



CYCLONE REMAL WEST BENGAL JOINT RAPID NEEDS ASSESSMENT

MAY 2024



Sphere India

National Coalition of Humanitarian Agencies in India

CYCLONE REMAL JRNA REPORT

WEST BENGAL - MAY 2024

Acknowledgement

This Joint Rapid Needs Assessment (JRNA) would not have been possible without the cooperation and constant support of volunteers, local member organizations of IAG West Bengal, CARITAS India, Sundarban Green Environment Association, Sabuj Sangha, Kajla Janakalyan Samity, Swarnalata Sabuj Seva Sadan, Canning Swanirbhar, UNICEF, CASA, SSDC, Bal Raksha Bharat, PSJKS, Doctors For You, PRISM, district and village officials, and communities from affected areas. We are indebted to all of them, exigencies of space and time constraints limit us from naming/mentioning each one of them here.

However, we would like to acknowledge with deep gratitude, the guidance, cooperation, and support extended by UNICEF, IAG West Bengal for mobilizing the volunteers to collect real-time information, provide valuable inputs, and coordinate the assessment process. We would also like to acknowledge the sectoral experts, report writers, and editors who contributed their valuable time in reading and editing this report.

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

IAG West Bengal & Sphere India

About JRNA and Disclaimer

As per Sphere India Standard Operating Procedures, adapted to address the emergency situation, a Joint Rapid Needs Assessment (JRNA) was conducted across the cyclone affected areas of West Bengal; data collection was conducted through secondary sources, field visits, personal interviews, observations, and information provided by local authorities and CBOs. The organizations engaged in response have also shared their observation notes to incorporate in the report. Also, on-ground information was collected using smart phones through a data collection mobile application and collated by the core team taking due consent from the villagers. The aim was to gather information on the impact of cyclone on the community members and understand their recovery needs, collate, and analyse the findings, and disseminate the information to the State, National, and international agencies.

Disclaimer

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

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EXECUTIVE SUMMARY

Severe Cyclonic Storm Remal was a moderately intense and deadly tropical cyclone that affected West Bengal and Bangladesh in May 2024. Cyclone Remal made landfall between Sagar Island in West Bengal and Khepupara in Bangladesh on May 26, 2024, severely impacting the coastal regions of both areas. In West Bengal, the cyclone's ferocity was particularly felt across several coastal districts, including South 24 Parganas, North 24 Parganas, Kakdwip, Namkhana, Sagar Island, Diamond Harbour, Fraserganj, Bakkhali, and Mandarmani. The cyclone's destructive force resulted in extensive damage to infrastructure and property, with power lines snapped, poles and trees uprooted, and roofs blown off thatched houses. The heavy rain and high tides led to damaged embankments and flooding in coastal areas, complicating the recovery efforts. The state government evacuated over 207,060 people to 1,438 safe shelters to mitigate the impact of the cyclone. Despite these efforts, six lives were lost, and significant property damage was reported. According to media reports, around 2,500 houses were completely destroyed, and 27,000 others partially damaged, while more than 1,700 electric poles were brought down by the storm.

SECTORAL FINDINGS AND URGENT NEEDS



FOOD, NUTRITION
& LIVELIHOOD



WASH



HEALTH



SHELTER



PROTECTION



EDUCATION

Food Nutrition and Livelihood: Cyclone Remal severely disrupted food security in West Bengal, with 30% of affected households having less than a week's worth of food. Reliance on government programs like the PDS and Anganwadi centers is high, but market and supply chain disruptions are widespread. Significant financial constraints and price hikes further exacerbate the crisis, with many households facing challenges in accessing fresh food and cooking facilities. Immediate and long-term interventions are crucial to restore food supply chains and enhance community resilience. Ensuring continuous access to government nutrition services is also a priority.

Immediate actions include emergency food aid, mobile distribution units, and financial assistance. Mid-term efforts focus on market rehabilitation, community kitchens, and nutrition education. Long-term strategies promote food source diversification, sustainable agriculture, and policy development for food security.

WASH: The cyclone severely impacted water and sanitation conditions in West Bengal, with over 6,500 households lacking access to safe drinking water. Many villages reported insufficient water availability, and post-disaster, there was a notable shift to less safe water sources. Sanitation infrastructure was heavily damaged, leading to increased open defecation and disrupted waste disposal services. Menstrual hygiene and access to handwashing facilities are critical issues, with significant shortages in menstrual products and soap. Immediate and long-term interventions are essential to restore safe water access, improve sanitation facilities, and ensure proper hygiene practices

Short-term efforts prioritize disinfection of drinking water sources, deployment of water tankers, and provision of hygiene kits. Mid-term actions focus on restoring water supply and sanitation infrastructure, and promoting water conservation. Long-term goals include sustainable WASH infrastructure, early warning systems, and equitable access to safe water and sanitation.

Education: The cyclone severely impacted the education sector in East Medinipur, North 24 Parganas, and South 24 Parganas, with 54% of villages reporting non-functional schools or low student attendance. Many schools have been converted into relief camps, especially in South 24 Parganas (53%) and East Medinipur (47%), disrupting education. Power shortages and physical damage to school buildings are significant issues, affecting the functionality of schools. East Medinipur faces a more urgent need for educational material replacement, with 73% reporting damage compared to 39% in South 24 Parganas. Immediate interventions are required to restore school functionality and address infrastructure and resource deficiencies.

Immediate support includes temporary relocation, emergency repairs, and resource distribution for affected schools. Mid-term initiatives involve digital infrastructure projects, school rehabilitation, and transportation support. Long-term strategies advocate for policy reforms, community engagement, and monitoring educational interventions..

Health: The cyclone severely impacted health conditions in districts of West Bengal, necessitating emergency medical support, restoration of healthcare facilities, and mobile medical units. Immediate health needs include treating communicable and waterborne diseases, with significant reports of fever, cold, and gastrointestinal issues. Mental health support is crucial, with 17% in East Medinipur and 28% in South 24 Parganas reporting trauma. Health facility functionality is hampered by staff shortages and lack of supplies, affecting 47% of households in East Medinipur and 19% in South 24 Parganas. Urgent interventions are needed to address these health challenges and restore essential services.

Short-term measures involve emergency medical care, disease surveillance, and mental health support. Mid-term plans aim to upgrade health infrastructure, capacity building for healthcare workers, and improved access to essential medicines. Long-term goals focus on community health promotion, strengthening primary healthcare, and sustainable power solutions for health facilities.

Shelter: The cyclone severely impacted housing in East Medinipur and South 24 Parganas, with 2,718 houses fully damaged and 16,274 partially damaged. Immediate shelter is needed for 7,465 households, while 98% live in temporary accommodations. Accessibility for persons with disabilities in relief camps is generally good but requires improvement. Most households report displacement, significant damage to toilets, and inadequate support for repairs, with financial assistance and materials urgently needed for reconstruction. Top non-food needs include tarpaulin, bedding, and mosquito nets, alongside essentials like sanitary pads, medicines, and hygiene items.

Immediate actions include providing emergency shelter materials and establishing community-led shelter management. Mid-term efforts focus on repairing houses with disaster-resilient techniques, and training construction workers. Long-term strategies involve developing disaster-resilient building codes, promoting safe housing, and enhancing land-use planning.

Protection: The post-disaster assessment identifies significant protection concerns in East Medinipur, North 24 Parganas, and South 24 Parganas, including limited security access, privacy issues, and domestic violence, with the latter notably higher in South 24 Parganas. Major protection issues include sexual abuse, domestic violence, child abuse, and lawlessness. East Medinipur reports higher vulnerability levels, with significant needs for safety, education, food security, and healthcare, especially for women and children. Immediate interventions are necessary to address these protection concerns and ensure comprehensive support for affected communities

Short-term measures include deploying security personnel, distributing menstrual hygiene kits, and awareness campaigns on gender-based violence. Mid-term plans focus on developing protocols for domestic violence, establishing community support groups, and training healthcare workers. Long-term goals aim to integrate protection concerns into disaster plans, invest in infrastructure, and advocate for policy reforms

Background

Situation Overview

Cyclone Remal made landfall between Sagar Island in West Bengal and Khepupara in Bangladesh on 26th May 2024, severely impacting the coastal regions of both areas. In West Bengal, the cyclone's ferocity was particularly felt across several coastal districts, including South 24 Parganas, North 24 Parganas, Kakdwip, Namkhana, Sagar Island, Diamond Harbour, Fraserganj,

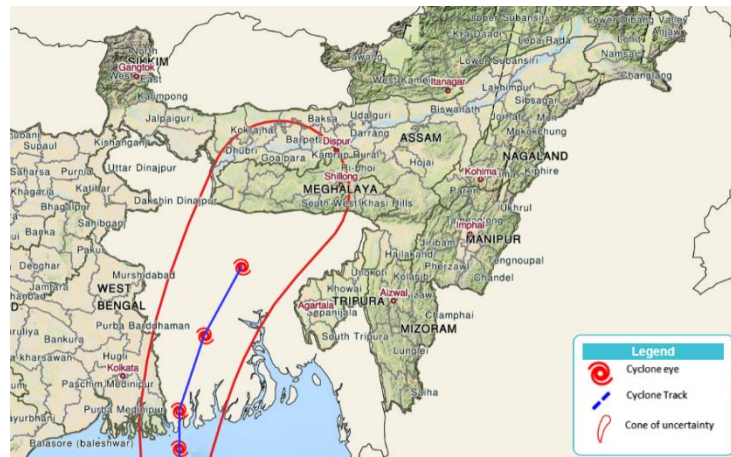


FIGURE 1: CYCLONE TRACK

Bakkhali, and Mandarmani. The cyclone's destructive force resulted in extensive damage to infrastructure and property, with power lines snapped, poles and trees uprooted, and roofs blown off thatched houses. The heavy rain and high tides led to damaged embankments and flooding in coastal areas, complicating the recovery efforts.

The state government has evacuated over 207,060 people to 1,438 safe shelters to mitigate the impact of the cyclone. Despite these efforts, six lives were lost, and significant property damage was reported. As per media report, around 2,500 houses were completely destroyed, and 27,000 others partially damaged, while more than 1,700 electric poles were brought down by the storm. Additionally, major roads in Kolkata, such as Central Avenue and College Street, remain waterlogged, creating further challenges for residents. The cyclone also disrupted preparations for the seventh and final phase of polling, with 48 polling stations in North and South 24 Parganas districts damaged.

In South 24 Parganas district alone, 23 blocks and four municipalities were severely affected, including Canning, Kakdwip, Baruipur, Diamond Harbour, and Sadar Alipore subdivisions. The cyclone impacted a total of 19,05,032 people, resulting in two casualties and three injuries. Agricultural damage was substantial, with 5,024 hectares of crop area affected and 2,849 houses fully damaged, along with 37,469 houses partially damaged. Additionally, a shortage of baby food has been reported in relief shelters, underscoring the urgent need for humanitarian assistance in the aftermath of Cyclone Remal.

Relief Measures GO & NGO

Government Response

- Over 1,400 relief camps are operational in affected districts, catering to the needs of evacuees.
- 14 teams of the National Disaster Response Force (NDRF) have been deployed in the districts of North 24 Parganas (2), South 24 Parganas (03), East Midnapore (02), West Midnapore (02), Kolkata (01), Howrah (01), Hooghly (01), Murshidabad (01), Nadia (01).
- The Kolkata Municipality team and Kolkata Police Disaster Management team are actively involved in clearing uprooted trees, particularly in the Alipore area of the city.
- The Indian Coast Guard has deployed aircraft and vessels to assist in managing the aftermath of the cyclone in West Bengal and Odisha.
- The West Bengal state governments have initiated relief operations, providing food, water, and medical assistance to affected individuals.

Humanitarian Response

- **IAG-West Bengal:** Held its first and second preparedness meetings on 25th and 26th May 2024; the third meeting was conducted on 27th May at 3 PM, and the fourth coordination meeting took place on 28th May to gather updates from the field.
- **CASA:** Monitored the situation and coordinated all responding agencies to enhance the response and eliminate duplication of efforts.
- **Plan India:** Actively monitoring the situation, participating in Joint Rapid Needs Assessments (JRNA), and planning post-disaster response activities.
- **Sabuj Sangha:** Offering and facilitating community kitchens to provide cooked food at evacuation centers, distributing 5000 dry foods for nighttime, offering basic medicines and medical camps. Providing 500 shelter support in 91 villages of South 24 Parganas and East Medinipur districts.
- **Kajia Jana Kalyan Samity:** Distributing dry food in 50 villages across South 24 Parganas, Purba Medinipur, and Howrah districts.
- **Pathar Pratima Runners:** Planning to build local resilience through Disaster Risk Reduction (DRR) training sessions to increase the number of existing members.

- **DRCSC:** Raising awareness among the people and guiding them on do's and don'ts during and after the cyclone.
- **PRASARI:** Conducting awareness sessions in North and South 24 Parganas.
- **RKMA Narendrapur:** Carrying out surveys and needs assessments.
- **Caritas India:** Providing shelter support in North and South 24 Parganas districts.
- **CBM India:** Offering community kitchens and dry ration support for 1,000 households in South 24 Parganas and adjoining parts of North 24 Parganas.
- **Bal Raksha Bharat:** Planning need assessment and relief and recovery support.
- **Doctors For You:** Deployed dedicated team of medical professionals and volunteers in flood affected regions to conduct comprehensive observational assessments. They are assessing the immediate health needs of the affected population, focusing on injuries, illnesses, and potential outbreaks of waterborne diseases.
- **Sphere India:** With support from IAG West Bengal, initiated an Inter-Agency Coordination (IAC) meeting on the cyclone incident in West Bengal. The meeting decided to share the Unified Response Strategy (URS) matrix and conduct JRNA. Kobo training was conducted on 28th May, with data collection from 29th to 02nd June, and the final report shared on 06th June 2024.

Overview of Joint Rapid Needs Assessment

Time Frame

In close coordination with State Inter Agency Group- West Bengal, Sphere India has been monitoring the situation from 22nd May 2024. Four SitReps were also released during this time. Four Situation Reports were also released during this time. Considering the challenging situation, four preparedness meetings of IAG West Bengal were called, and an emergency IAC meeting was convened on 26th May 2024, with representatives from IAG West Bengal and other responding agencies and during this meeting, the IAC committee decided to activate the Unified Response Strategy (URS) and initiate the JRNA Process.

Timeline	Activities
26 th May 2024	Cyclone Hit
26 th May 2024	IAC Meeting with IAG coordinator and other field responders
27 th May 2024	Deployment of all tools in Bangla on Kobo
28 th May 2024	Orientation of Data Collection Volunteers
29 th May – 2 nd June 2024	Data Collection in the field
03 rd June 2024	Data Analysis
04 th June 2024	First draft of the report to be shared with Sector Committees
05 th June 2024	Consolidation and Final Report Dissemination
07 th June 2024	Multi stakeholder consultation meeting to present findings and recommendations

Methodology

Based on the emergency situation, the Inter agency Coordination committee coordinated with its existing NGO partners working in the affected districts of West Bengal. A Joint Rapid Needs Assessment was conducted to identify the urgent, mid-term and long-term needs of affected community for the essential sectors of Food & Nutrition, Health, Water Sanitation and Hygiene (WaSH), Education, Shelter, Livelihood, and Protection. This would help flag the vulnerability of affected community to access basic services and entitlements in South 24 Parganas, North 24 Parganas, and East Medinipur districts.

The JRNA is the result of joint efforts from member organizations and the state IAG facilitated by Sphere India and with field support from local NGOs, Government led institutions, and line departments to provide the required data and information.

Volunteers were oriented to carry out data collection using household and key informant interview tools in these affected districts. The collected data got analysed by the Sphere India team, and the draft report was reviewed by the respective sectoral experts. The reviewed and 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, damage assessment reports prepared by the government, pre-disaster information from respective line departments, and secondary data from various sources, media reports and discussions with grassroots functionaries. Data was collected according to the listed indicators available on the specific tools/questionnaires deployed 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) Village level data collection from relevant stakeholders/officials through Key Informant Interviews
- c) Secondary data from various media sources with observation and fact checking

Rational behind the sampling for Assessment

The sample size was determined based on secondary data information available from government reports and media sources. Affected areas were chosen from different districts of West Bengal. The areas were selected based on the impact data, vulnerability, heavy rainfall and in consultation with the local NGOs aware of local situations and event impact. The households for the survey were selected to ensure the participation and response from vulnerable groups like migrants, elderly people, PwDs, children and marginalized communities living in low-lying areas, near drainage areas, slums, etc

Primary Data Collection

The primary data collection process included household surveys and key informant interviews in village level at the affected areas to cover households and local administration. The questions were designed to grasp the needs and challenges in the sectors of Food and Nutrition Security, Shelter, Protection, Health, Livelihood, Education, and WASH. Household level questionnaires designed by national

experts, and suggestions from local humanitarian actors were filled through the KoBo Collect Tool. 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.

TABLE 1: RESPONDENTS DATA COLLECTED AT HOUSEHOLD AND VILLAGE LEVEL

District	Respondents (HH)	Village (KII)
South 24 Parganas	212	109
East Medinipur	124	30
North 24 Parganas	-	5

Of all the affected villages and households, 3 districts and 144 villages for Village level KII and 336 HH samples from 2 districts were taken as a sample for most affected community and have been assessed and documented based on the instruments/tools/questionnaires.

Quantitative Data Analysis

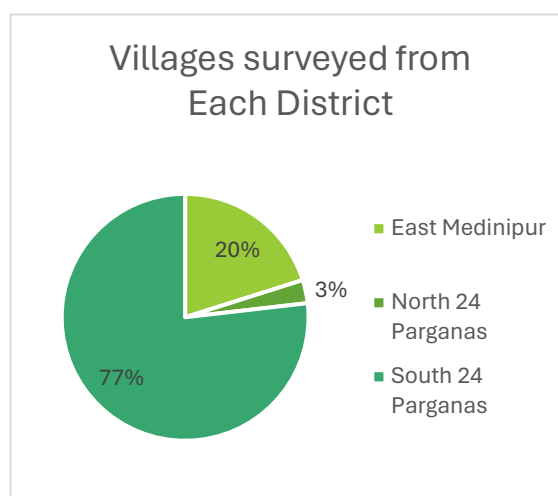
Once data was collected, Sphere India team carried out data cleaning and analysis using Microsoft Excel. The key findings were analysed and highlighted in the form of graphs and charts to provide a better understanding of the emerging trends to the readers.

Sectoral Assessment & Recommendations

Respondent’s Profile

This report provides a comprehensive analysis of survey data collected from respondents across three districts: East Medinipur, South 24 Parganas, and North 24 Parganas. The survey encompasses a total of 336 household respondents. Among these districts, South 24 Parganas had the highest participation rate with 212 respondents (HH Survey), followed by East Medinipur with 124 respondents. Additionally, there were 144 village-level KIIs, with South 24 Parganas alone contributing 126 responses.

In the village-level assessment, 144 Villages were covered, where 77% of responses were collected from South 24 Parganas and East Medinipur contributed 20% of the responses, while North 24 Parganas accounted for 3% of the total responses.



The village-level assessment further reveals significant insights. A total of 144 villages were surveyed, uncovering the extent of the impact. It is

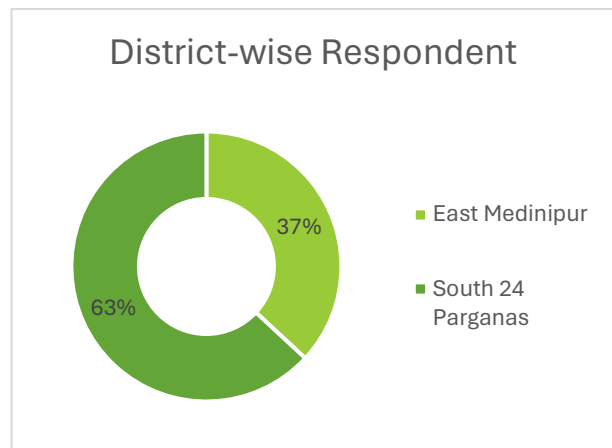
estimated that 26,029 households were affected by the events under review. Tragically, there were reports of casualties, with approximately 12 individuals confirmed dead and the same number reported missing. Furthermore, 385 individuals sustained injuries, while a staggering 12,991 people were displaced as a result of the incident. These

GRAPH 1: VILLAGE SURVEYED IN WEST BENGAL

statistics underscore the urgency and severity of the situation, highlighting the critical need for effective response and support measures to address the challenges faced by the affected communities.

