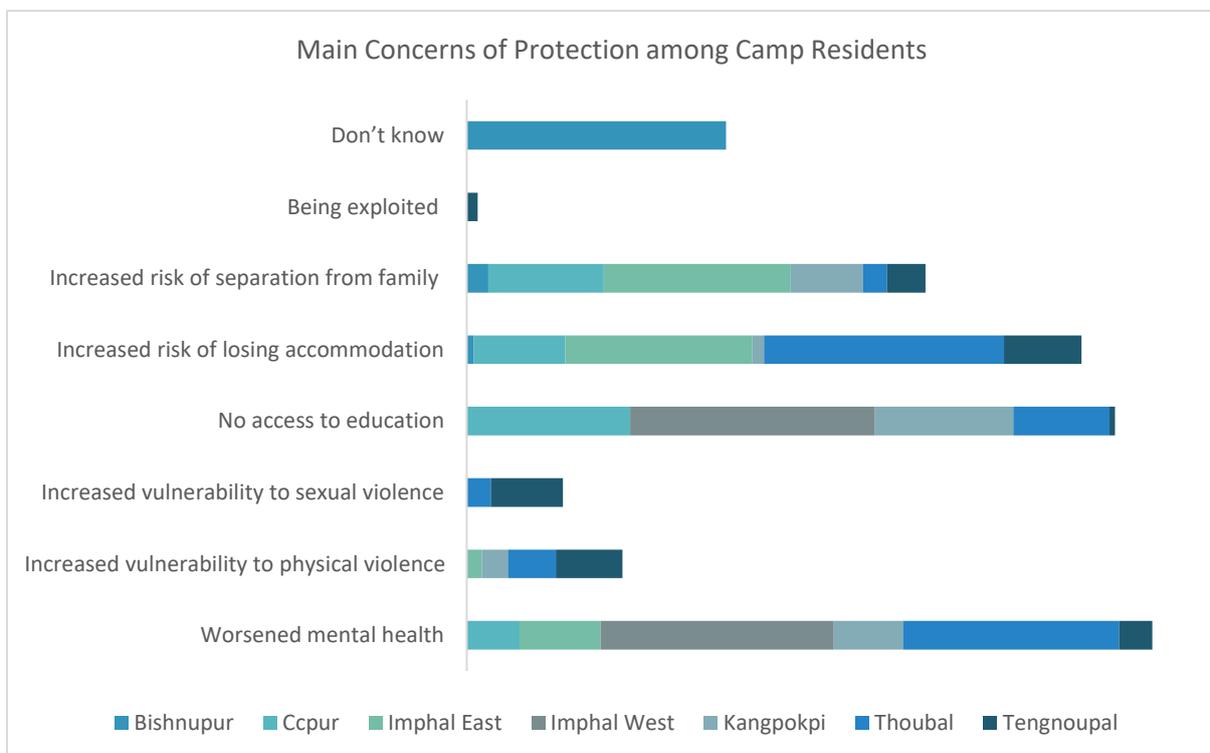


FIGURE 42: MAIN CONCERNS OF PROTECTION AMONG CAMP RESIDENTS

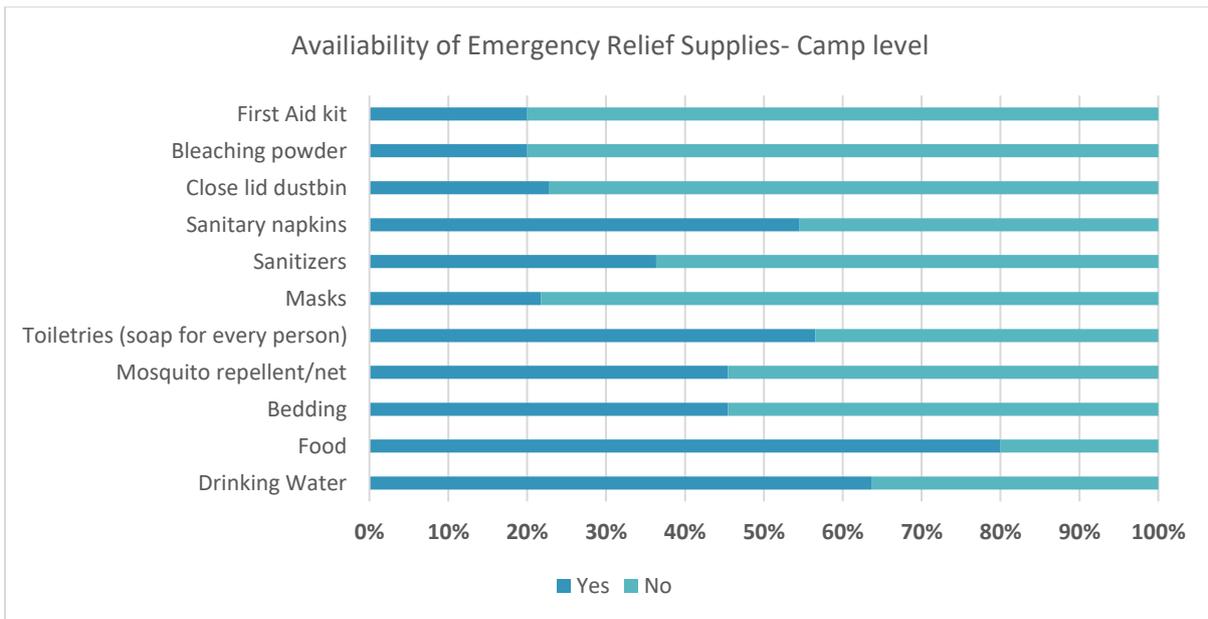


FIGURE 43: EMERGENCY RELIEF SUPPLIES- CAMP LEVEL

FGD Findings for Manipur: Protection Sector

In response to Manipur violence, temporary shelters such as the Neingang Community Hall, School, and NB College Khundrakpam have been established, offering a place of refuge. Volunteers and child helplines have played a crucial role in providing protection, and the Assam Rifles Machi Post and local civil society organizations (CSOs) have also contributed to ensuring the safety of the affected population. However, challenges remain. The certainty of security is a major concern, as some individuals expressed uncertainty and fear for their safety in their current areas of residence. Issues with sanitation facilities were identified, particularly the use of katcha toilets and the lack of separate facilities for different genders. While the majority respondents felt safe in their current shelters, there were reports of a lack of privacy, with suggestions for proper fencing and improved security. Concerns were raised regarding food security, access to kitchen materials, medicine, sanitary products, and clothing. When asked about cases of violence or abuse since their arrival, some individuals acknowledged instances of such incidents, while others reported no such occurrences.

Situation Overview for Assam (Protection Sector): In Assam relief camps, the assistance provided to meet the protection needs of affected population has primarily come from the district administration and local NGOs. However, challenges persist. When asked about feeling safe in their area of residence, the majority responded negatively, citing concerns about community violence. Privacy issues were also identified, particularly the insufficient number of bathrooms in the current shelters. To address cases of violence or