Village Surveyed	144
Estimated households affected	26029
Approximate no. of people dead	12
Approximate no. of people missing	12
Approximate no. of people injured	385
Approximate no. of people displaced	12991

In House Hold Survey, total 336 responses collected from East Medinipur and South 24 Parganas districts. The survey data shed light on the gender distribution among the respondents. Out of the total House hold participants, 63% (211 individuals) identified as female, while the remaining 37% (125 individuals) are male.



GRAPH 2: DISTRICT WISE RESPONDENTS (HH SURVEY)

	East Medinipur	South 24 Parganas	Total
Female	94	117	211
Male	30	95	125

TABLE 2: GENDER DISTRIBUTION OF RESPONDENTS

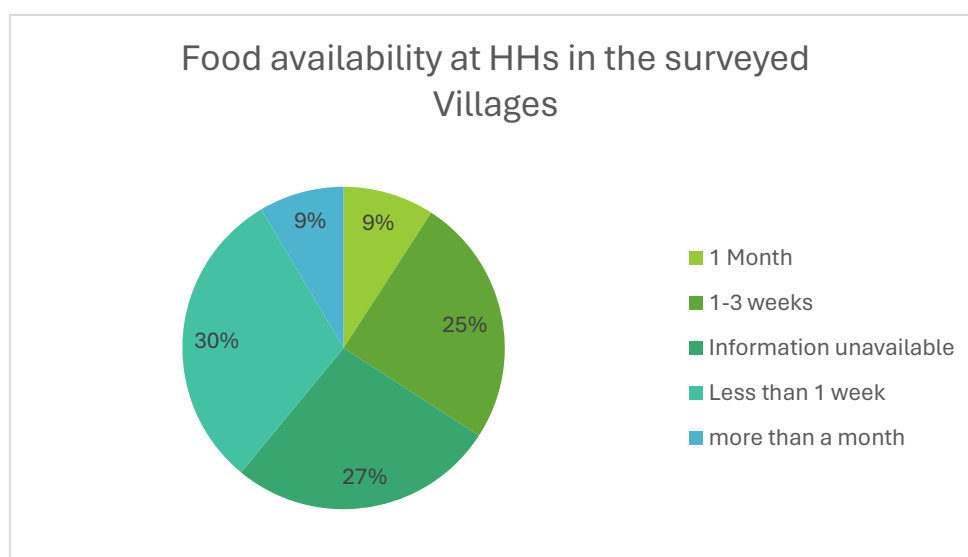
Food, Nutrition and Security

Overview

This assessment evaluates the food and nutrition conditions of communities affected by Cyclone Remal in West Bengal. It highlights the disruption in food supply chains, accessibility issues, and the overall impact on food security. The goal is to identify immediate and long-term needs and propose necessary interventions to address these challenges.

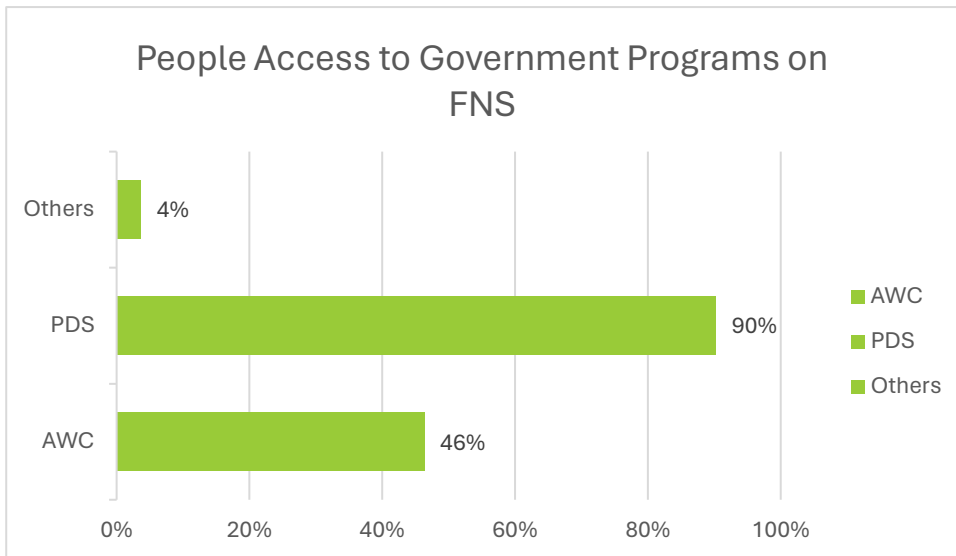
Assessment Findings

In the assessment conducted in villages, the availability of food in households within the affected areas was surveyed. 18% of respondents reported of the respondents opined that they have food for next one month, while 25% of respondents told that food would last between one to three weeks. Moreover, a concerning 30% of respondents reported having less than one week of food availability. These findings underscore the urgent need for intervention to ensure sufficient food supply for the affected households, particularly those facing imminent shortages.



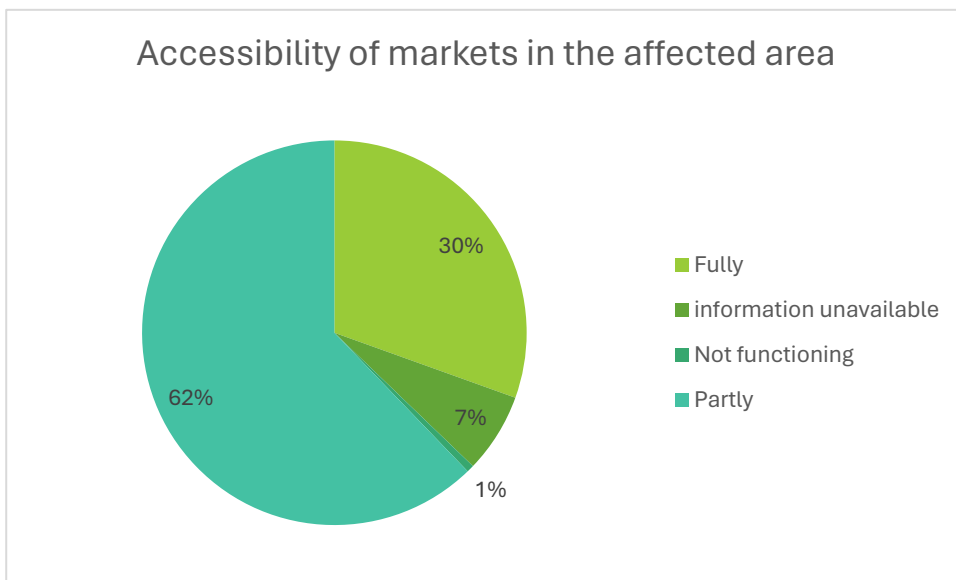
GRAPH 3: FOOD AVAILABILITY AT HHS IN THE AFFECTED AREA

When assessing people's access to government programs, it was found that 90% of villages receive food through the public distribution system, while 46% of villages obtain food through Anganwadi centres. This indicates a significant reliance on these Government Networks/ line departments for accessing essential food supplies within the surveyed communities



GRAPH 4: PEOPLE ACCESS TO GOVERNMENT PROGRAMS ON FNS

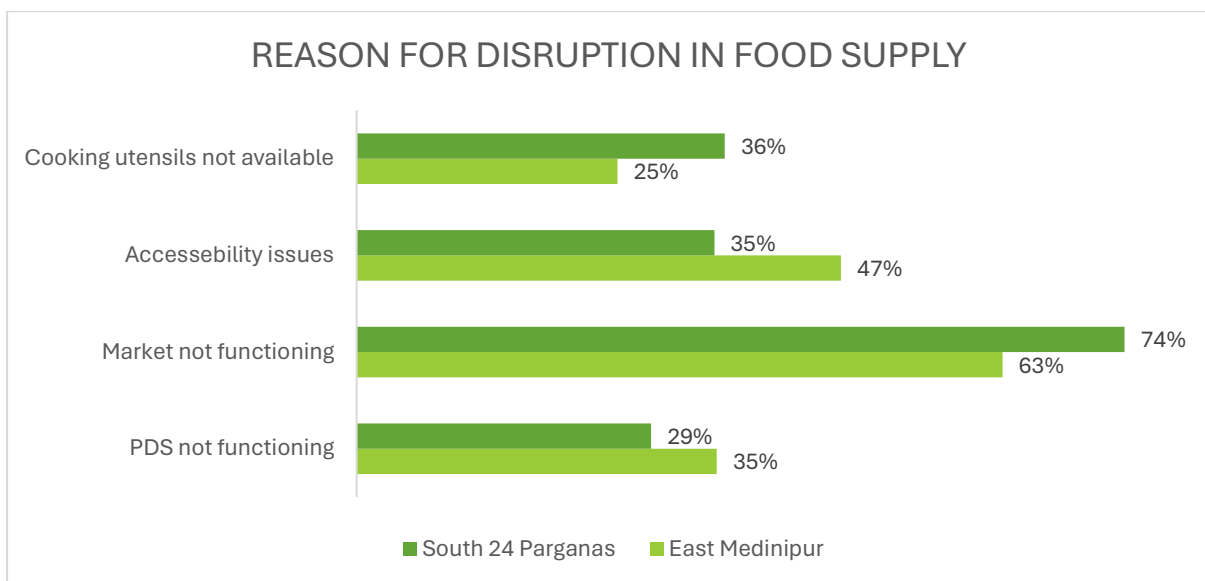
In the aftermath of the disaster, it was observed that 62% of markets in villages are partially operational, while 30% are fully functional. However, 1% of villages reported that their markets are not functioning at all. Additionally, 7% of respondents expressed unawareness about the current situation.



GRAPH 5: ACCESSIBILITY OF MARKETS IN THE AFFECTED AREA

66% of Households (HHs) from East Medinipur and 44% of HHs from South 24 Parganas reported disruption in food supply after cyclone Remal in Household survey.

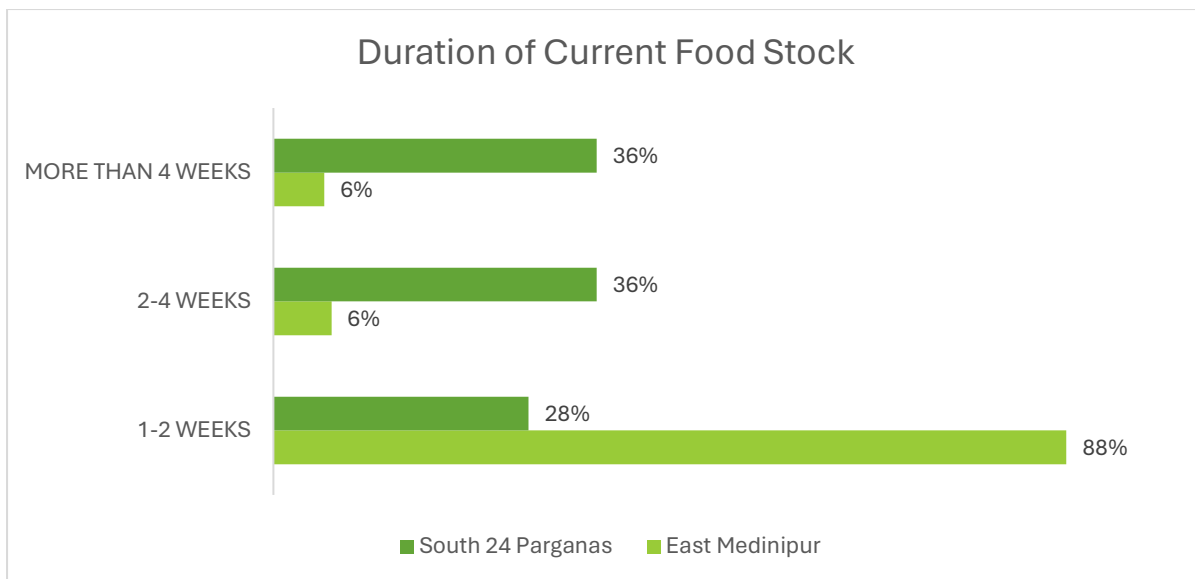
The disruption in food supply following Cyclone Remal was primarily due to several key factors. In East Medinipur, 63% of households reported that markets and private shops were not functioning, while in South 24 Parganas, this issue affected 74% of households. Accessibility issues further compounded the problem, with 47% of households in East Medinipur and 35% in South 24 Parganas facing difficulties. Additionally, the unavailability of cooking utensils and stoves affected 25% of households in East Medinipur and 36% in South 24 Parganas. The non-functioning of Public Distribution System (PDS) shops also contributed to the disruption, impacting 35% of households in East Medinipur and 29% in South 24 Parganas.



GRAPH 6: REASON FOR DISRUPTION IN FOOD SUPPLY

75% of HHs from East Medinipur and 64% of HHs from South 24 Parganas reported that their food ration/materials were affected due to disaster.

The duration of current food stocks varies significantly between households in East Medinipur and South 24 Parganas. In East Medinipur, 88% of households reported that their food stocks would last for 1-2 weeks, while in South 24 Parganas, only 28% of households reported the same. Conversely, a larger percentage of households in South 24 Parganas have longer-lasting food stocks, with 36% indicating their supplies would last 2-4 weeks and another 36% reporting stocks that would last more than 4 weeks. In East Medinipur, only 6% of households reported food stocks lasting 2-4 weeks, and another 6% reported having supplies that would last more than 4 weeks.

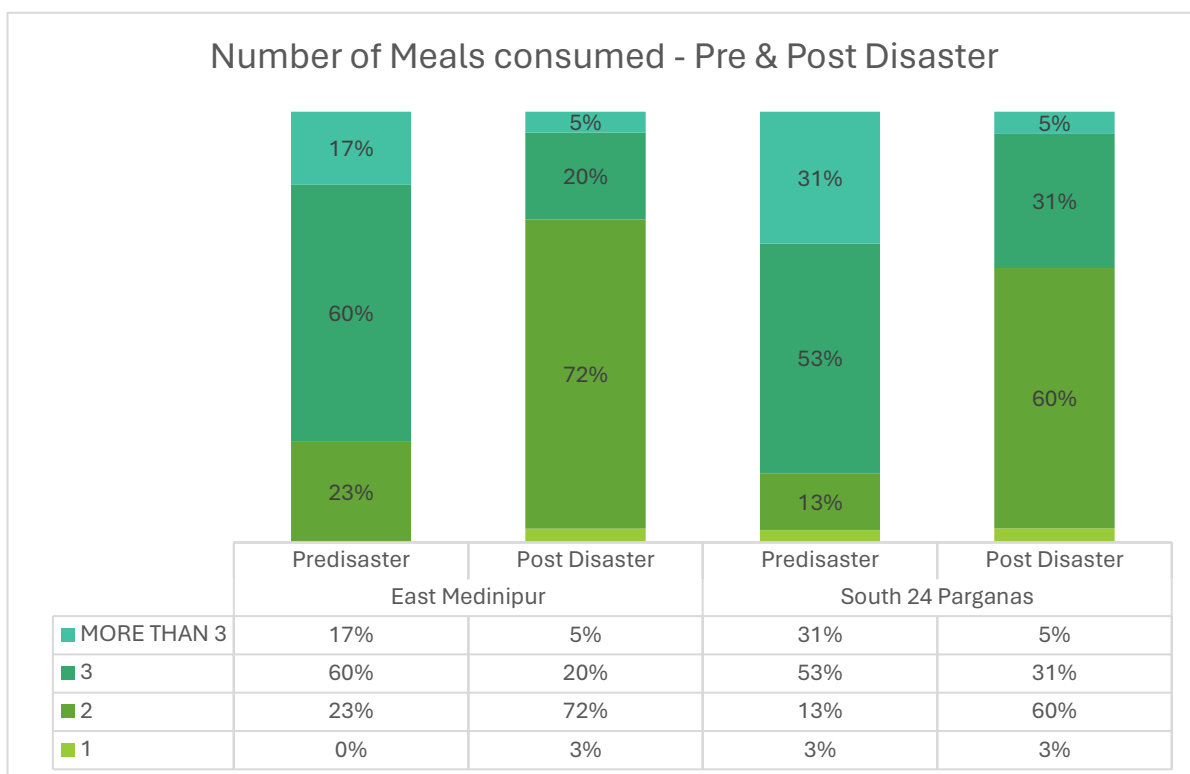


GRAPH 7: DURATION OF CURRENT FOOD STOCK

8% of HHs from East Medinipur and 29% of HHs from South 24 Parganas reported that fresh vegetables/fruits are inaccessible to them.

The number of meals consumed daily by households in East Medinipur and South 24 Parganas has been significantly affected by the disaster. In East Medinipur, prior to the disaster, 88% of households reported having sufficient food stocks for 1-2 weeks, with a smaller percentage having stocks for 2-4 weeks (6%) and more than 4 weeks (6%). However, in South 24 Parganas, only 28% of households had food stocks for 1-2 weeks, while 36% had stocks for 2-4 weeks, and another 36% had stocks that would last more than 4 weeks.

This discrepancy highlights the varied impact of the disaster on food security in the two regions, with households in South 24 Parganas generally having longer-lasting food stocks compared to those in East Medinipur.

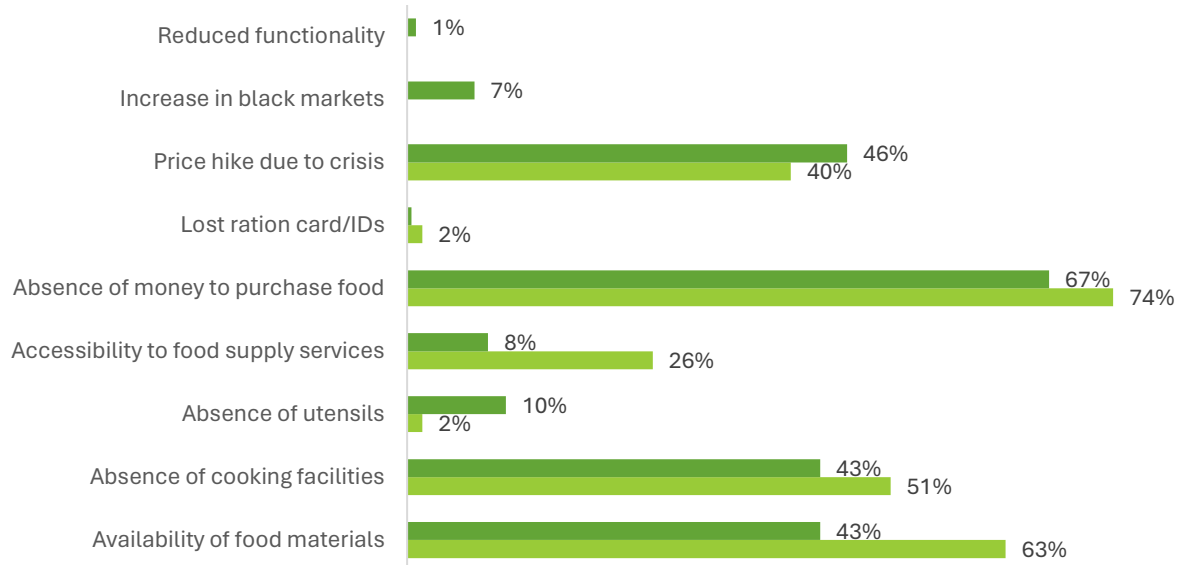


GRAPH 8: NUMBER OF MEALS CONSUMED - PRE & POST DISASTER

The data indicates a significant shift in the number of meals consumed daily by households in both East Medinipur and South 24 Parganas after the disaster. Most notably, there has been an increase in the percentage of households consuming only 2 meals a day and a corresponding decrease in those having 3 or more meals a day.

The data reveals significant concerns regarding food, nutrition, and security in the aftermath of the disaster, particularly in the East Medinipur and South 24 Parganas regions. Availability of food materials emerges as a persistent issue, with 63% of respondents in East Medinipur and 43% in South 24 Parganas have expressed their concern. Similarly, absence of cooking facilities and utensils are reported by a notable proportion of households, indicating challenges in food preparation. Accessibility to food supply services remains limited, particularly in East Medinipur where 26% of respondents mentioned this as a concern. Financial constraints exacerbate the situation, with 74% of households in East Medinipur and 67% in South 24 Parganas reporting an absence of money to purchase food. Moreover, price hikes due to the crisis pose additional challenges, affecting 40% of households in East Medinipur and 46% in South 24 Parganas. These findings underscore the complex and urgent nature of addressing food and nutrition security in the affected regions.

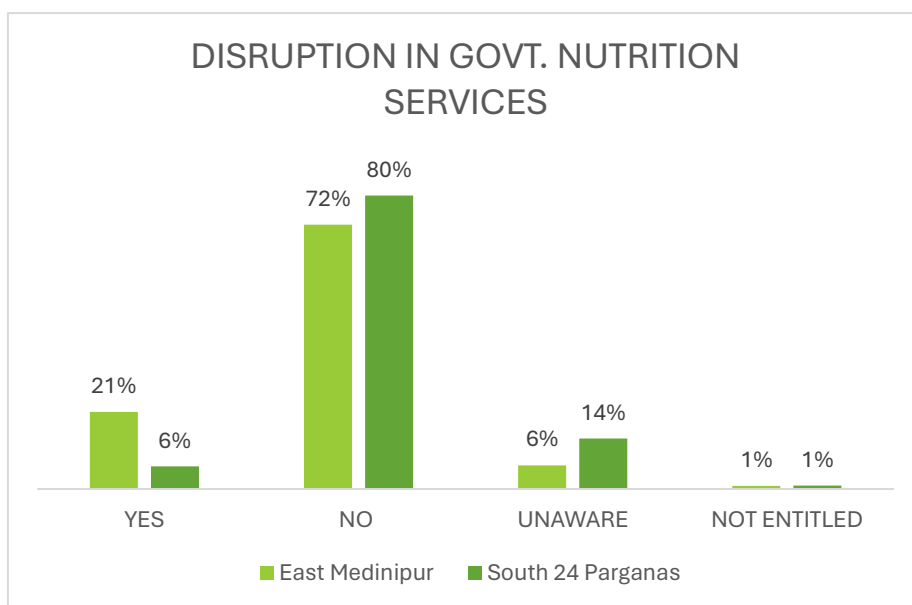
Key Concerns related to Food, Nutrition and Security



	Availability of food materials	Absence of cooking facilities	Absence of utensils	Accessibility to food supply services	Absence of money to purchase food	Lost ration card/IDs	Price hike due to crisis	Increase in black markets	Reduced functionality
■ South 24 Parganas	43%	43%	10%	8%	67%	0%	46%	7%	1%
■ East Medinipur	63%	51%	2%	26%	74%	2%	40%	0%	0%

GRAPH 9: KEY CONCERNS RELATED TO FOOD, NUTRITION AND SECURITY

The data illustrates the status of government nutrition services in East Medinipur and South 24 Parganas following the disaster. A considerable portion of respondents in both regions report no disruption in these services, with 72% in East Medinipur and 80% in South 24 Parganas indicating continued access. However, a notable proportion in East Medinipur (21%) and South 24 Parganas (6%) report disruptions, highlighting challenges in service delivery. Additionally, a small percentage of respondents are either unaware of these services or not entitled to them. These findings emphasize the importance of ensuring uninterrupted access to essential nutrition services in disaster-affected areas.



GRAPH 10: DISRUPTION IN GOVT. NUTRITION SERVICES

Urgent Needs

Based on the data analysis of the impact of Cyclone Remal in West Bengal, the urgent needs of the Food & Nutrition Security (FNS) sector can be identified as follows:

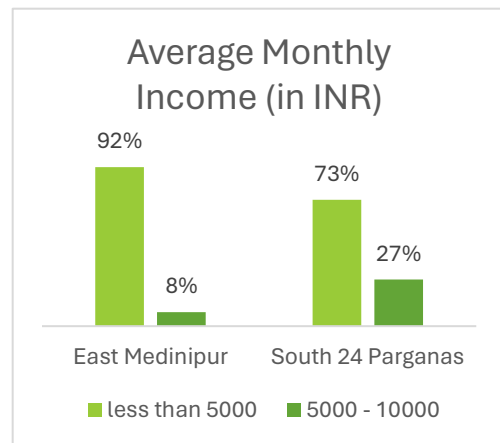
1. **Emergency Food Assistance:** Immediate provision of emergency food aid to households affected by the cyclone, especially those experiencing disruptions in food supply networks and shortages of essential food items.
2. **Access to Fresh Food:** Ensuring access to fresh vegetables, fruits, and other perishable food items to prevent malnutrition and maintain overall health among affected populations.
3. **Nutrition Support Services:** Deployment of mobile health teams and nutrition experts to provide essential nutrition support services, including assessment, counselling, and supplementation for vulnerable groups such as children, pregnant women, and the elderly.
4. **Food Stock Replenishment:** Facilitating the replenishment of food stocks for households with depleted supplies, either through distribution programs or financial assistance to purchase essential food items.
5. **Psychosocial Support:** Provision of psychosocial support services to address trauma, stress, and mental health concerns arising from the disaster, particularly among individuals and communities experiencing food insecurity and loss of livelihoods.
6. **Access to Cooking Facilities:** Supplying cooking kits and utensils to households lacking adequate cooking facilities due to damage or loss during the cyclone, enabling them to prepare and consume nutritious meals.

7. Financial Assistance: Providing emergency financial assistance to households facing financial constraints, enabling them to purchase food and meet basic needs during the recovery period.
8. Hygiene Promotion: Promoting hygiene practices, including handwashing, safe food handling, and sanitation, to prevent the spread of waterborne diseases and ensure food safety in disaster-affected areas.

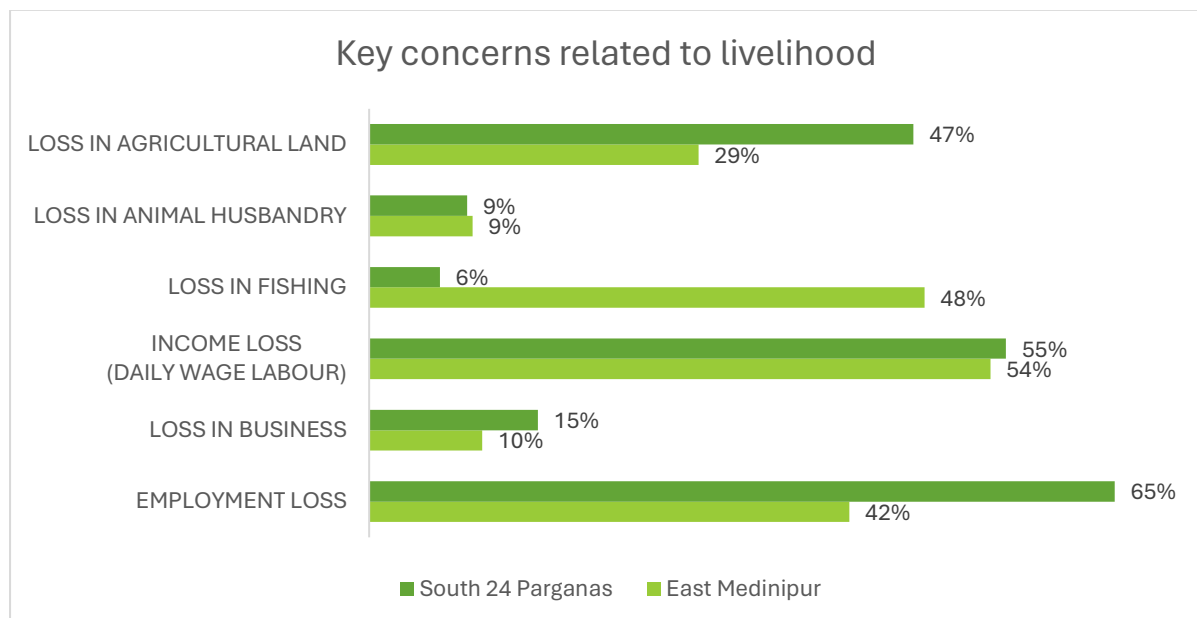
Livelihood

This assessment evaluates the impact of Cyclone Remal on livelihoods in East Medinipur and South 24 Parganas, West Bengal. The focus is on understanding income levels, employment loss, business disruptions, and the efficacy of government support schemes.

In East Medinipur, 92% of households earn less than Rs. 5000, while 8% have an income between Rs. 5,000 and Rs. 10,000. In South 24 Parganas, 73% of households earn less than Rs. 5000, and 27% have an income between Rs. 5,000 and Rs. 10,000. Almost all the HHs from both the district said that their livelihood was affected due to cyclone Remal.



GRAPH 11: AVERAGE MONTHLY INCOME

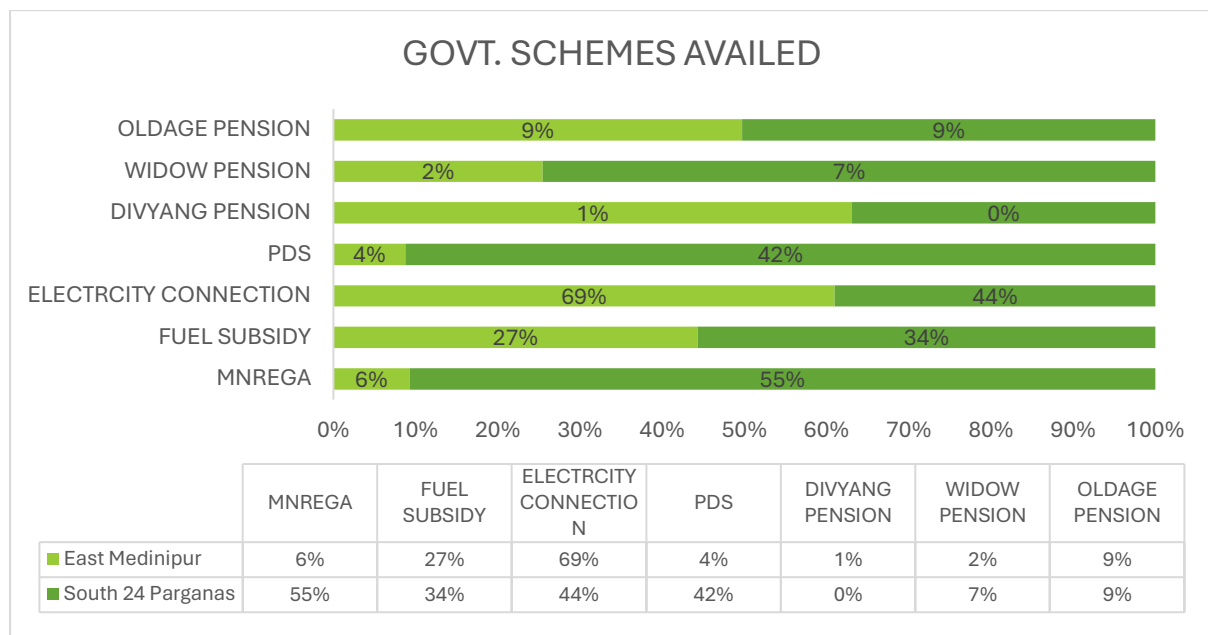


GRAPH 12: KEY CONCERNS RELATED TO LIVELIHOOD

In East Medinipur, 42% of households reported employment loss, 10% experienced loss in business, 54% faced income loss as daily wage laborers, 48% suffered loss in fishing, 9% encountered loss in

animal husbandry, and 29% experienced loss in agricultural land. In South 24 Parganas, 65% reported employment loss, 15% had loss in business, 55% faced income loss as daily wage labourers, 6% suffered loss in fishing, 9% encountered loss in animal husbandry, and 47% experienced loss in agricultural land.

When asked whether they received any support for livelihood after disaster, 4% of HHs from East Medinipur and 1% from South Parganas 24 told that they received some kind of temporary food support from Government especially from LSG. (in East Medinipur).



GRAPH 13: GOVT. SCHEMES AVAILED

In East Medinipur, a significant portion of the population avails electricity connections (69%), with moderate participation in fuel subsidies (27%) and old-age pensions (9%). However, the uptake of MNREGA (6%), PDS (4%), Divyang pension (1%), and widow pension (2%) schemes is notably lower.

Conversely, in South 24 Parganas, most residents participate in MNREGA (55%) and PDS (42%) schemes. They also benefit from fuel subsidies (34%) and have moderate participation in electricity connections (44%) and old-age pensions (9%). The uptake of Divyang pension (0%) and widow pension (7%) schemes is lower compared to East Medinipur.

Approximately 25% of the HHs from both the districts reported loss of legal documents, especially government ID card, ration card, land document etc. In East Medinipur, 12% of respondents reported a loss of government ID cards, 2% reported a loss of ration cards, 4% reported a loss of land documents, and 4% reported a loss of property documents. 74% reported no loss. In South 24 Parganas, 2% reported a loss of government ID cards, 0% reported a loss of ration cards, land documents, or property documents. 75% reported no loss.

Urgent Needs

The livelihood sector urgently requires immediate employment and income support. This includes the creation of jobs through emergency employment programs, direct cash transfers to affected households, and the restoration of daily wage opportunities. Rehabilitation of livelihood resources is critical, with quick repairs and support needed for fishing equipment and agricultural tools, along with the distribution of seeds, livestock, and other inputs to restart farming activities. Support for small businesses is also essential, necessitating financial aid and grants to help them recover, as well as training and resources for business continuity planning.

Access to government schemes must be streamlined to ensure that affected households can readily avail benefits from PDS, and other essential programs, facilitated by mobile units to assist with applications and distribution. Additionally, there is a persistent need to replace lost legal documents, such as ID cards, ration cards, and property papers, to restore the legal identity and entitlements of the affected individuals.

Recommendations for Immediate Relief

1. Cash transfer programs especially targeting daily wage labours, fishermen and farmers.
2. Distribution nutritional food and supplements to severely affected families to address hunger and malnutrition.
3. Organize legal aid camps to assist the affected people in recovering their identity documents
4. Conduct awareness camps to inform the affected people about government schemes and their entitlements
5. Assist in applying for PDS, MNREGA and other schemes.
6. Provide agriculture inputs like seeds, fertilizers, and tools to farmers.
7. Repair damaged infrastructure, fishing boats etc.
8. Provide technical support and training on skills building.

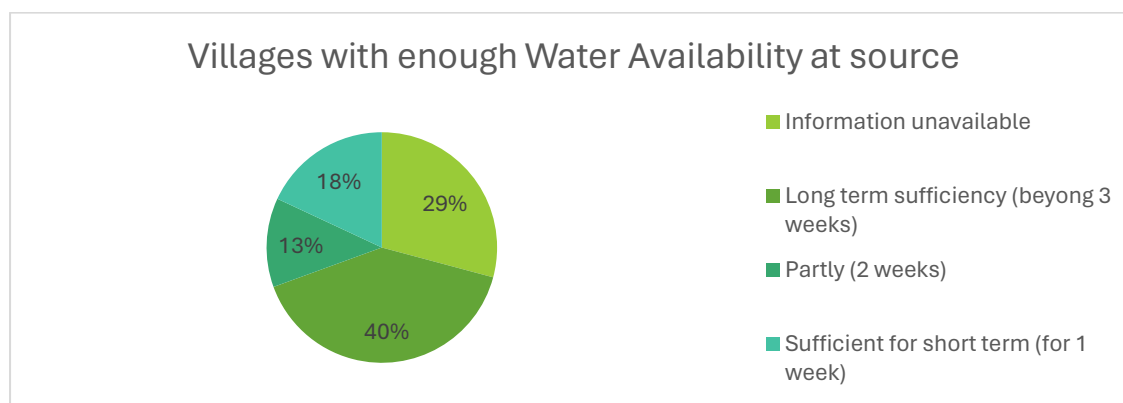
Water Sanitation and Hygiene (WASH)

Overview

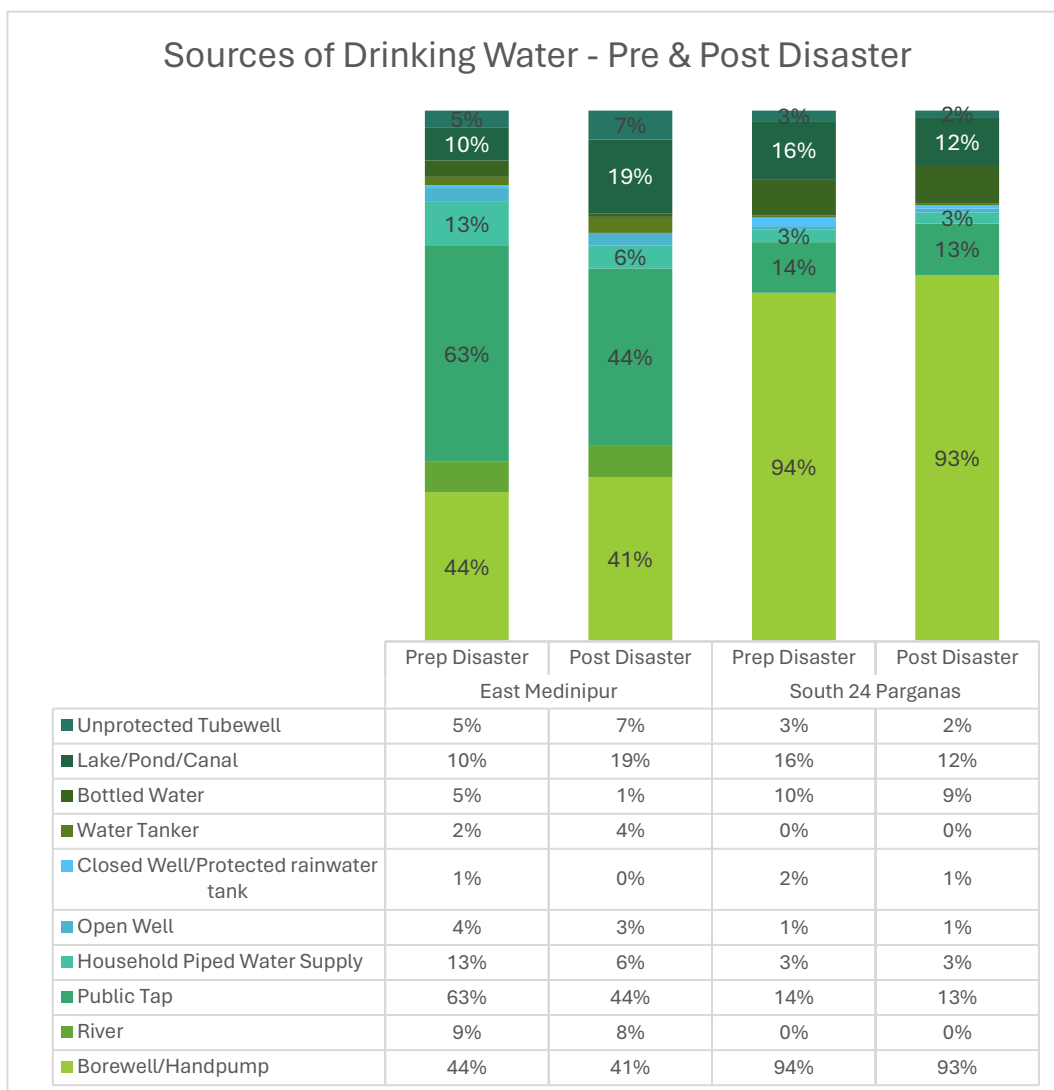
The assessment provides an overview of the Water, Sanitation and Hygiene (WASH) conditions of communities affected by the cyclone, highlighting the impact of the disaster on access to WASH facilities in the focused districts. It assesses the extent of damage caused by the cyclone, identifies the immediate WASH requirements of the affected population, availability and access to safe WASH facilities and proposes necessary interventions to address these needs.

Assessment Findings

At the village level, out of 144 villages surveyed, more than 6500 households lack access to safe drinking water. In terms of water availability at source, 40% villages reported long-term sufficiency beyond 3 weeks. However, 18% villages only have enough water to last one week and 13% villages have enough water to last 2 weeks.