abuse, it was suggested that dialogue between the two communities should be initiated by the Government of India. The affected population expressed awareness of whom to contact if they want to share personal concerns or incidents. However, when it comes to children, the response indicated that they do not feel safe in the camp.

The affected population inhabited in the relief camp has highlighted their concerns regarding the protection and safety of children and women, particularly the increased risk of separation from their families. However, accessing protection services has been challenging due to the absence of dedicated protection service staff and a lack of trust in the available resources. While child-friendly spaces are

available in the camp, there are no specific volunteers assigned to provide child-friendly services and psycho-social support to children. Additionally, the residents of the camp are not fully aware of the Childline 1098, Women Helpline 181, and District Child Protection Officer (DCPO).

Situation Overview for Mizoram (Protection Sector): In Mizoram relief camps, assistance have been provided by organizations like Young Mizo Association (YMA) and Voluntary Contributions to meet the protection needs of affected population in districts of Mizoram. When asked about incidences affecting the peaceful living environment of their community, the respondents stated that there are no threats in their environment, but they are afraid of the conditions in Manipur. They feel safe in their area of residence and do not report any privacy issues in their current shelter, as they are living under one roof. The handling of cases of violence or abuse has not been a major concern, and there have been no reported instances of violence or abuse since their arrival. The affected population is aware of whom to contact in case they want to share personal concerns or incidents. Children in the camp are reported to feel safe.

The affected population has shared their concerns regarding the protection and safety of children and women in the area of their stay. One of the main concerns highlighted is the lack of access to education for children. When asked if the details of unaccompanied children have been shared with the District Child Protection Officer (DCPO) or 1098 helpline, the response was negative. However, there are no specific volunteers available to provide child-friendly services and psycho-social support to the children in the camp. The population in the camp is aware of helpline numbers such as Childline 1098, Women Helpline 181, and DCPO, and the information is displayed in the camp. No instances of anti-social elements or criminal behavior have been noticed around the camp, and there have been no reports of discrimination within the shelter.

Urgent Needs

1. **Focus on peace**, communal harmony, and the longing to settle peacefully with the general public. A strong desire to return to their own village and regain a sense of normalcy. The people living in camps suggests that they feel safe and express their gratitude towards the camp organizers.
2. **Child Friendly Space (CFS)**- In terms of making the current stay safer, they appreciate the friendly nature of the volunteers assisting them and emphasize the importance of having a Child Friendly Space (CFS) for the well-being of children.
3. Arrangements need to be made for **psycho-social support to the children** in the camp to address the fear and trauma.
4. **Separate toilet facilities for different genders**. Transgender persons in camps also need neutral toilets.
5. **Privacy for Pregnant and lactating women**. To protect infants from infection and insect bites, cots and mosquito nets need to be provided.

4.7 EDUCATION

Overview

The needs assessment from the relief shelters revealed that study materials of children were damaged due to the violence. Education has been disrupted due to inability to access schools. There is a need to engage students in constructive thinking. Schools and colleges have been converted into shelter/ relief camps until the end of May. As schools and colleges need to reopen this will impact current relief camp residents. Children in higher classes need support with applications for admissions and entrance exams. Students residing in the affected regions from other states were returned to their home states by their state governments. Their education is also thus interrupted.

Assessment Findings

Understanding the school enrolment situation for children prior to displacement, during the household level survey it was observed that 81% of respondents from Imphal West, 48% from Tengenoupal, and 35% from Churachandpur have reported that their children were not enrolled in school, prior to the displacement in camps due to violence.

While 35% respondents from Tengenoupal, 50% from Thoubal, 76% from Kangpokpi, 24% from Imphal West, and 8% respondents from Churachandpur district have reported that their children are enrolled in school for the current academic year.