GRAPH 14: VILLAGES WITH ENOUGH WATER AVAILABILITY AT SOURCE

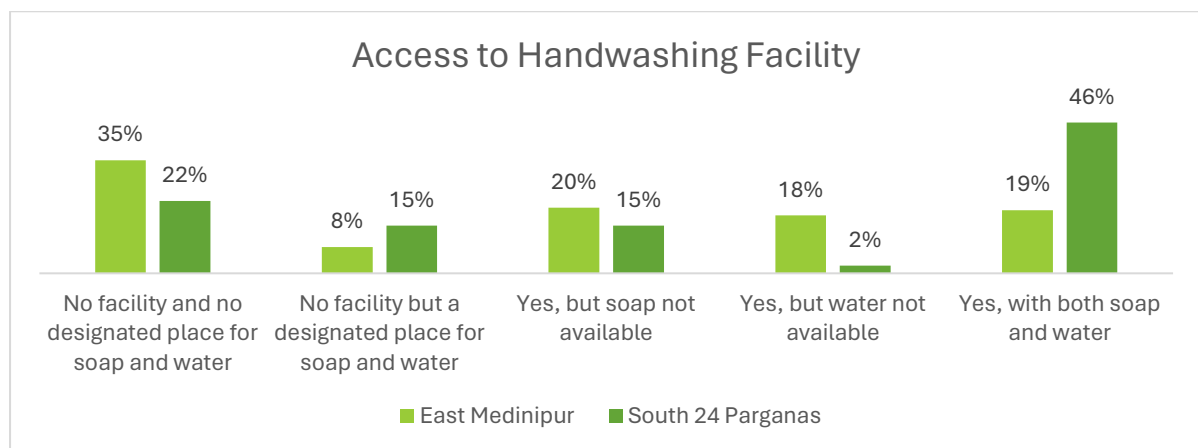


GRAPH 15: SOURCES OF DRINKING WATER - PRE & POST DISASTER

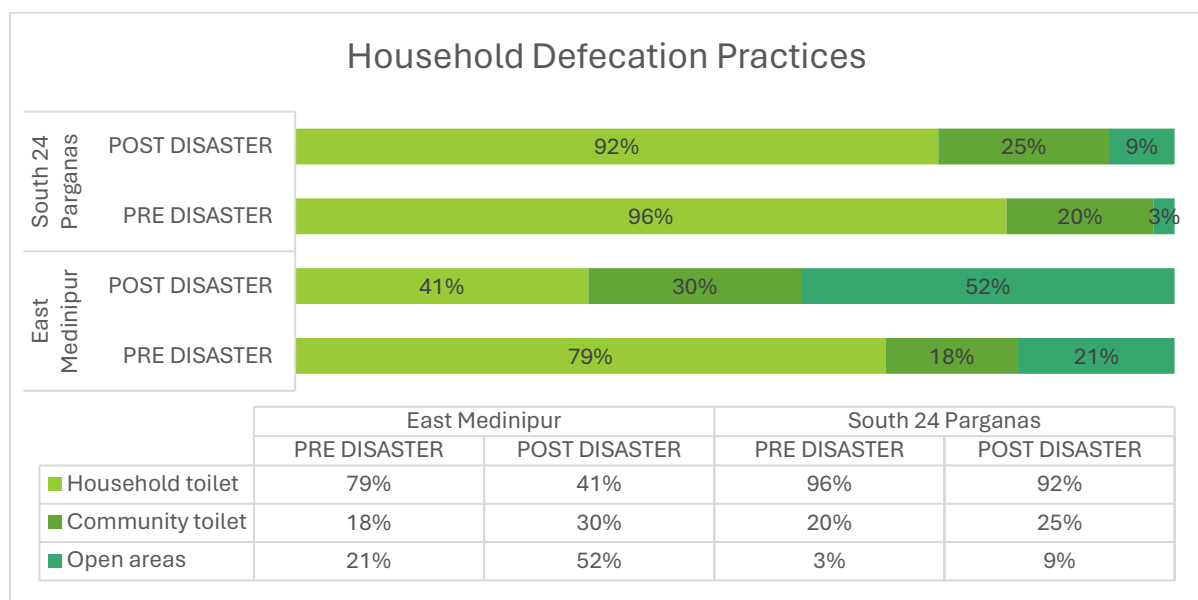
In analysing the pre and post-disaster sources of drinking water in West Bengal, there is no notable shift in the water sources evident after the disaster. Post-disaster, households in East Medinipur resort to Lake/Pond/Canal (19%) and unprotected tubewell (7%), indicating increased dependence on local groundwater and community water supply systems. This suggests a significant reliance on untreated water, which raises concerns about water quality and potential health risks. Conversely, reliance on household piped water supply (6%) and bottled water (1%) reduces post-disaster, possibly due to infrastructure damage affecting delivery systems. In South 24 Parganas also there is a lowered reliance on lake/pond/canal (12%) compared to pre-disaster and the majority still depended on borewell/handpump (93%) for their water supply. Two percent of the households from East Medinipur and 12% from South 24 Parganas reported filtering water after getting it from source.

In terms of access to handwashing facilities, no facility and no designated place for soap and water was responded to by 35% in East Medinipur and 22% in South 24 Parganas district. No facility but a

designated place for soap and water was reported at 15% (East Medinipur) and 15% (South 24 Parganas). In addition, as per respondents who mentioned that facility for handwashing was available but without soap, was 20% (East Medinipur) and 2% (South 24 Parganas) . Eighteen percent from East Medinipur and 2 % from South 24 Parganas mentioned facility for handwashing being available without any soap. Lastly, the accessibility to both facility and water for handwashing along with soap was reported by (46%) at South 24 Parganas, (19%) at East Medinipur. A significant portion of respondents in both districts reported a lack of adequate facilities, with notable percentages mentioning the absence of both designated places for soap and water.



GRAPH 16: ACCESS TO HANDWASHING FACILITY



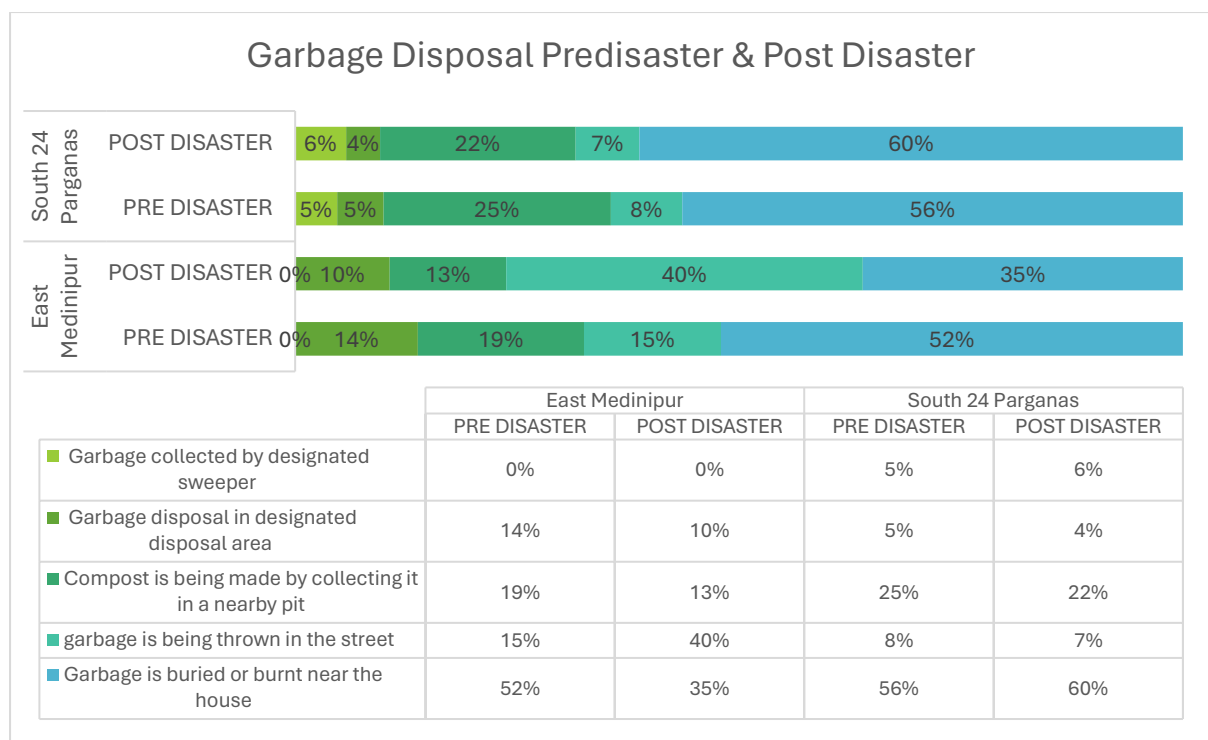
GRAPH 17: HOUSEHOLD DEFECTION PRACTICE

Respondents were asked about the common defecation practices practiced in the households pre and post-disaster. Following the disaster, there's a noticeable change in defecation habits observed in East Medinipur. The utilization of household toilets diminishes (41%), while open defecation rises (52%),

suggesting that infrastructure damage has impacted sanitation facilities. This underscores the necessity for interventions aimed at fostering proper sanitation practices and encouraging the utilization of improved sanitation amenities. Cases of open defecation shows an increase in East Medinipur (30%) and South 24 Parganas (25%) compared to pre-disaster numbers.

Before the disaster struck, households in South 24 Parganas predominantly depended on household toilets (96%), showcasing the presence of well-established sanitation infrastructure. In East Medinipur, the reliance on household toilets was also significant (79%). Community toilets were less utilized, though more common in South 24 Parganas (20%). Pre-disaster, the incidence of open defecation was notably higher in East Medinipur (21%). The post-disaster scenario illustrates a substantial shift in garbage disposal practices. There is a considerable increase in street littering evident in East Medinipur (15% to 40%), indicating a breakdown in organized waste collection systems.

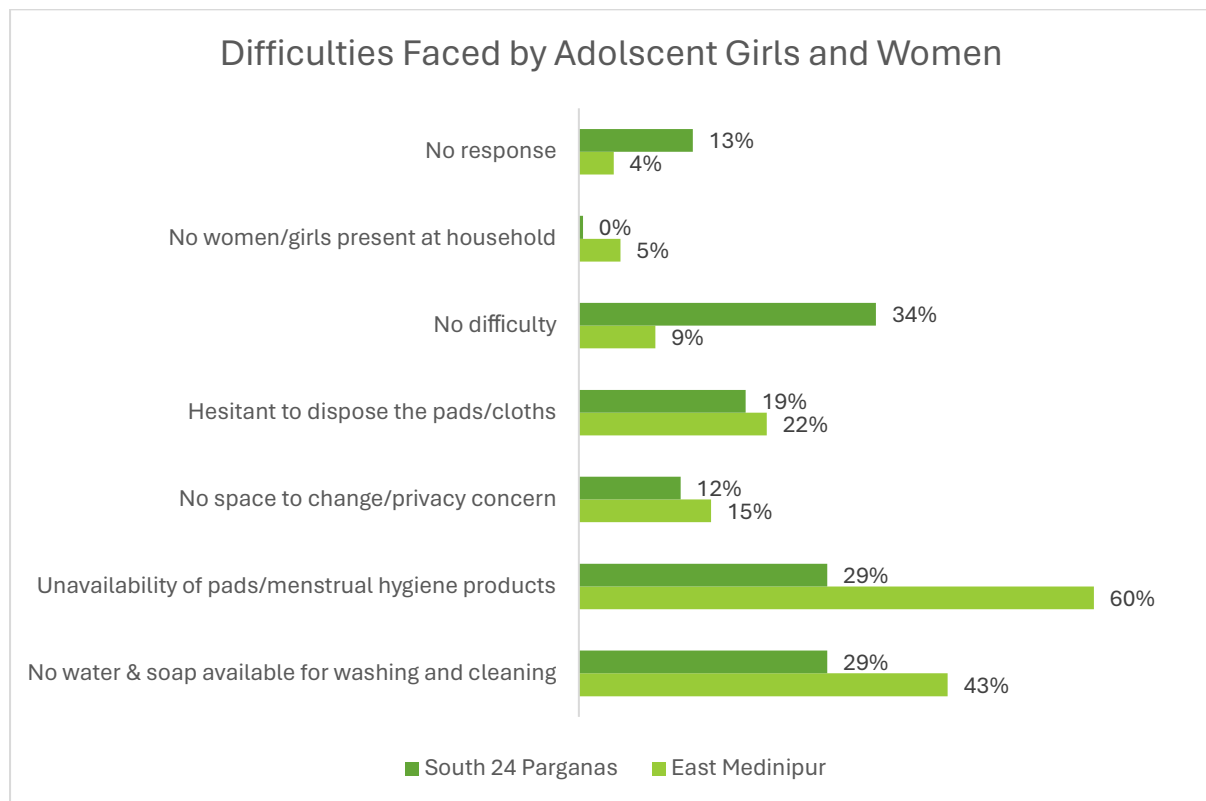
There has been a slight decline in garbage disposal in designated disposal area in East Medinipur (10%) and South 24 Parganas (4%). However, the practice of burying or burning garbage near homes has seen a slight increases in South 24 Parganas (60%), indicating a coping mechanism amidst disrupted waste disposal services.



GRAPH 18: GARBAGE DISPOSAL PREDISASTER & POST DISASTER

In East Medinipur, 60% of respondents reported struggling due to the unavailability of menstrual hygiene products, While in South 24 Parganas, this figures stands at 29%. Additionally, 43% percent of respondents from East Medinipur and 29% from South 24 Parganas face challenges due to the absence

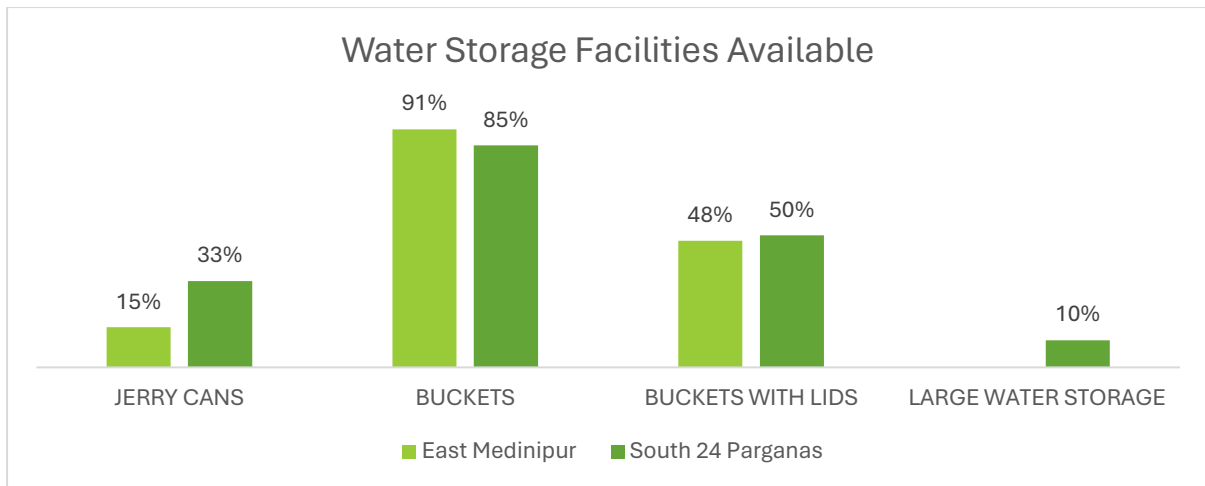
of water and soap for washing, indicating a significant disparity. Similar rates of disposal hesitancy are reported in both districts, with 22% in East Medinipur and 19% in South 24 Parganas. Privacy concerns and limited changing spaces impact 15% of respondents in East Medinipur and 12% in South 24 Parganas.



GRAPH 19: DIFFICULTIES FACED BY ADOLSCENT GIRLS AND WOMEN

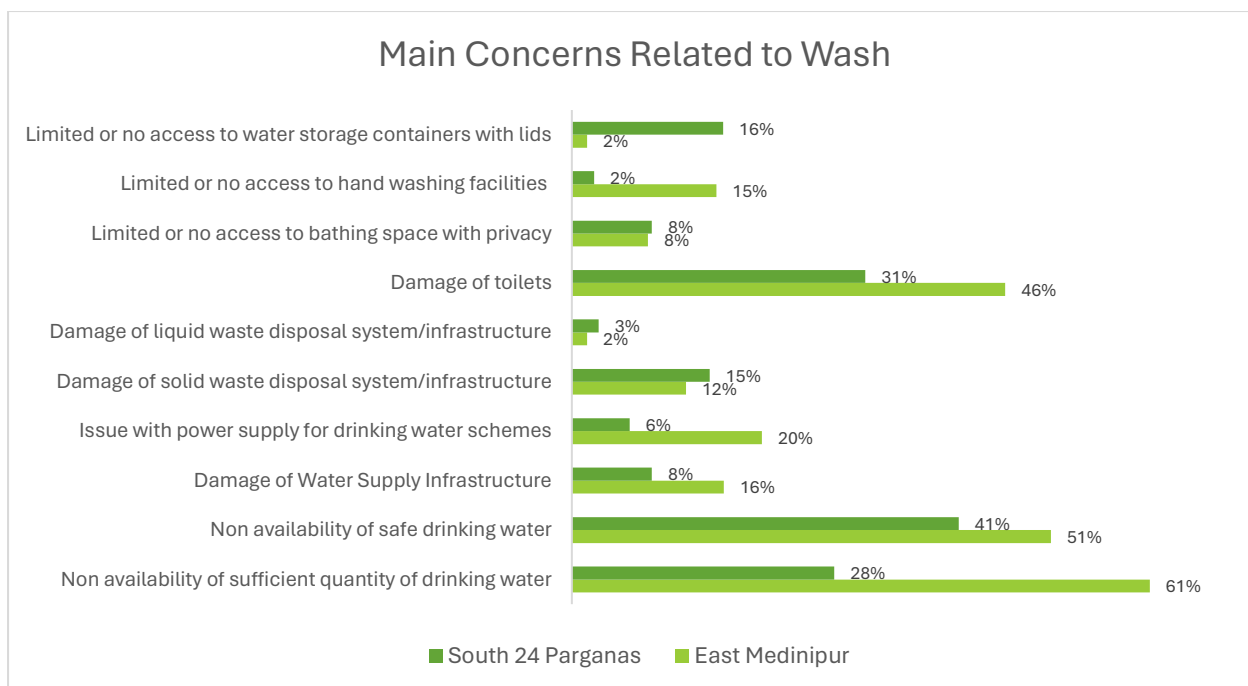
In East Medinipur, 56% of households and in South 24 Parganas, 47% of households, stated that they received message/information on Do's and Don'ts related to event especially related to WASH before/after disaster from various sources such as local NGOs, Government, advertisement, Radio, TV etc. Sixty-four percent of households from East Medinipur and 57% from South 24 Parganas reported they have solid/liquid waste/water logging within the vicinity of place of stay. Twenty nine percent of households from East Medinipur and 76% from South 24 Parganas reported they have enough water to meet their domestic needs.

In surveyed districts of East Medinipur (91%) and South Parganas (85%) utilize buckets. Fifty percent of respondents from South 24 Parganas and 48% from East Medinipur use buckets with lids. Jerry cans are utilised by 33% in South 24 Parganas and 15% in East Medinipur. Only 10% of respondents from South 24 Parganas utilised large water storage.



GRAPH 20: WATER STORAGE FACILITIES AVAILABLE

The non availability of sufficient quantity drinking water affects a substantial 61% of individuals in East Medinipur and 28% in South 24 Parganas, highlighting a critical issue. This indicates a pressing need for improved access to clean drinking water sources in the area. Similarly non-availability of safe drinking water is also a concern with 51% reporting from East Medinipur and 41% from South 24 Parganas. The damage to toilets is also reported as a main concern from East Medinipur (46%) and South 24 Parganas (31%). This highlights the necessity for repairs and maintenance of sanitation facilities to ensure hygienic conditions for the population. Sixteen percent from South 24 Parganas reported limited or no access to water storage containers with lids. Fifteen percent from East Medinipur reported limited or no access to hand washing facilities. Privacy in bathing areas is a concern for 8% in both South 24 Parganas and East Medinipur.