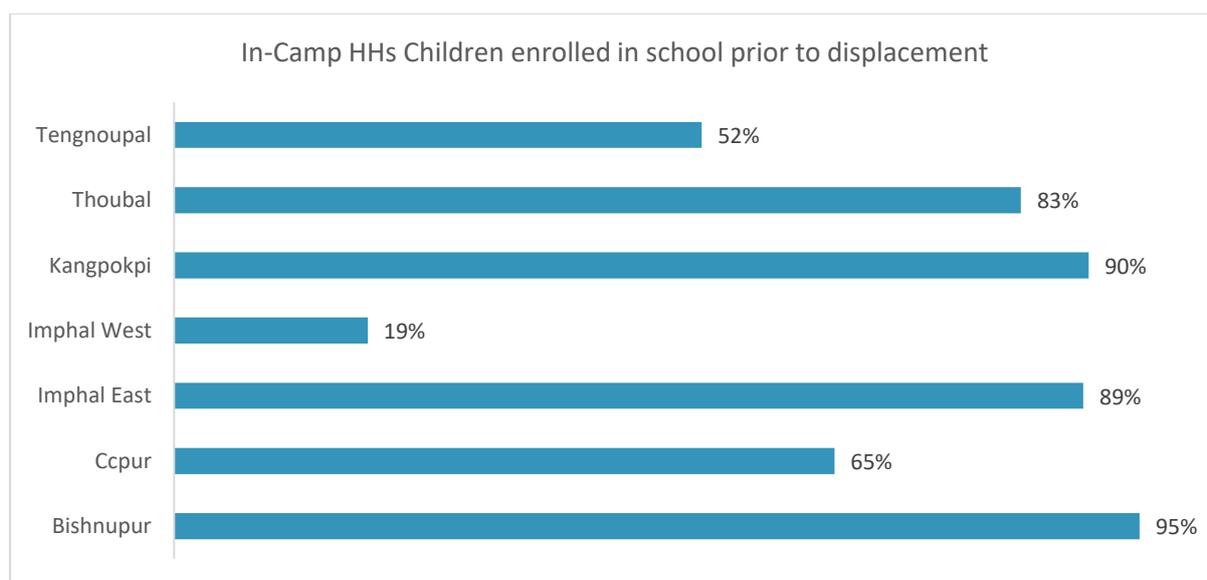


FIGURE 44: IN-CAMP HHs CHILDREN ENROLLED IN SCHOOL PRIOR TO DISPLACEMENT

Understanding the accessibility of education and learning facilities in the relief camps, only 98% of respondents from Bishnupur and 88% from Imphal East have reported that their children can access education in camps. However, children living in Imphal West (24%), Tengenoupal (38%), Thoubal (40%), and Kangpokpi (46%) have access to education in camps but the percentage of children accessing education is quite low. Children living in Churachandpur district have stated that they do not have access to education in the relief camps across the district.

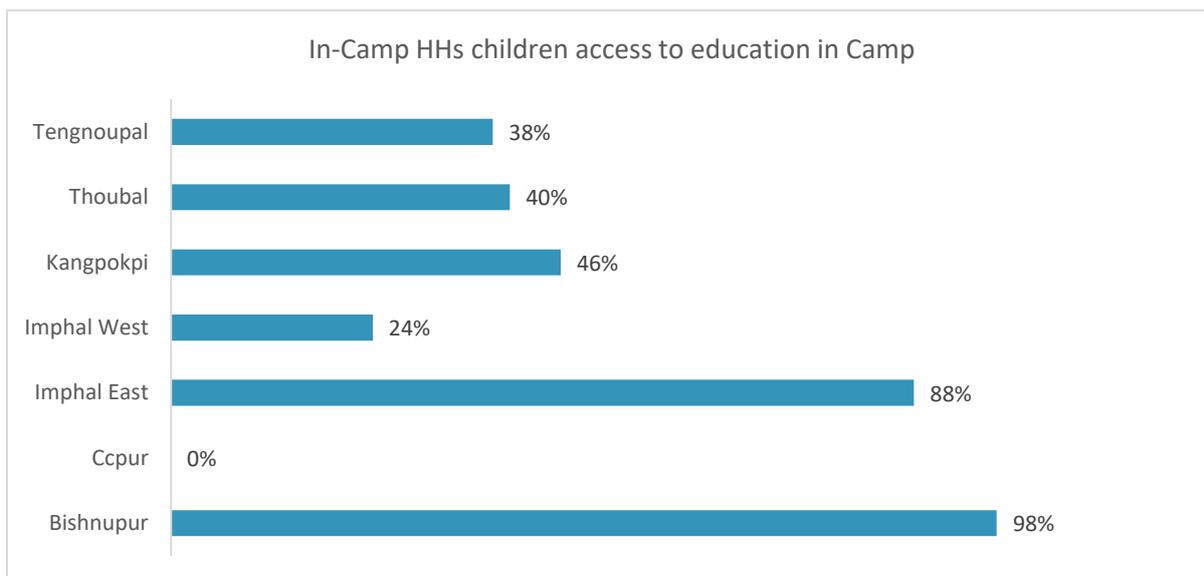


FIGURE 45: IN-CAMP HHS CHILDREN ACCESS TO EDUCATION IN CAMP

FGD Findings for Manipur: Education Sector

The population affected by the Manipur violence has experienced varying degrees of assistance in meeting the education needs of the children affected by the violence. While some individuals reported receiving assistance such as books and notebooks, others mentioned not receiving any support in the education sector. In villages located in the Churachandpur district, no assistance was available for education. However, in the Imphal West district, local individuals conducted daily classes for 45 minutes for children. Unfortunately, some areas, such as Tengnoupal and Thoubal, had no access to schools, which significantly impacted the education of the children residing there. The major challenges identified include the lack of proper classrooms, limited educational resources, insufficient sleeping arrangements for children, and a general sense of insecurity among the children in the camps. As shelter was primarily provided in school buildings across most districts, the disrupted schooling further exacerbated the challenges faced in accessing education. Efforts should be made to address these challenges and provide adequate educational support and safe learning environments for the affected population.