GRAPH 21: MAIN CONCERNS RELATED TO WASH

Urgent Needs

To address the urgent needs in the WASH sector, the following actions should be taken:

- Convergence with government departments/t agencies as part of systems strengthening in order to address the challenges swiftly. Immediate repair and restoration of damaged water supply infrastructure, particularly in areas heavily reliant on borewells/hand pumps and public taps. This includes a focus on reviving household piped water supply systems and ensuring access to safe and sufficient drinking water.
- Increased provision of alternative water sources like water tankers and protected rainwater tanks, especially in regions facing acute shortages.
- Address disparities in filtered water access by distributing filtration systems to areas with lower adoption rates, ensuring safer drinking water post-disaster.
- Restore and upkeep current toilet facilities to ensure they remain functional and hygienic.
- If necessary, consider erecting temporary pit latrines or trench toilets in designated areas, and implementing sufficient disinfection protocols.
- Ensure the availability of private bathing spaces to uphold the dignity and well-being of the population. Urgent establishment of handwashing stations with soap and water accessibility, particularly in areas reporting limited or no facilities. Enhanced focus on soap provision and water availability to promote proper hygiene practices.
- Reinforcement of waste disposal systems, including designated disposal areas and organized waste collection services. Separate bins to be made available to collect menstrual waste.
- Provide menstrual hygiene facilities, including the availability of disposable sanitary napkins in adequate numbers, facilities of changing rooms, and water/soap for cleaning, to support the menstrual health and well-being of women and girls.

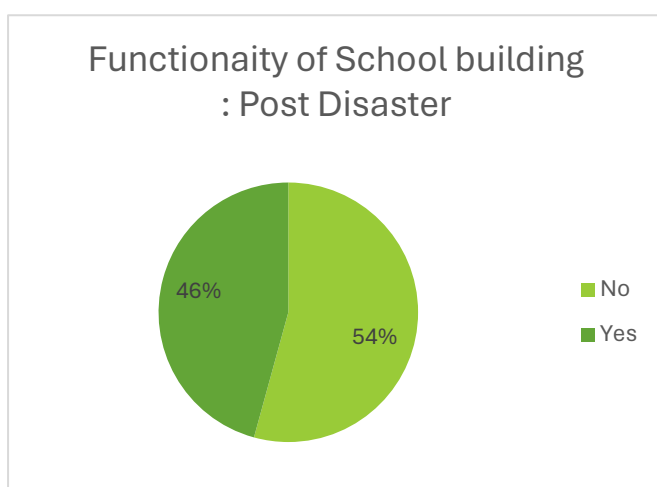
- Provision of appropriate storage containers like jerry cans, buckets with lids, and large water storage facilities, addressing the disparities observed across districts to ensure proper water storage post-disaster.

Education

Overview

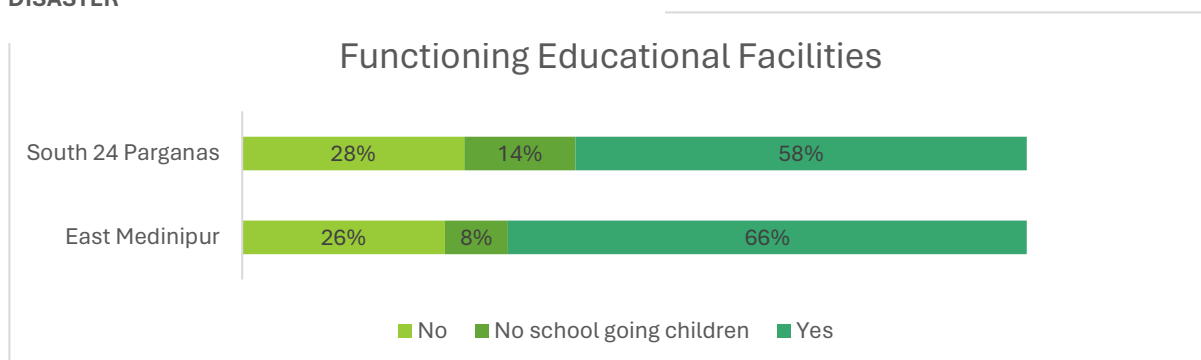
The assessment provides an overview of the educational conditions in East Medinipur, North 24 Parganas and South 24 Parganas, highlighting the impact of the disaster on the education sector. It evaluates the extent of school functionality issues, identifies the immediate educational needs of the affected population, and proposes necessary interventions to address these challenges comprehensively.

Assessment Findings



During the survey of villages, it was found that 54% of villages reported that schools are either not functional or students are not attending classes.¹ Conversely, only 46% of villages reported that schools are operational.

GRAPH 22: FUNCTIONAITY OF SCHOOL BUILDING: POST DISASTER



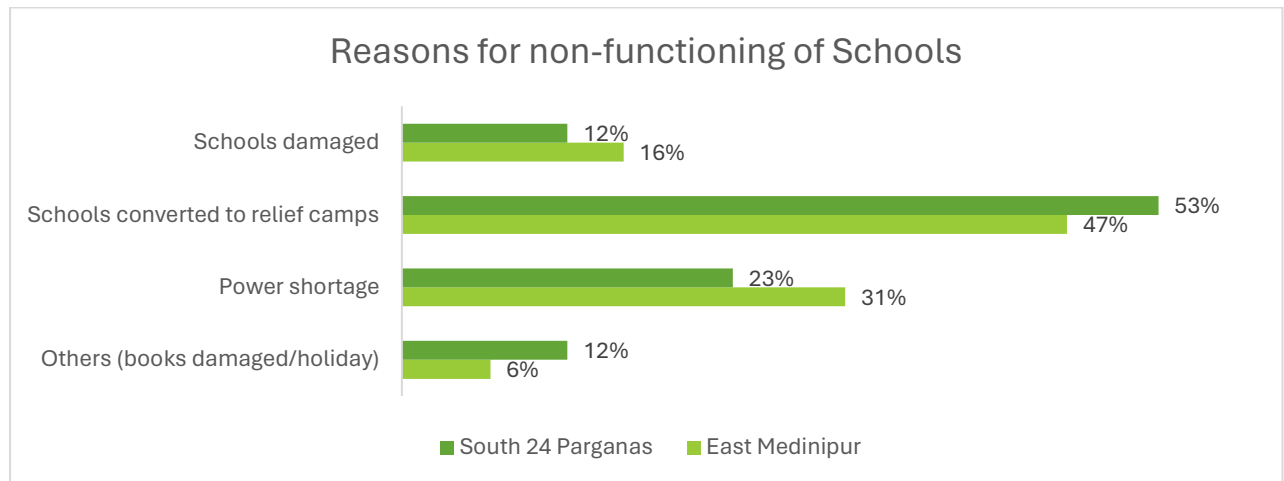
GRAPH 23: FUNCTIONING EDUCATIONAL FACILITIES

The HH survey conducted on the functioning of educational facilities in East Medinipur and South 24 Parganas reveals significant disparities and areas of concern that need to be addressed to improve the education sector in these regions. The analysis reveals that while a majority in both regions report properly functioning schools, there is a significant portion of the population in both East Medinipur

¹ However, the ongoing summer vacation may also be the reason for non-functionality of the schools.

(26%) and South 24 Parganas (28%) that experiences issues with school functionality. South 24 Parganas has a slightly higher percentage of schools not functioning effectively, highlighting a greater need for intervention.

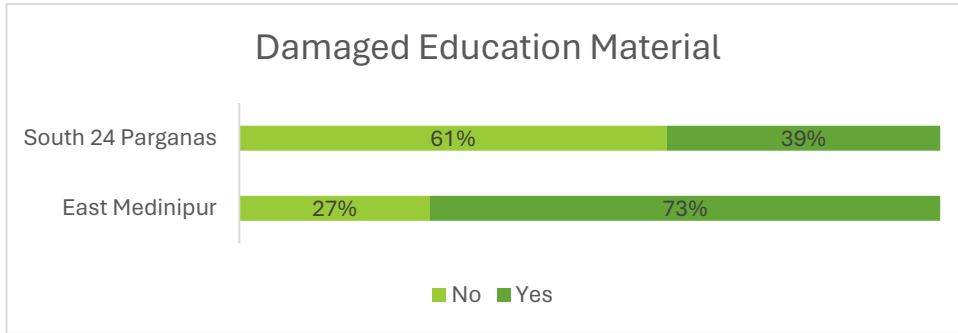
The survey also investigated the specific reasons behind the non-functioning of schools in East Medinipur and South 24 Parganas, highlighting several critical issues that need immediate attention.



GRAPH 24: REASONS FOR NON-FUNCTIONING OF SCHOOLS

The survey also investigated the specific reasons behind the non-functioning of schools in East Medinipur and South 24 Parganas, highlighting several critical issues that need immediate attention. The most significant reason for the non-functioning of schools in both regions is their conversion into relief camps, with 47% in East Medinipur and 53% in South 24 Parganas. This indicates a widespread use of educational facilities for emergency purposes, severely disrupting the education sector. Power shortages are also a major issue in both regions, affecting 31% of respondents in East Medinipur and 23% in South 24 Parganas. This highlights the need for addressing infrastructure deficiencies to ensure consistent power supply. Physical damage to schools is a notable concern, with 16% in East Medinipur and 12% in South 24 Parganas reporting it as a reason for non-functionality. This calls for urgent repair and reconstruction efforts to restore educational facilities.

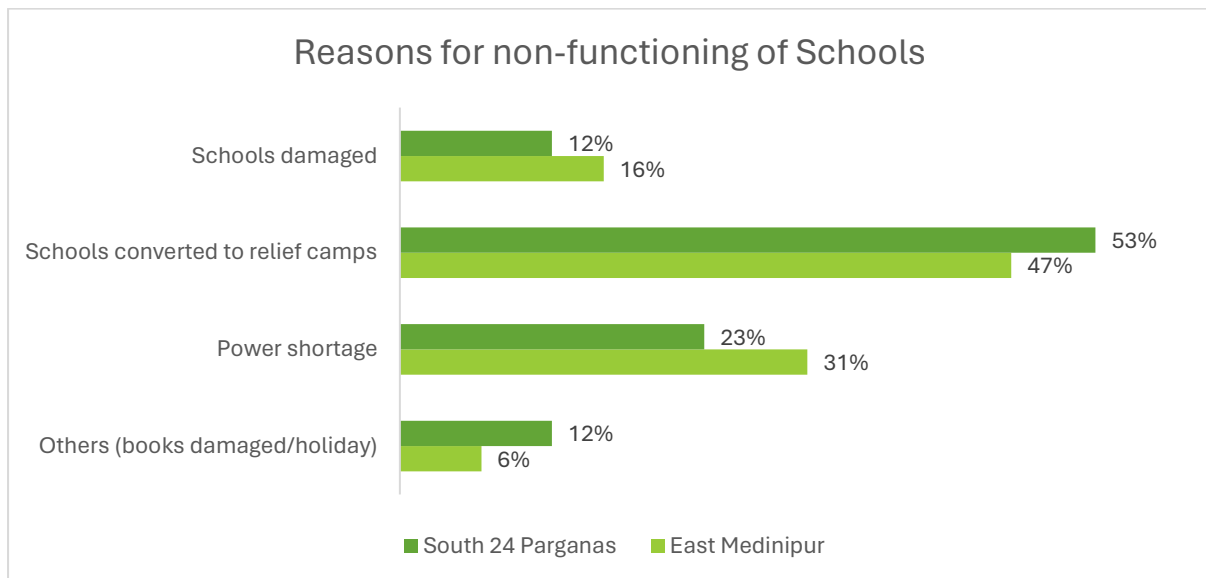
GRAPH 25: DAMAGED EDUCATION MATERIAL



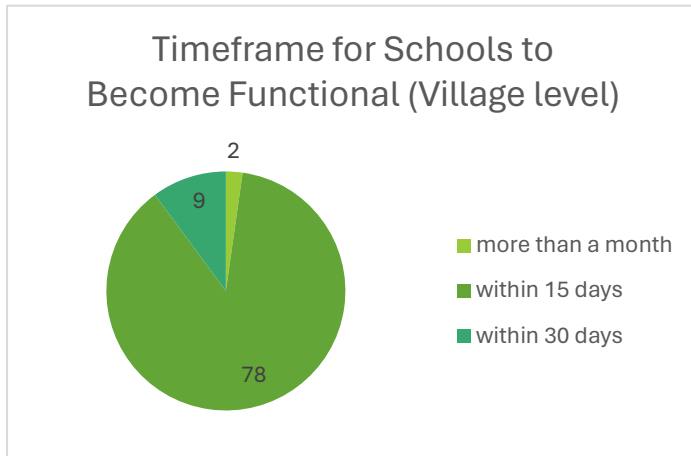
Analysis of Damaged Educational Material in East Medinipur and South 24 Parganas

The survey further explored the issue of damaged educational materials in East Medinipur and South 24 Parganas, revealing significant disparities between the two regions. In East Medinipur, the vast majority (73%) reported damaged educational materials, while in South 24 Parganas, a higher percentage (61%) reported no damage. This difference highlights varying degrees of impact on the education sector between the two regions.

The higher percentage of damaged materials in East Medinipur indicates a more urgent need for intervention to replace and repair educational resources. Conversely, South 24 Parganas, while still facing issues, has a relatively lower level of damage, suggesting that efforts to protect and maintain educational materials have been more effective or that the region was less severely impacted.



GRAPH 26: REASONS FOR NON-FUNCTIONING OF SCHOOLS



During the assessment of the timeframe for schools to become functional, it was found that 78% of villages stated they would be operational within 15 days. Additionally, 9% of villages reported they would become functional within one month, while only 2% responded that it would take more than one month.

GRAPH 27: TIMEFRAME FOR SCHOOLS TO BECOME FUNCTIONAL (VILLAGE LEVEL)

Urgent Needs

- Restoration and Rehabilitation of Educational Facilities: Urgently repair and reopen schools used as relief camps, particularly in East Medinipur, and ensure a consistent power supply.
- Provide alternate relief shelters in schools which are likely to be closed for one month, FNSso that schools can be reopened.
- Prioritize restoration of power to schools to ensure continuity of education.
- Provision of Educational Resources: Distribute and replace lost or damaged educational materials, with a focus on East Medinipur where 73% reported significant losses.
- Support for Children with Disabilities: Enhance accessibility and provide specialized resources and training to support inclusive education in both East Medinipur and South 24 Parganas.
- Prioritize repair of schools and cleaning of male and female toilets to ensure that both girls and boys are confident in continuing their studies in the school.

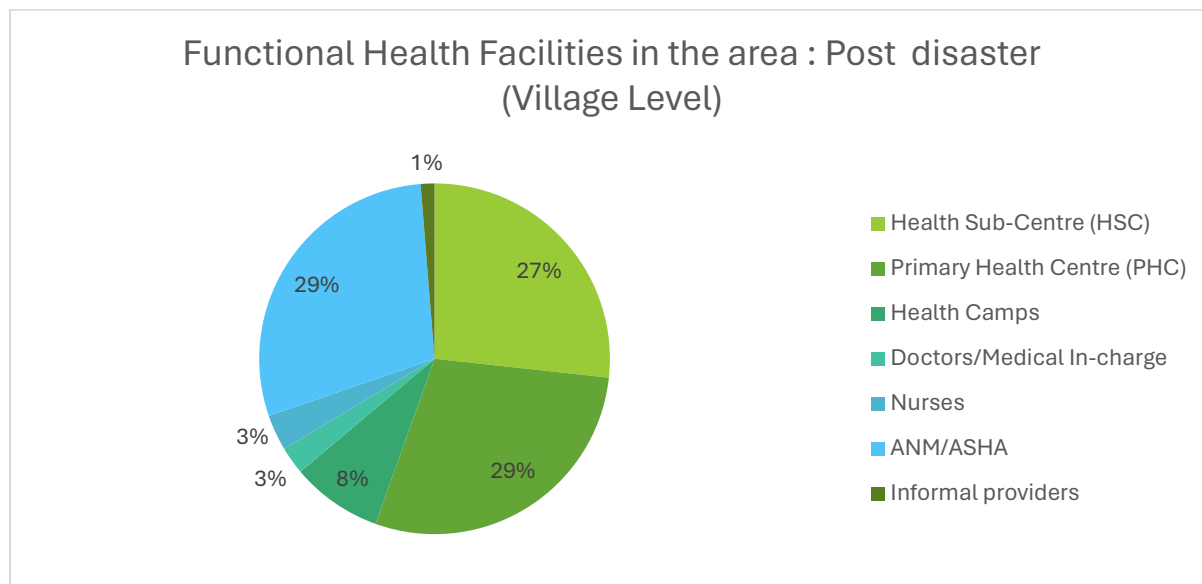
Health

Overview

The assessment provides an overview of the health conditions of communities affected by the cyclone, highlighting the impact of the disaster. It assesses the extent of damage caused by the cyclone, identifies the immediate health requirements of the affected population, and proposes necessary interventions to address these needs.

Assessment Findings

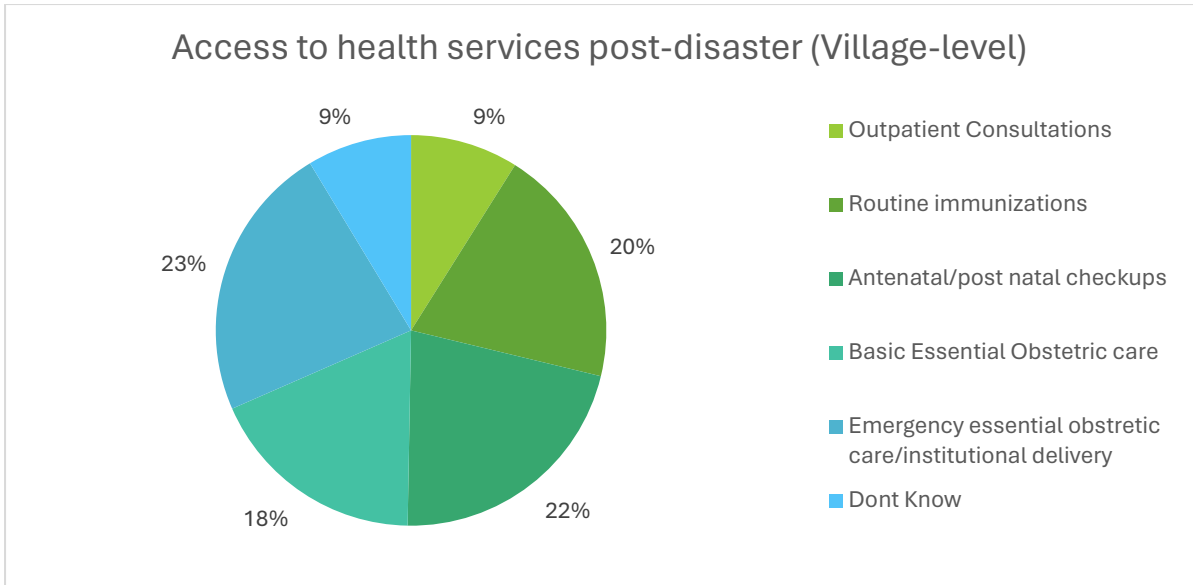
The restoration of damaged healthcare facilities and provision of mobile medical units are essential currently. Mental health and psychosocial support services should also be made available to address trauma and stress among affected individuals.



GRAPH 28: FUNCTIONAL HEALTH FACILITIES IN THE AREA (VILLAGE LEVEL)

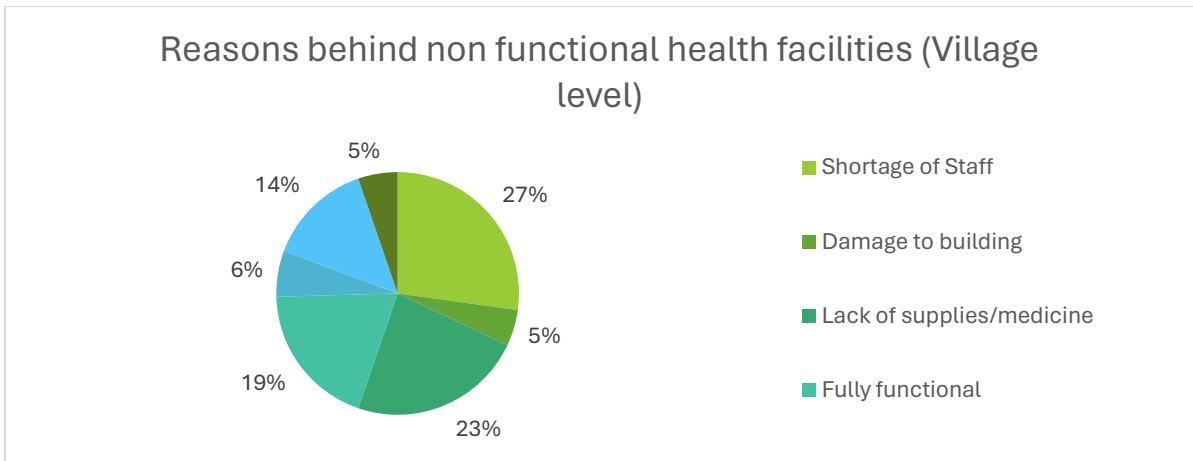
In the 144 surveyed villages in East Medinipur and South 24 Parganas following the cyclone, 29% have access to Primary Health Centres (PHC) and ANM/ASHA, 27% have access to health sub-centres (HSC). Eight percent also have access to health camps following the disaster.