Situation Overview for Assam (Education Sector): As suggested by the responses received, the children affected by the Manipur violence inhabited in Cachar district of Assam have not received any assistance to meet their education needs. Despite this, no major challenges related to education were observed. However, it is worth noting that the children did not feel safe in the camps. Instead of engaging in educational activities during their free time, the children preferred to sleep.

Prior to displacement, the children were enrolled in schools and actively pursuing their education. However, in the current school year, children are facing difficulties in accessing education. Unfortunately, within the camp, there are no provisions or facilities available to provide education to the children.

Situation Overview for Mizoram (Education Sector): The children affected by the Manipur violence inhabited in Mizoram camps have not received any assistance to meet their education needs. The

major challenge observed is the lack of access to education. Despite this, the children feel safe in the camps. During their free time, the children prefer to engage in playing activities.

Prior to displacement, the children were enrolled in schools. However, for the current school year, children are not able to access education, and there is no facility for continuing education in the relief camps.

Urgent Needs

1. **Prioritize education** for their children and request support in providing educational opportunities.
2. **Skill development training**, particularly in tailoring and weaving, as it can help women earn a livelihood. The provision of tailoring and weaving machines is seen as essential for their economic empowerment.
3. **Financial support** is also needed to address their financial challenges. The population values recreational activities such as playing, studying, and reading the Bible, and they express the desire for more play materials to enhance their comfort.
4. **Importance of games, sports materials, and education** assistance in the relief camps. Responding to these needs can help empower the affected population and contribute to their overall well-being and resilience.



4.8 TOP PRIORITY NEEDS

The joint rapid need assessment conducted in response to the violence in Manipur has identified the top priority needs in each district. In Bishnupur, the key priorities observed are access to food, access to clean drinking water, and access to safe functional toilets. Churachandpur district highlights the importance of access to income generating activities, access to health services, and access to food as critical needs. In Imphal East, the top priorities include access to food, access to education, and mental health and psychosocial support (MHPSS). Kangpokpi district emphasizes the need for access to health services, income generating activities, and access to food. Tengnoupal district recognizes access to food, access to safe and functional latrines, and access to household cooking items as the key priorities. Thoubal district identifies access to food, MHPSS, and access to household cooking items as the top needs. Lastly, in Imphal West, access to education, access to sanitation and hygiene products, and access to income generating activities are considered as high-priority needs.

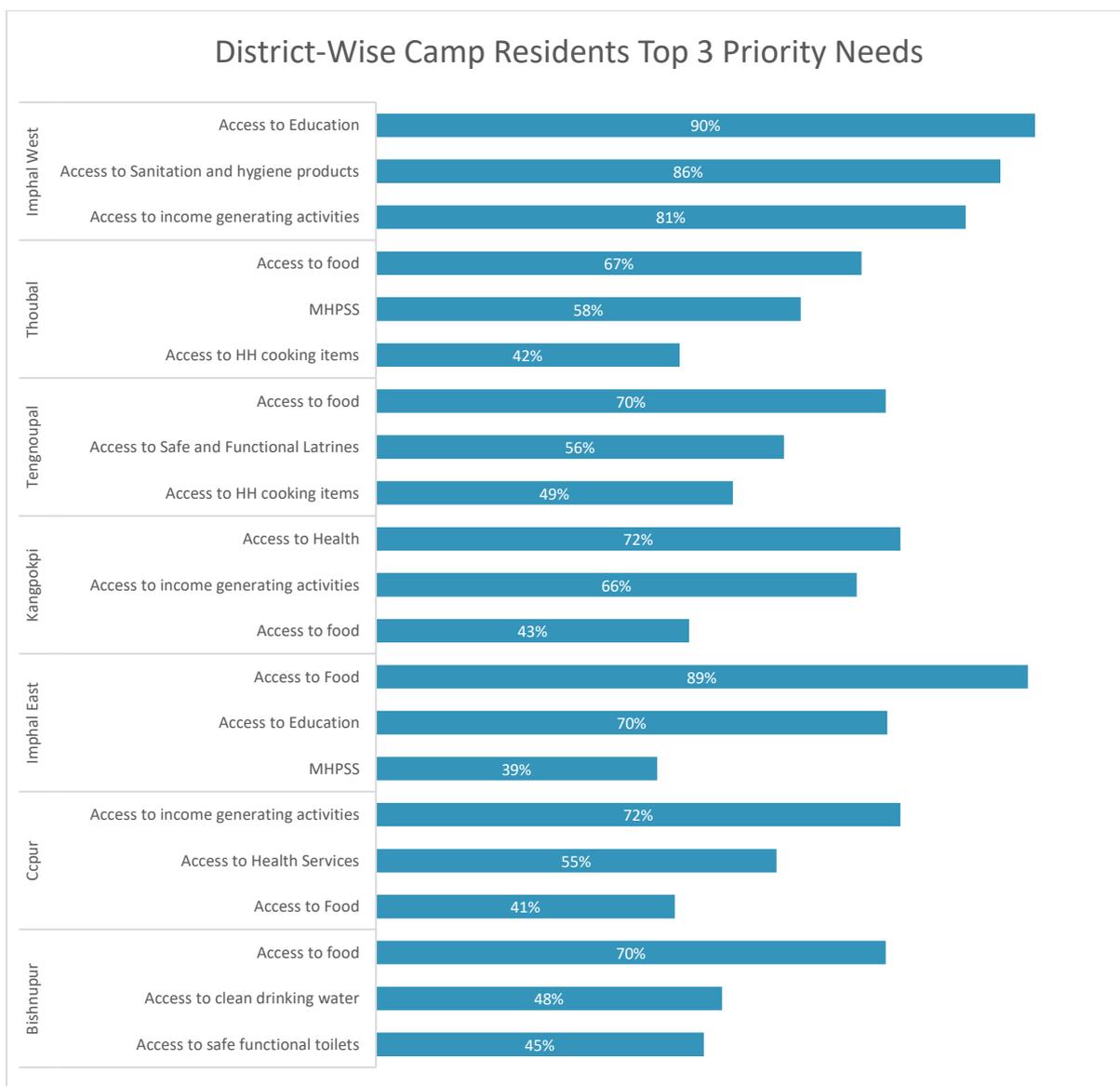


FIGURE 46: DISTRICT-WISE CAMP RESIDENTS TOP 3 PRIORITY NEEDS

5. RECOMMENDATIONS

5.1. FOOD SECURITY AND LIVELIHOOD

Immediate

- Dry ration food kits in accordance with regional needs/requirements including nutrition kits to be provided to meet ration shortage/fill the gap of inability to purchase the food.
- Special provision of nutrition kits to be created for pregnant women, lactating mothers, children, sick and elderly.
- Needs for identification/mapping of vulnerable groups that are marginalized to ensure inclusive access of food and nutrition under affected geographies.

Mid-term (3 to 6 Months)

- Conduct a detailed livelihoods' assessment and identify livelihood support options for those still in camps, and provision of the same along with the required capacity building/skill enhancement support which will enable them to generate income for their families.
- Economic and market analysis along with understanding of food supply systems that includes the understanding of food supply chain, consumer or people behavior, plan and policies of the government can be explored.
- Manipur government has started the One Family One Livelihood Scheme (OFOL). Through this scheme, State Government provides financial assistance to starting new businesses to the everyone who are living in Manipur. Advocacy and promotion of this scheme can be taken up at short- and long-term basis.
- Conditional cash transfers to engage in alternate livelihood or livelihood activities through cash for work.
- Enrollment of the affected populations for coverage under social protection schemes at displaced locations/ transition shelters, in the post conflict scenario.
- Detailed nutrition assessment of the affected communities especially focusing on infant and young children, adolescent girls, pregnant/lactating mothers, and elderly, PwD, single women headed households in a conflict scenario.
- Design and enrollment of GO-NGO partnership for recovery of food security and nutrition and livelihoods of the affected population utilizing governmental support mechanisms and resources.