In terms of health service accessibility, 23% of respondents reported having access to essential obstetric and gynaecological (OBG) care, while 20% cited access to immunization services. The assessment from 144 surveyed villages identified 3312 women in their third trimester of pregnancy (7-9 months).



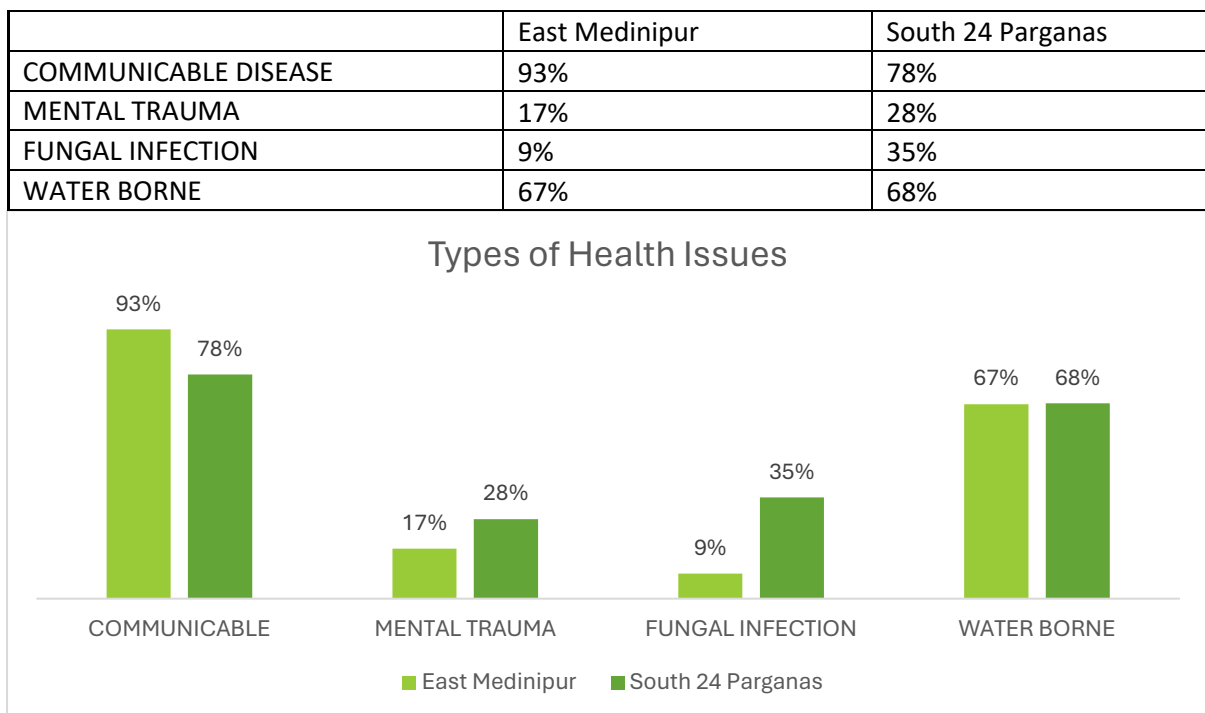
GRAPH 29: ACCESS TO HEALTH SERVICES POST-DISASTER (VILLAGE-LEVEL)

Reasons for limited accessibility to these health services included staff shortages (27%), insufficient supplies/medicines (23%), and inaccessible locations (14%).



GRAPH 30: REASONS BEHIND NON-FUNCTIONAL HEALTH FACILITIES (VILLAGE LEVEL)

Forty-seven percent of the households from East Medinipur and nineteen percent of the households from South 24 Parganas reported that their household members are facing some kind of health issues. Ninety-three percent of households in East Medinipur and 78% of South 24 Parganas have members suffering from communicable diseases such as cold, flu and conjunctivitis. Sixty-eight percent of households in South 24 Parganas and 67% of households in East Medinipur have respondents suffering from water-borne diseases (Diarrhoea, dysentery, cholera, typhoid, Hepatitis A). Thirty-five percentage of households in South 24 Parganas and 9% of households in East Medinipur have members suffering from fungal infections. Moreover, 28% of households in South 24 Parganas and 17% of households in East Medinipur have reported mental trauma resulting from the cyclone.



GRAPH 31: TYPES OF HEALTH ISSUES

In terms of patterns of diseases in the aftermath of the cyclone, 33% of respondents from East Medinipur and 10% of respondents overall reported cases of stomach ache, diarrhoea, cold, cough, fever, lethargy, etc., in their locality.

With regards to damage to health facilities, only 6 households reported that their nearest health facility, Devdan Port Bar, was damaged.

In terms of immediate medical support, only 4 households from East Medinipur and 2 households from South 24 Parganas reported that they received health support in the form of health kits and check-ups.

The immediate needs in the affected districts include emergency Medical Health Support including emergency medical teams, medicines, and medical supplies, required to treat communicable diseases like fever and cold and limit the spread of waterborne diseases.

Urgent Needs

The provision of medical assistance and access to health facilities is of utmost importance. The affected population requires healthcare services to address any injuries, chronic health conditions and prevent water-borne diseases. Timely access to medical aid, including medication, medical professionals, and necessary treatments, is crucial for their physical and mental well-being.

Recommendations for short term relief and response

1. Organise medical camps and deploy mobile health units to provide immediate medical care especially targeting pregnant women, and children.
2. Medical Supply: Ensure uninterrupted supply of medicines including antibiotics, anti-diarrheal, antipyretics, and ORS packets.
3. The traumatic experience endured during the cyclone 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. Female Health workers: Engage female health workers to ensure health needs of women are address while ensuring privacy.
5. Clean water for drinking and bathing and access to toilets is critical to maintain hygienic conditions and prevent the spread of communicable diseases. Distribute water purification tablets and install community water filters to prevent water-borne diseases.
6. Restoration of nearest district health facilities damaged by Cyclone Remal is essential to serve the long-term health needs of the affected community.

Mid Term Needs

1. Repair damaged health facilities, ensuring they are fully functional with adequate medical stocks.
2. Hire additional healthcare staff and provide training on gender-sensitive care.
3. Provide transportation services for patients, particularly women in labor. to reach health facilities in timely manner.
4. Establish community support groups for trauma counseling, with a focus on women and children.
5. Train local health workers in mental health and psychosocial support techniques.

Shelter

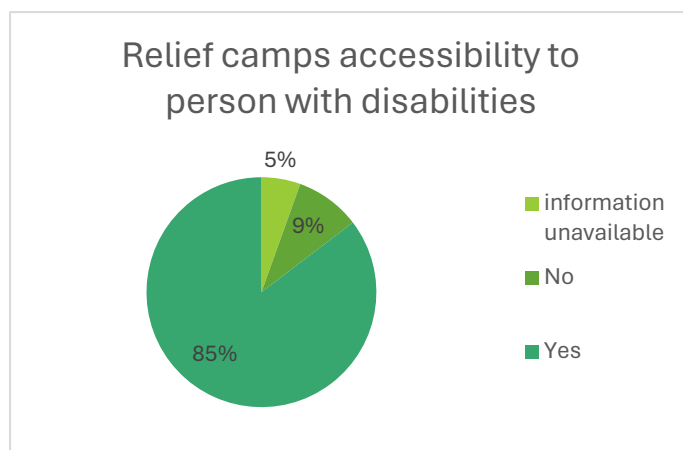
Overview

The assessment provides an overview of the housing and shelter conditions of communities affected by the cyclone, highlighting the impact of the disaster. It assesses the extent of damage caused by the cyclone, identifies the immediate shelter requirements of the affected population, their current places of stay, and proposes necessary interventions to address these needs.

Assessment Findings

According to the village-level assessment across 144 affected villages, respondents reported that 2,718 houses were fully damaged, 16,274 houses were partially damaged, and 7,465 houses need immediate attention. Additionally, 98,853 houses were reported to have no damages.

Total number of Fully damage houses(approx.)	Total number of Partially damaged houses(approx.)	Total number of houses with no damage(approx.)	Number of households in need of immediate shelter
2718	16274	98853	7465



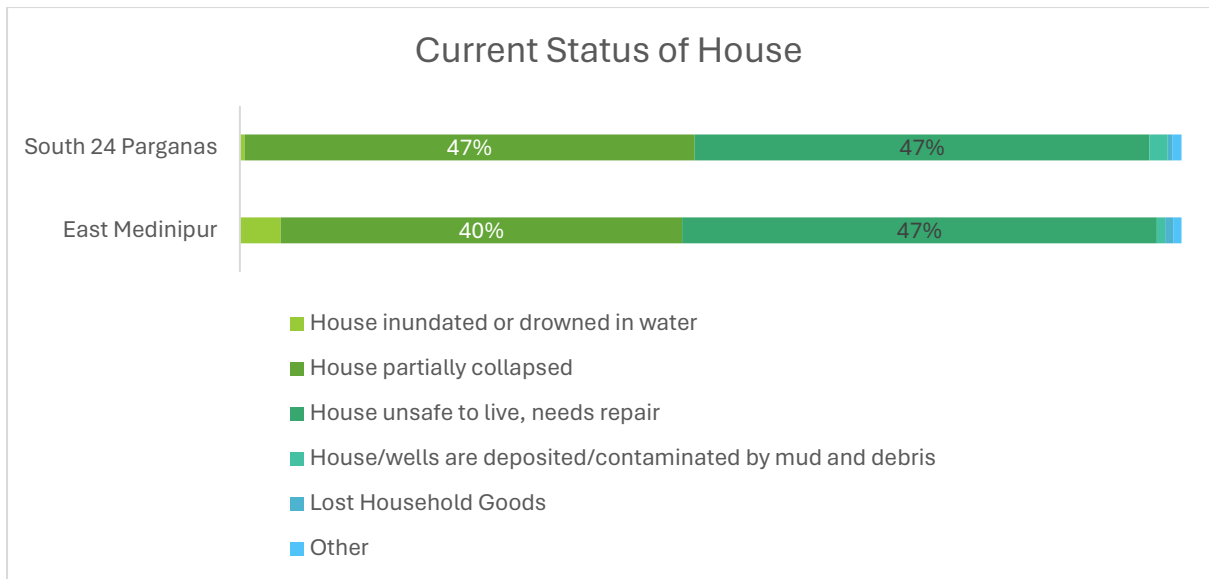
GRAPH 32: RELIEF CAMPS ACCESSIBILITY TO PERSON WITH DISABILITIES

While assessing the accessibility of relief camps for persons with disabilities, 85% of respondents from 144 villages reported that the camps are accessible to persons with disabilities. Conversely, 9% of respondents reported that the camps are not accessible to persons with disabilities.

98% of respondents from East Medinipur and 96% of respondents from South Parganas 24 reported to be living in temporary accommodation (aluminium sheet, tarpaulin, etc.

77% of respondents from East Medinipur and 94% of respondents from South Parganas 24 reported that they or their HH member own the land where they live.

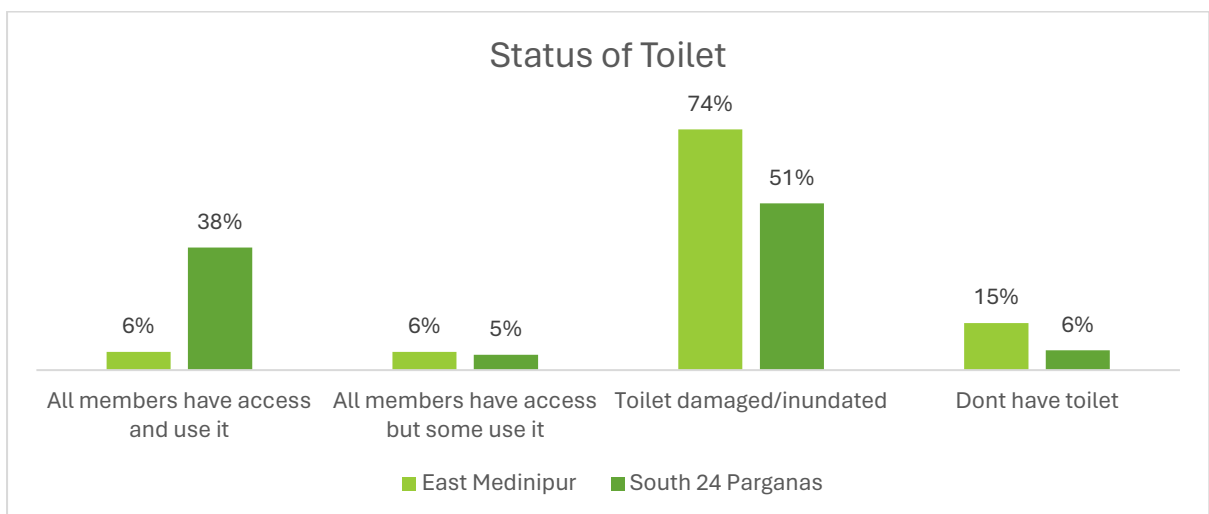
93% of respondents from East Medinipur and 98% of respondents from South Parganas 24 informed that their house was damaged due to cyclone Remal.



GRAPH 33: CURRENT STATUS OF HOUSE

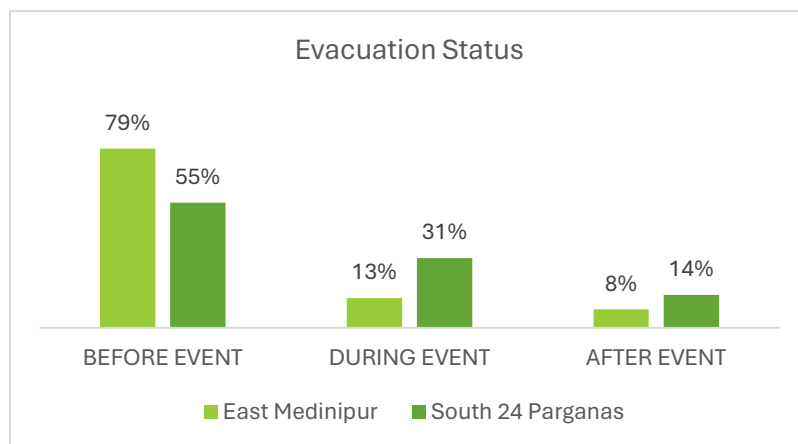
From Focus Group Discussions conducted in 144 villages across three affected districts, it was reported that approximately 2,718 houses were completely damaged and 16,274 houses were partially damaged, with 7,465 households in need of immediate shelter. About 85% of participants stated that relief camps are accessible to persons with disabilities, 9% said they were not accessible, and 5% said they did not have information on accessibility.

In East Medinipur, 4% of houses were inundated, 40% partially collapsed, 47% unsafe, 1% contaminated by mud, 1% lost goods, and 1% affected by other issues. In South 24 Parganas, no houses were inundated, 47% partially collapsed, 47% unsafe, 2% contaminated by mud, and 1% affected by other issues, with no reported loss of household goods. Both districts experienced significant housing damage, especially with partial collapses and unsafe living conditions.



GRAPH 34: STATUS OF TOILET

In East Medinipur, only 6% of households reported that all members have access to and use the toilet, while this figure is significantly higher in South 24 Parganas at 38%. Both districts have a similar percentage of households where all members have access but only some use it, with 6% in East Medinipur and 5% in South 24 Parganas. A large proportion of toilets are damaged or inundated in East Medinipur (74%), compared to 51% in South 24 Parganas. Additionally, 15% of households in East Medinipur do not have a toilet, whereas this is the case for 6% of households in South 24 Parganas.

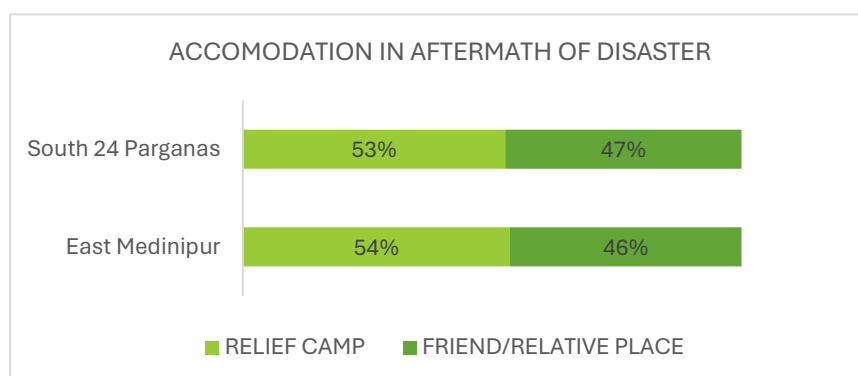


GRAPH 35: EVACUATION STATUS

80% of households from East Medinipur and 82% of households from South Parganas 24 reported that they were displaced due to the cyclone.

In East Medinipur, 79% of households reported evacuation before the event, 13% during the event, and 8%

after the event. In contrast, South 24 Parganas had 55% of households evacuated before the event, 31% during the event, and 14% after the event.

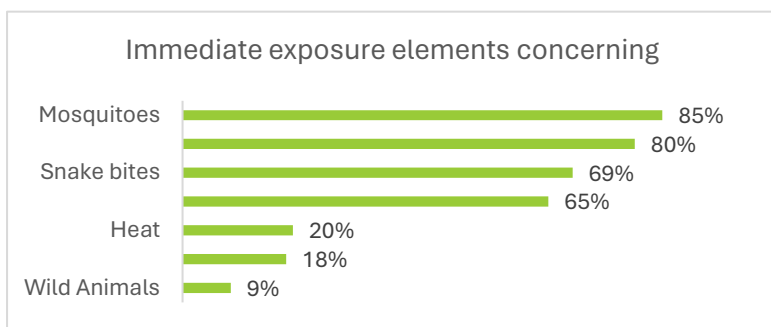


GRAPH 36: ACCOMODATION IN AFTERMATH OF DISASTER

In East Medinipur, 54% of households took shelter in relief camps, while 46% stayed with friends or relatives. Similarly, in South 24 Parganas, 53% of households stayed in relief camps, and 47% were accommodated at the

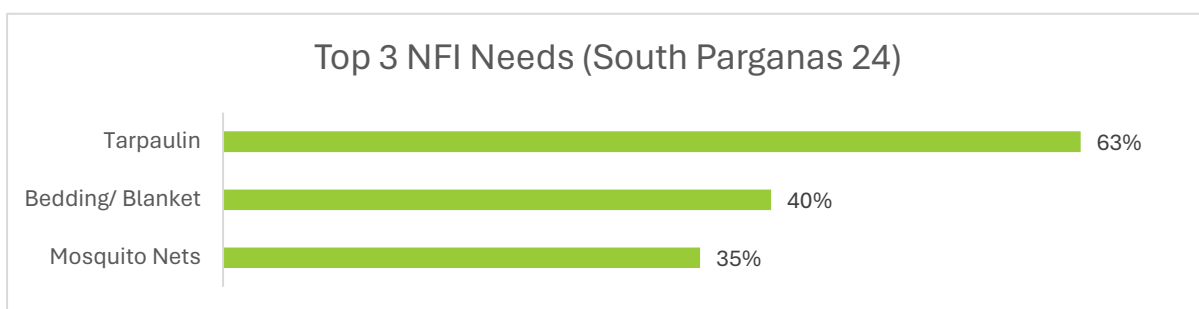
homes of friends or relatives.

94% of respondents from East Medinipur, and 93% of households from South 24 Parganas reported that they didn't receive any support for repairing their houses.

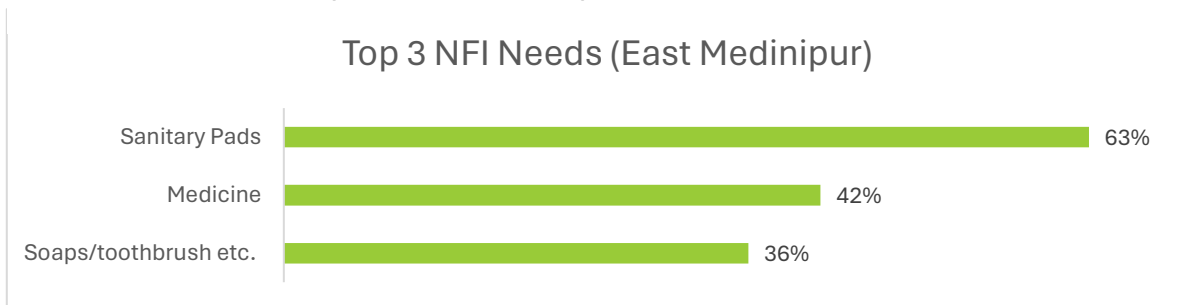


In the FGD, over 65% of participants reported that after the cyclone and loss of shelter, their primary concerns are mosquitoes, rain, snakebites, and darkness.

GRAPH 37: IMMEDIATE EXPOSURE ELEMENTS CONCERNING



GRAPH 39: TOP 3 NFI NEEDS (SOUTH PARGANAS 24)



GRAPH 38: TOP 3 NFI NEEDS (EAST MEDINIPUR)

89% of households' respondents from East Medinipur, and 95% of households from South 24 Parganas require further assistance for repairing their houses. Most of the households from both the districts reported that they need financial assistance and also need help with materials to reconstruct their houses and toilets.

When asked about top 3 Non-food items needed by HHs, 63% of HHs opted for tarpaulin, 40% opted for bedding/blanket, 35% of HHs opted for mosquito net in South Parganas 24. Similarly in East Medinipur, 63% of HHs opted for Sanitary pads, 42% opted for medicines, and 36% of HHs opted for soaps/toothbrush, toothpaste etc.

54% of HHs of East Medinipur and 70% of HHs from South Parganas 24 reported that they are facing power cut from the day of disaster.

Urgent Needs

1. Swift provision of blankets, sleeping bags, and mats to ensure that affected families have the necessary bedding materials for a secure and comfortable sleep.
2. Expedited deployment of prefabricated or easily assembled temporary shelter structures to offer immediate and secure housing solutions for those whose homes have been damaged or rendered uninhabitable.
3. Urgent distribution of medicines, hygiene kits, including toiletries and sanitation supplies, to maintain health and hygiene standards in temporary shelters and prevent the outbreak of diseases.
4. Provision of portable and rechargeable emergency lighting solutions to ensure visibility and safety in temporary shelters, particularly during the night.
5. Immediate supply of water purification kits to enable access to clean and safe drinking water, addressing a critical need in the aftermath of a disaster.
6. Rapid distribution of emergency repair kits equipped with tools and materials necessary for quick repairs to damaged houses, empowering affected communities to make essential improvements to their living conditions.

Protection

Vulnerabilities of the Cyclone Remal affected communities²

1. **Circular migration (Seasonal migration)** - Circular migration is one of the major factors among these vulnerable communities. The root cause for migration is absence of proper livelihood means at local level therefore people tend to migrate to nearby areas in search of work where wages are higher and more jobs are available. Almost half of the rural population migrate to nearby places on individual basis or along with their family.
2. **Poverty/ structural poverty of the targeted communities** - The adverse multi hazard impacts felt by those living in the Sundarbans are exacerbated as the region has the lowest income levels and greater income inequalities. The common identified issue in the most affected region is the scarcity of agricultural land. With the limited land in the Sundarban islands, soil erosion and salinity of soil is a challenging issue in terms of livelihood opportunity for the marginalized farmers' dependent of agriculture.
3. **Gender based discrimination** – The condition of women is very poor especially among the targeted communities. The targeted women communities are vulnerable though they are more involved in running their respective families. They are less involved in decision making process at any level right from family to legislature. Women are not given importance even though they are performing their duties at field and HH level. Gender discrimination, women trafficking, violence against women, migration, child labour etc are serious issues in the targeted areas. The issue of gender discrimination, gender inequality and violence against women are persistent and exacerbated during crises.
1. **Hygiene and WASH-** Limited access to water, sanitation and hygiene facilities has been a major developmental barrier in the targeted area. Limited access to sanitation has an immense effect on rural people. The vulnerability of the fragile water, sanitation, hygiene, and health care facilities, continues to be exacerbated by the cyclone. It is observed that large number of the affected populations use unsafe water sources, especially after the cyclone due to no other available options. Despite using water treatment methods reports of issues related to odour, taste, colour, and/or others in water quality is normal. Most of the affected populations have to practice open defecation due to damage done to sanitation facilities. Scarcity of sweet water for meeting the daily and basic requirements is also a huge challenge. During any disaster situation the minimum

² The information has been collected by local implementation partner of Change Alliance in North and South Parganas in West Bengal.

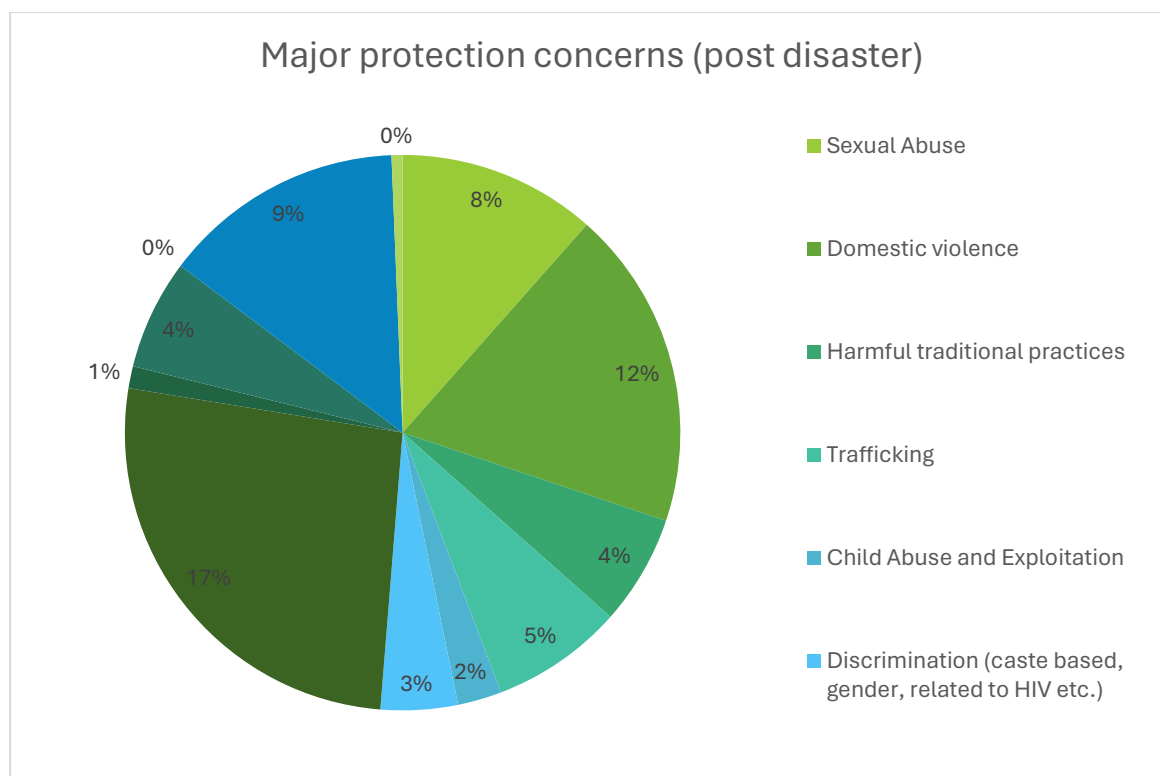
requirement per person for maintaining basic hygiene is also a constraint. In normal times also it takes months to restore the normal water supply for drinking and domestic use. There are many cases related to malnutrition, dietary risks and poor water sanitation and hygiene.

4. **Socio –economic vulnerability-** The affected communities mostly belong to marginalized community(SC, ST,OBC and minority) and have been constantly struggling for economic sustainability. Although after the Covid – 19 situation they have managed to overcome but this cyclone has rendered them susceptible to challenging situation.
5. **Political Vulnerability** People were evacuated with joint approach of government, PRI and likeminded organizations. But due to the Lok sabha election few school buildings which were generally used as a shelter in past were occupied by the central force. However alternative arrangements were made by the administration

Overview

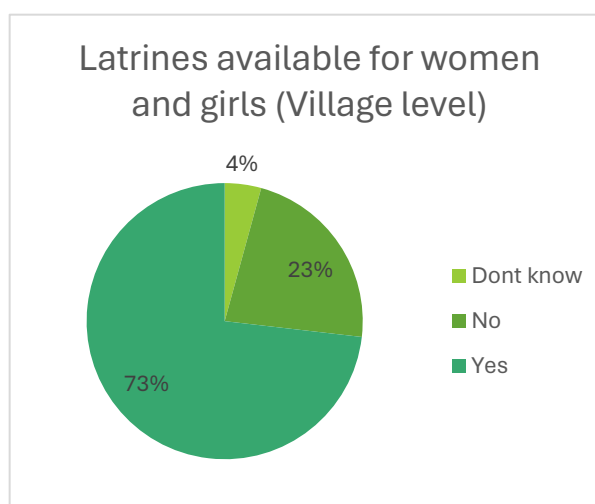
The assessment provides a concise overview of protection concerns in East Medinipur, North 24 Parganas and South 24 Parganas post-disaster. It identifies common issues like limited security access and privacy concerns, with South 24 Parganas showing lower percentages overall. Notably, South 24 Parganas reports a higher domestic violence rate, demanding immediate attention. Key protection needs include safety, education, food security, and healthcare, urging tailored interventions for comprehensive support. Low literacy may become a barrier and major impediment in accessing technological innovations in their daily livelihood. People living in joint families are impacted more during and post natural calamity due to challenges vis a vis shelter and maintaining livelihood for big families. The major share of livelihood of excluded community depends on collecting natural resource such as honey, crab, prawn seedlings, which is disrupted during cyclones rendering them vulnerable and without livelihood options. The minority and excluded community mostly depend on livestock rearing and impact on livestock during natural calamity impacts their means of livelihood. The rate of unsafe migration is high in the minority & excluded community which leads their life in danger. Low resilience to climate related natural disasters and inadequate management of natural resources.

Assessment Findings



GRAPH 40: MAJOR PROTECTION CONCERNS: POST DISASTER (VILLAGE LEVEL)

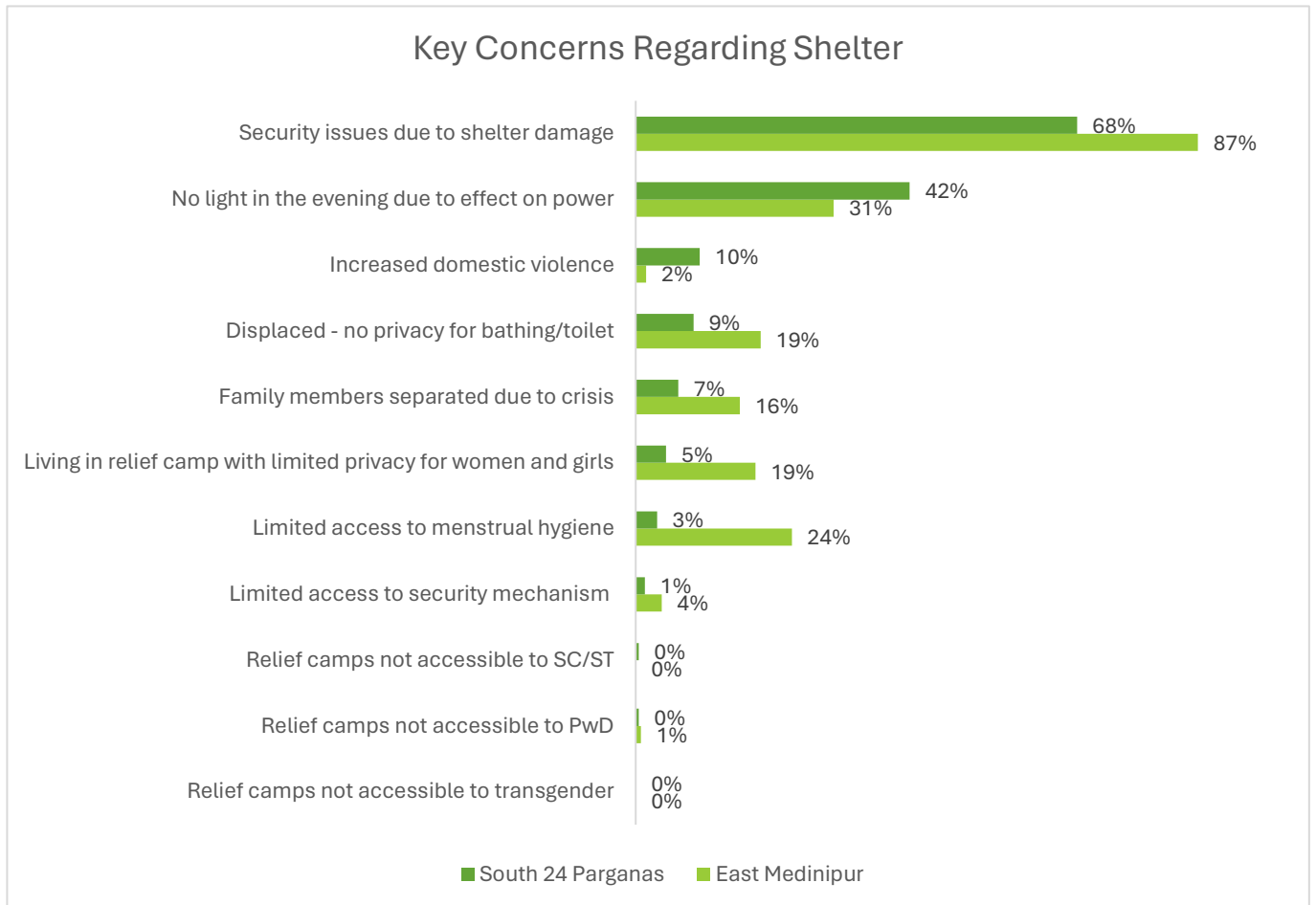
The village-level survey has highlighted major protection concerns including sexual abuse, domestic violence, child abuse, and exploitation, as well as the breakdown of law and order. Out of the 144 villages surveyed, 8% identified sexual abuse as a major protection concern, 12% reported domestic violence, 5% cited child abuse and exploitation, and 17% indicated a breakdown of laws due to the presence of thieves. 34% of respondents chose not to respond on protection concerns



GRAPH 41: LATRINES AVAILABLE FOR WOMEN AND GIRLS (VILLAGE LEVEL)

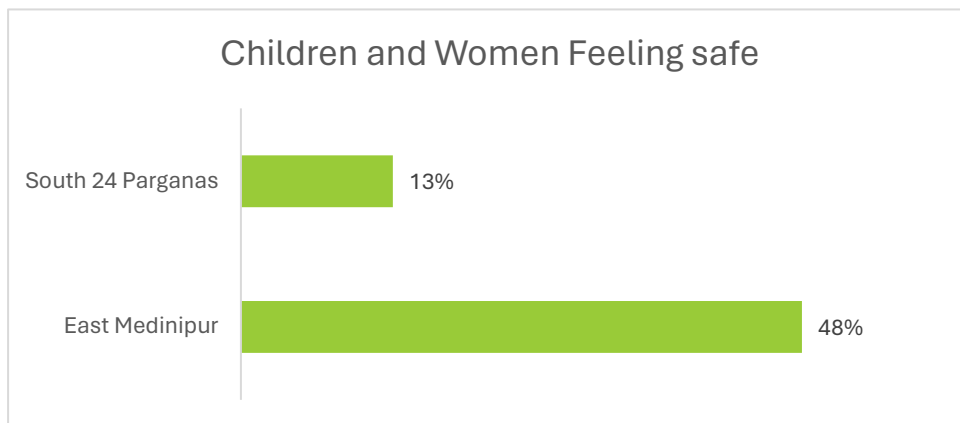
During the village level assessment of latrine availability for women and girls, 73% of respondents reported that latrine facilities are available, while 23% indicated unavailability of latrine facilities for women and girls.

The HH data highlights critical concerns regarding protection in both East Medinipur and South 24 Parganas, primarily light on key areas of vulnerability and challenges faced by affected populations. Both regions share common concerns regarding limited access to security mechanisms, challenges with menstrual hygiene, issues with privacy in relief camps, family separations, and privacy concerns for bathing and toilet facilities. However, South 24 Parganas generally reports lower percentages for these concerns compared to East Medinipur, indicating relatively better conditions in some aspects.



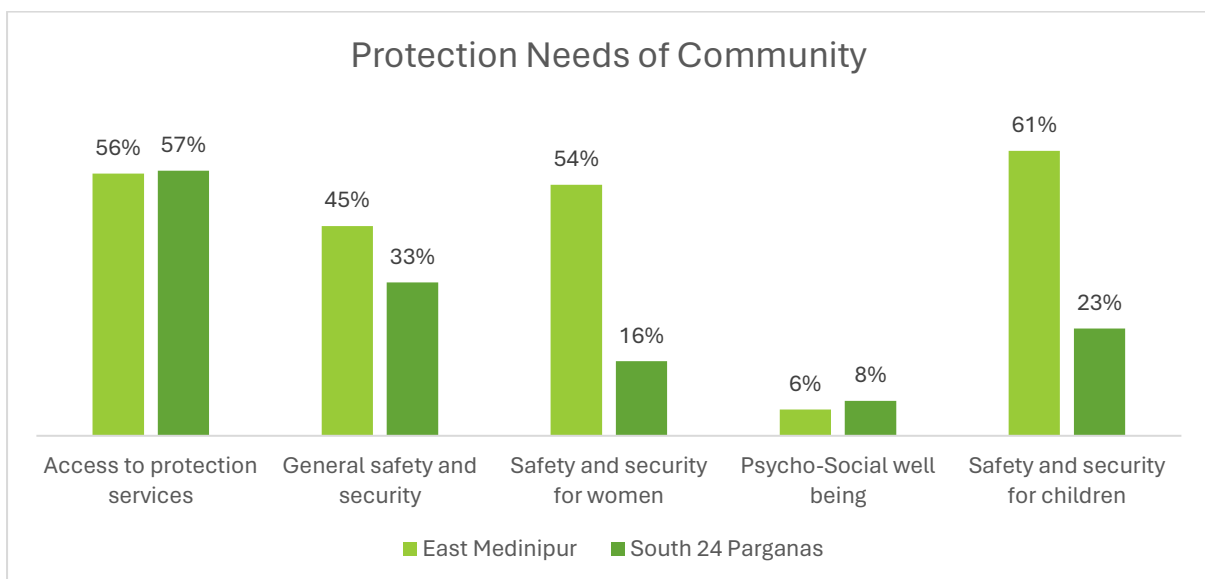
GRAPH 42: KEY CONCERNS REGARDING SHELTER

Notably, South 24 Parganas reports a higher percentage of increased domestic violence compared to East Medinipur, suggesting a more significant issue in this region that requires immediate attention and targeted interventions.



GRAPH 43: CHILDREN AND WOMEN FEELING SAFE

East Medinipur reports a significantly higher percentage (48%) of children and women not feeling safe compared to South 24 Parganas (13%). This suggests a concerning disparity in the perceived safety and security of vulnerable populations between the two regions. The notably higher percentage in East Medinipur underscores the urgent need for targeted interventions to address safety concerns and create a more secure environment for children and women.