Long term

- Advocacy with Government and linkages with food security social protection schemes of the government.
- Restoration of ICDS centers to address nutrition needs of the children and pregnant/lactating mothers.
- Linkage with MGNREGA, Rastriya Krishi Vikash Yojana (RKVY) for all round development of agriculture and allied sectors for food security. Support through the NRLM program specially for women groups (SHGs).

5.2. WATER SANITATION AND HYGIENE

Immediate

- All the drinking water sources need to be disinfected immediately to make people access to safe drinking water facilities. Additionally, disinfectants (Halogen tablets/ Bleaching powder etc.) may be supplied to the required households in the community.
- Along with the supply of sufficient Hygiene Kits, there is an immediate need to use the IEC materials on hygiene education, especially on personal hygiene and Menstrual hygiene and also use of some such IEC materials.
- WASH facilities at the centres are not adequate, especially with personal hygiene being limited. For women and girls, access to sanitary pads must be provided immediately and personal hygiene kits for all the residing residents.
- With regards to the number of toilets, few of the camps have the population of more than 500 residents with just 2 male and 2 female toilets which are insufficient. The limited availability of toilets, a usage of 20 families, requires more mobile toilets to be set up in nearby camp areas.
- Temporary bathing spaces have been created but the need for toilets and bathing space has increased with an increasing number of temporary settlements of people.
- Construction of community toilet and bathing facilities with separate provision for women.
- In few camps, there has been an observance of open defecation, provision of information on temporary toilets would help in reducing open defecation. In addition, orientation to water purification methods to affected people is necessary.
- Providing access to potable drinking water and sanitation facilities specially for bathing purposes, which are inadequate. Distribution of safe drinking water, which is not contaminated. The most immediate needs drinking water bottles have been provided in the relief camps of mostly 1 litre size.
- Waste disposal mechanisms are adequate and efficiently provided in all the camps, however plastic waste can cause disruption in waste management systems.
- Repair and maintenance of the existing piped water network/systems.
- Repair and maintenance of toilets and bathing spaces in the camps including special provision for lighting, access ways, tarpaulin for covering the toilet/bathroom roofs.
- Provision of adequate cleaning supplies at the camp level to maintain hygienic camp conditions. Use of disinfectants that are active against enveloped viruses, such as the COVID-19 virus, include commonly used hospital disinfectants. Currently, the WHO recommends the use of: o 62%-70% ethyl alcohol to disinfect small areas, for example: reusable dedicated equipment (for example, thermometers) between uses.

Mid-term (3 to 6 Months)

- Provision of community toilet and bathing facilities for the people dwelling in the camps
- Access to water filters and clean drinking water facilities at various water points across the camp. In addition, rehabilitation of households should also ensure that household level water storage containers and water purifiers are provided.
- Access to IEC materials to the Orientation on frequent hand wash and maintenance of hygiene should be organised to be shared at the community and camp level with the affected populations.

- Waste management and disposal mechanisms, which do not increase landfill in the area and plastic disposal, should ensure that Municipal Corporation Authorities effectively cater to regular monitoring and systems of disposal in the area to curb the spread of any diseases and contamination of water.
- Menstrual pads need to be provided per household (with females in reproductive age) with incinerators for disposal fixed across toilets and availability of pad stations.
- Setting up of gender-segregated toilets as per the camp requirements.
- Awareness sessions to be conducted on Public Health Promotion (PHP) and Menstrual Hygiene Management (MHM).

Long term

- Looking at state level budgetary policy recommendations for improved sanitation facilities at household, community and district levels.
- Policy support through community mobilization and regular needs assessment to ensure maximum dignity in accessing clean sanitary facilities.
- Advocacy and capacity building with the government to ensure effective implementation of WASH schemes in the affected areas.
- Advocating and Influencing Government to adhere resilient WASH flagship programs along with proper Operation and Management in Place for community WASH facilities, towards its sustainability.

5.3. HEALTH

Immediate

- Coordination with the Health Department and District Administration to set up health camps for the displaced persons.
- Provision of basic essential medicines and first aid material to families.
- Psychosocial first aid to be provided to the camp residents. Referral mechanisms and tele-counselling services need to be set up for critical cases requiring additional psychosocial support.

Mid-term (3 to 6 Months)

- Assessment of special needs of vulnerable persons and provision of referral support.
- Access to ambulance services for emergency medical care should be set up at the village and district levels.
- Mass awareness for hand washing and sanitation, purification of drinking water, for which we need chlorine tablets / P&G Sachets, Demonstration of ORS sachets, breastfeeding and complementary Feeding, care of common childhood illnesses.
- Immunization Services should be restarted in partnership with the National Health Mission. Vaccination should be provided against typhoid, Hepatitis A, measles and other preventable diseases.

Long term

- Set up regular monitoring services for long term psychosocial support to affected populations. The camp residents should be provided the knowledge on how to access tele-counselling and other services to avail support for mental health related concerns.

5.4. SHELTER

Immediate

- NFI kits containing ground sheets, mattresses, bed sheets, blankets, warm clothes, kitchen utensils, etc. to be provided to meet essential needs.
- Retrofitting and camp space management support for existing camps to factor additional protection and shelter repairing needs.

Mid-term (3 to 6 Months)

- Negotiations in collaboration with local stakeholders for ensuring a safe place for families/individuals desiring to move to a safer place.
- Transitional temporary shelters need to be provided to camp residents as they shift from the relief shelters to new government allocated land/settlements.

Long term

- Shelter repairs/ reconstruction support for those families returning to their homes.
- Allocation of new land for affected populations who have lost their homes due to the crisis.

5.5. PROTECTION

Immediate

- Protection case management through direct support and referrals.
- Awareness on Gender-based Violence (GBV), safety and protection issues especially focusing on children, women and other people with special needs.

Mid-term (3 to 6 Months)

- Provision of counselling for children and adults/youths affected by clashes and their re-admission to schools.
- Psychological first aid and more specialised psychosocial services i.e., trauma counselling.

Long term

- Negotiation to facilitate return/settlement of camp residents safely to their desired locations with support from local stakeholders and government authorities.

5.6. EDUCATION

Immediate

- There has been tremendous loss caused to students in access to study materials, immediate provision of study material for children is essential.
- An immediate provision of education centres equipped with proper teaching, learning material and trained volunteers should be engaged to orient and provide psycho-social support to the teachers/students' needs within the vicinity and at the camp areas.
- Ensure temporary recreation/play facilities for constructive engagement of children.
- Providing instructors/educationists at the camps, as schools and colleges have been turned into relief camps causing a disruption in the learning of students.
- Provide help-desks close to the camps for children studying in colleges/higher secondary to seek support on admissions, entrance exams and travel support.

- Fast-track of ICPS structures, outreach and helpline such as Childline services, identifying specific CNCP cases including children who were in street situations, analysis of their whereabouts/status, referrals and linkages with structures such as DCPCR, DCPU, CWC etc.

Mid-term (3 to 6 Months)

- Setting up Child Friendly Spaces (CFS) for children and adolescents for providing real time special support and continued education.
- Allocation of special budgets for children of victims, especially to those facing financial challenges.
- Creation of skill development training and programmes for children and youth specially to enable them towards holistic development.
- For those students who had to appear in the CBSE or ICSE Board Exams, the Directorate of Education should collate a list of affected students to collect relevant dates in order to conduct examination through any alternate mechanisms/provisions.
- Assessing academic institutes in order to effectively cater to the physical and emotional needs of the children and affected students due to the disruption by creating sport centres and facilities and reconstruction of the damaged structures.

Long term

- Negotiations with local stakeholders for admission to local schools in the host community to reduce learning losses for children.
- Assess the academic institutions status in the affected households, communities and district level with regular monitoring
- Monitor the progress of children who lost family, and house and provide them with aid for sustenance and future educational needs

Annexure

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JRNA Questionnaire

1. [CAMP INCHARGE JRNA ASSESSMENT TOOL](#)
2. [DISTRICT TOOL – JRNA](#)
3. [FGD TOOL – JRNA](#)
4. [CAMP INMATE ASSESSMENT TOOL - JRNA](#)



Gallery: Field Photographs





LOCALLY LED BY:



KHANGTHAH
ZUUN PAWL (KZP)



Indian Red Cross Society



SUPPORTED BY:



Sphere India
National Coalition of Humanitarian Agencies in India

Note:

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



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