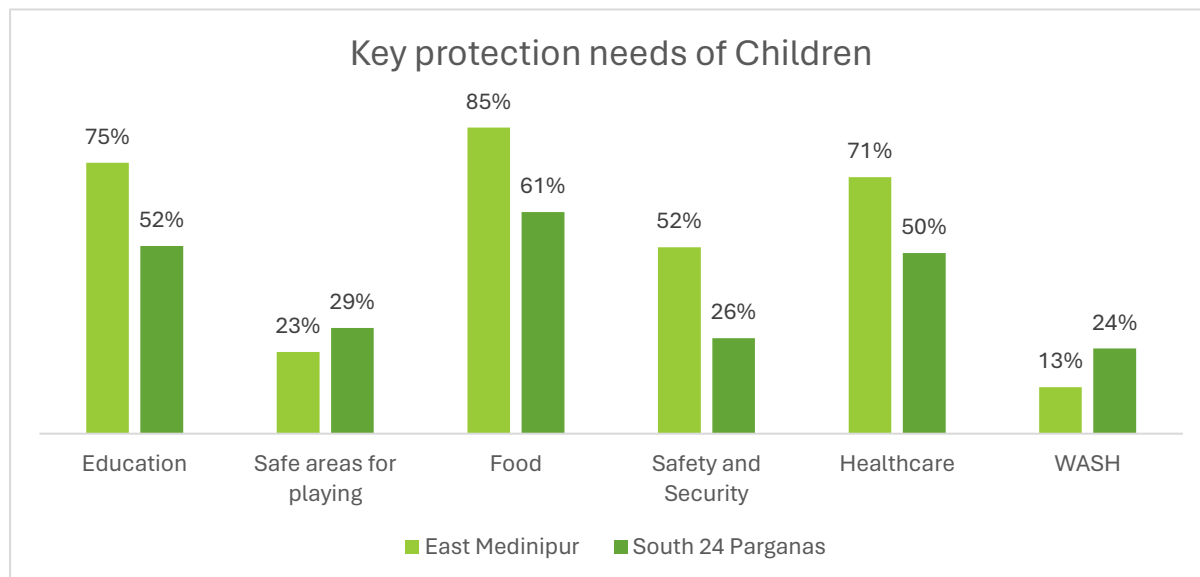


GRAPH 44: PROTECTION NEEDS OF COMMUNITY

54% of respondents in East Medinipur report concerns about safety and security for women, compared to only 16% in South 24 Parganas. Similarly, 61% in East Medinipur report concerns about safety and security for children, as opposed to 23% in South 24 Parganas. This suggests a concerning disparity in the perceived safety and security of vulnerable populations between the two regions.

Access to protection services (help children to claim rights, ensure peoples access to impartial assistance etc.) is relatively similar between the two regions, with 56% in East Medinipur and

57% in South 24 Parganas. General safety and security perceptions also differ, with 45% expressing concerns in East Medinipur compared to 33% in South 24 Parganas. Interestingly, the concern for psycho-social well-being is lower in both regions, with 6% in East Medinipur and 8% in South 24 Parganas. The notably higher percentages in East Medinipur, especially regarding the safety and security of women and children, underscore the urgent need for targeted interventions to address these concerns and create a more secure environment for these vulnerable groups.



GRAPH 45: KEY PROTECTION NEEDS OF CHILDREN

	East Medinipur	South 24 Parganas
Education	75%	52%
Safe areas for playing	23%	29%
Food	85%	61%
Safety and Security	52%	26%
Healthcare	71%	50%
WASH	13%	24%

The data reveals distinct key protection needs for children in both East Medinipur and South 24 Parganas. Education emerges as the top priority in both regions, with a higher percentage in East Medinipur (75%) compared to South 24 Parganas (52%). Ensuring access to quality education is crucial for the well-being and future prospects of children in disaster-affected areas. Similarly, food security is identified as a significant concern, with a notably higher percentage in East Medinipur (85%) compared to South 24 Parganas (61%), highlighting the acute need for nutritional support in East Medinipur. Safety and security, healthcare, and safe areas for playing are also identified as important protection needs for children in both regions, with higher percentages reported in East Medinipur compared to South 24 Parganas. Conversely, South 24 Parganas demonstrates a higher percentage for WASH (Water,

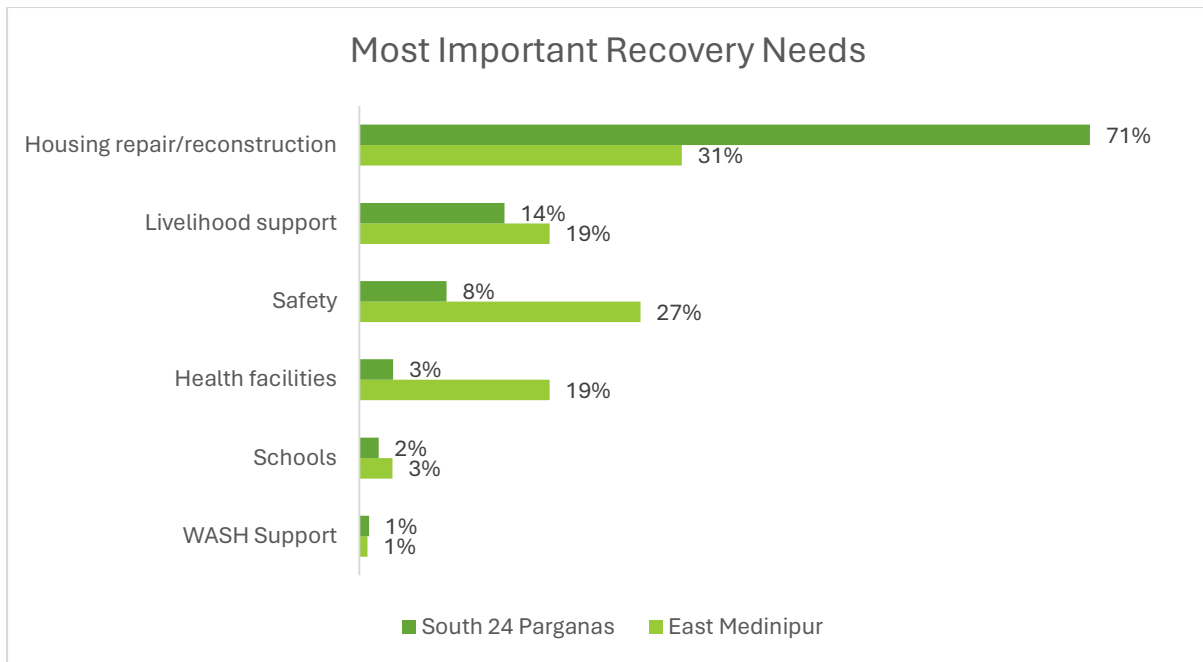
Sanitation, and Hygiene) needs compared to East Medinipur, indicating greater emphasis on ensuring access to clean water and sanitation facilities. These findings underscore the multifaceted nature of children's protection needs in disaster-affected areas and emphasize the importance of holistic and integrated approaches to address these challenges comprehensively.

Urgent Needs

- Proper lighting arrangements in the relief camps esp during evening and night to ensure safety of the camp inmates.
- Access to sanitation facilities, menstrual health and hygiene products should be ensured in relief camps or in areas where people are living in makeshift shelters
- Ensure equity based compensation and recovery aid to the poorest who have lost their house, household belongings and livelihood avenues (livestock etc), and may not be able to produce required proofs of the losses
- Delink compensation of housing and other substantial losses of the marginalised communities from legal documentation and cover all actual losses and damages for compensations
- Integrate awareness campaigns on menstrual hygiene and safe practices, and child safeguarding among communities in the recovery programmes
- Provide compensation /livelihood support package for daily wage labourers until they secure regular livelihood options.
- Provide free mobile healthcare assistance to vulnerable population including elderly, those with chronic diseases and the age-related illnesses and care until public health services have resumed at all levels.
- People who have lost legal documents should be identified and should be supported in getting the new ones
- Institutionalizing a dedicated inter agency helpline and complaint and feedback mechanism in the affected communities

Relief & Recovery Needs

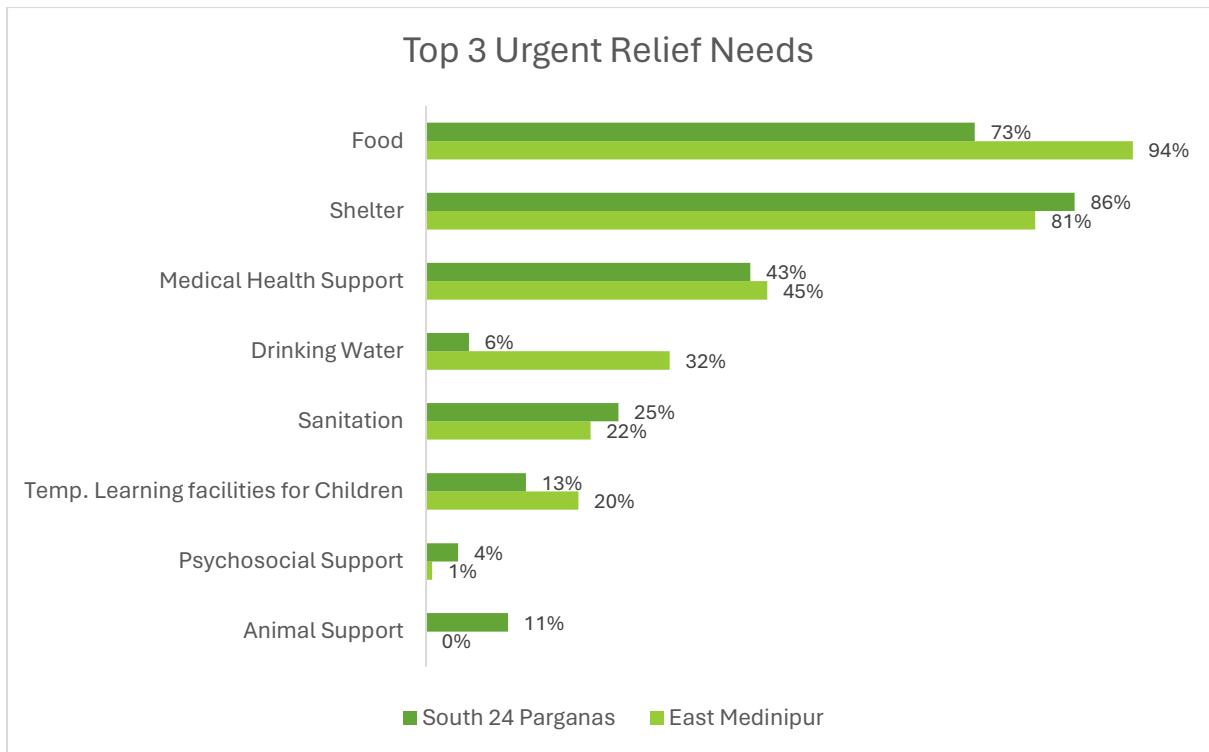
The most critical urgent recovery needs requested by respondents include support for housing repair with 71% of respondents in South 24 Parganas and 31% in East Medinipur expressing an urgent need for safe and secure housing. Safety was also brought up as a significant concern, with 27% respondents of East Medinipur and 8% of South 24 Parganas respondents echoing the same. Livelihood support is also a critical need for 19% respondents from East Medinipur and 14% respondents from South 24 Parganas. Restoration of health facilities and schools also were indicated as important recovery needs.



GRAPH 46: MOST IMPORTANT RECOVERY NEEDS

	East Medinipur	South 24 Parganas
WASH Support	1%	1%
Schools	3%	2%
Health facilities	19%	3%
Safety	27%	8%
Livelihood support	19%	14%
Housing repair/reconstruction	31%	71%

The most critical urgent relief needs requested by respondents include food assistance in East Medinipur (94%) and South 24 Parganas (73%) to address immediate food security challenges. The provision of shelter was also brought up as a significant concern, with 86% and 81% of respondents from South 24 Parganas and East Medinipur expressing an urgent need for safe and secure housing. Immediate health support is also an urgent relief need as indicated by 45% respondents in East Medinipur and 43% in South 24 Parganas. Clean drinking water and sanitation are also pressing needs for the affected population in surveyed areas. Temporary learning facilities for children is a pressing concern as indicated by 20% in East Medinipur and 13% in South 24 Parganas. Animal support was also listed as an urgent relief need by 11% respondents in South 24 Parganas. Moreover, respondents from both South 24 Parganas (4%) and East Medinipur (1%) have indicated psychosocial support as an urgent relief need.



GRAPH 47: TOP 3 URGENT RELIEF NEEDS

	East Medinipur	South 24 Parganas
Animal Support	0%	11%
Psychosocial Support	1%	4%
Temp. Learning facilities for Children	20%	13%
Sanitation	22%	25%
Drinking Water	32%	6%
Medical Health Support	45%	43%
Shelter	81%	86%
Food	94%	73%

Recommendations

Food, Nutrition and Security

Short term:

- **Emergency Food Aid:** Initiate immediate food aid distribution programs targeting households with disrupted food supplies, prioritizing areas with severe shortages.
- **Mobile Food Distribution Units:** Deploy mobile food distribution units equipped with essential food items to reach inaccessible areas and provide emergency relief.
- **Cooking Kits Provision:** Distribute cooking kits containing essential utensils and cooking equipment to households lacking cooking facilities.
- **Financial Assistance:** Provide emergency financial assistance to vulnerable households to address immediate food needs and mitigate financial constraints.
- **Price Control Measures:** Implement price control measures to regulate food prices and prevent exploitative practices during the crisis.

Mid-term :

- **Market Rehabilitation:** Support the rehabilitation of local markets and food supply chains to restore access to fresh produce and essential food items.
- **Community Kitchen Initiatives:** Establish community kitchens to provide cooked meals and nutrition support to vulnerable populations, ensuring access to nutritious food.
- **Nutrition Education Programs:** Launch nutrition education programs to promote healthy eating habits and address nutritional deficiencies among affected communities.
- **Livelihood Support:** Provide livelihood support programs to help households generate income and regain financial stability, enabling them to purchase food and meet nutritional needs.
- **Food Security Monitoring:** Establish a food security monitoring system to track food availability, accessibility, and affordability, enabling timely intervention and response.

Long-term:

- **Diversification of Food Sources:** Promote the diversification of food sources and agricultural practices to enhance resilience to future disasters and ensure food security.
- **Sustainable Agriculture Practices:** Encourage the adoption of climate sensitive, sustainable agriculture practices, such as organic farming and agroforestry, to improve food production and reduce dependency on external food sources.
- **Capacity Building:** Invest in capacity-building initiatives to empower local communities with knowledge and skills in food production, storage, and nutrition management.
- **Policy Development:** Advocate for the development and implementation of food security and nutrition policies at the local and national levels, integrating disaster risk reduction strategies.
- **Research and Innovation:** Support research and innovation in food technology and nutrition science to develop innovative solutions for addressing food security challenges in disaster-prone areas.

Health

Short term:

- Conduct health assessments and provide emergency medical care, including mobile clinics and medical supplies, to address immediate health needs.
- Mobile Van Health Facilities should be provided in hard-to-reach areas.
- Awareness about basic hygiene promotion hand washing is critical to help prevent the spread of illness and disease.
- Implement disease surveillance systems and early warning mechanisms to monitor and prevent outbreaks of waterborne diseases, vector-borne illnesses, and other health risks.
- Provide mental health and psychosocial support services to individuals and communities affected by the cyclone. Grief and shock are normal in the immediate aftermath of a natural disaster; psychological counselling support is required.
- Special care should be given to people with disability, elderly, pregnant women, and children in terms of accessibility to health services.
- Removal of sludge and other waste should be done properly to reduce risk of long-term diseases. The contamination of water with faeces, silt and debris are likely to affect the areas, leading to rise in cases of diarrhoea, dysentery, and other water-borne diseases. Vaccines are recommended for people, where poor sanitation and unsafe water are common.
- Women/adolescent girls on their period are at greater risk especially the ones who are relocated. No access to clean cloth or sanitary napkins as absorbents of menstrual blood can be there in shelter homes. Awareness of safe and easy access to sanitation, supply of water, free distribution of sanitary napkins/ culturally appropriate sanitary towels to be ensured. Provision of sanitary napkins as essential items.
- Chlorination/disinfection of the water sources at the health facility can be recommended.
- Bed nets can be made available for the indoor patients in mosquito breeding zones.

Mid-term:

- Strengthen and upgrade health facilities and infrastructure in affected areas, ensuring access to quality healthcare services for the long term.
- Enhance capacity-building initiatives for healthcare workers, including training on emergency response, trauma care, and psychosocial support.
- Communication strategy needs to be developed for creating massive awareness among the community on safe health and hygiene practices during disaster. IEC materials need to be adequately distributed among the affected population for awareness purpose.
- Improve access to essential medicines, vaccines, and medical equipment, establishing robust supply chains and emergency stockpiles.
- Doctors can be deployed for medical checkups after few months of the disaster which will give us an understanding of any post cyclone diseases prevailing in the community.

Long-term:

- Develop community-based health promotion programs, focusing on preventive measures, health education, and awareness campaigns.

- Strengthen primary healthcare systems, ensuring comprehensive and accessible services, including maternal and child health, nutrition, and preventive care.
- Alternative arrangement for power supply (generator, fuel etc.) in Health facilities/ Institutions should be made as a sustainable option.
- Invest in healthcare workforce development, including recruitment, training, and retention of qualified healthcare professionals in the affected areas.

Education

Short-term:

- Provide immediate support for schools in East Medinipur and South 24 Parganas affected by relief camp conversions, including temporary relocation or alternative educational arrangements.
- Mobilize resources to address power shortages in schools, ensuring uninterrupted access to electricity for teaching and learning activities.
- Initiate emergency repairs and maintenance programs to address physical damage to school infrastructure, prioritizing structures critical for safe learning environments.
- Distribute emergency educational materials and supplies to schools in East Medinipur with high rates of damage, ensuring continuity of learning despite resource shortages.

Mid-term:

- Implement digital infrastructure projects in South 24 Parganas to facilitate remote learning and digital literacy programs, catering to the region's preference for digital tools.
- Launch school rehabilitation initiatives in both regions, focusing on long-term infrastructure upgrades and improvements to withstand future disasters.
- Establish transportation support programs for students in both East Medinipur and South 24 Parganas, addressing accessibility barriers and ensuring equal access to education for all.
- Introduce specialized training programs for teachers and school staff to support students with disabilities, fostering inclusive learning environments in schools.

Long-term:

- Advocate for policy reforms and investment in education infrastructure at the regional and national levels to address systemic issues contributing to educational disparities and vulnerabilities.
- Foster community engagement and participation in education planning and decision-making processes, empowering local stakeholders to drive sustainable improvements in the education sector.
- Strengthen monitoring and evaluation mechanisms to assess the effectiveness of education interventions over time, informing evidence-based policy and programming.
- Promote research and innovation in educational technology and pedagogy to adapt to evolving learning needs and ensure quality education delivery in disaster-prone regions like East Medinipur and South 24 Parganas.

WASH

Short-term:

- 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.
- Immediately deploy water tankers to areas facing acute shortages to address the water quantity concern in East Medinipur.
- Provide temporary sanitation facilities like portable toilets and communal bathing spaces in severely affected regions, prioritizing areas with damaged infrastructure.
- Create awareness of sanitation practices and discourage open defecation, especially in areas susceptible to epidemics and water-borne diseases
- Supply hygiene kits containing soap, menstrual hygiene products, and water purification tools to households facing shortages.
- Promptly use the IEC materials on hygiene education, particularly focusing on personal hygiene and Menstrual hygiene.
- Conduct hygiene promotion campaigns, emphasizing handwashing practices, safe water storage, and proper waste management.

Mid-term:

- Prioritize restoring damaged water supply and sanitation infrastructure to reinstate reliable services.
- Conduct awareness campaigns on water conservation, safe sanitation practices, and hygiene maintenance to promote sustainable habits.
- Promote hygiene education programs, targeting schools, community centers, and households, to raise awareness about good hygiene practices
- Implement programs for wider distribution and accessibility of filtration systems, focusing on areas with low adoption rates.

Long-term:

- Implement sustainable WaSH infrastructure projects, such as rainwater harvesting systems and improved sanitation facilities, to ensure long-term access to clean water and sanitation services. Provisioning of disaster resilient adequate (gender segregated toilets) WASH infrastructure facilities in schools/relief spaces with accessible features for persons with disabilities as well addressing the needs for menstrual hygiene management (exclusive toilets attached with incinerator and washing facilities).
- Strengthen early warning systems to improve disaster preparedness and response.
- Cleaning, disinfection, and maintenance of village ponds should be taken up jointly to ensure that the ponds serve as emergency water sources and not turn into waste dumping areas.
- Develop water resource management plans to ensure efficient use and conservation of water sources, especially during periods of scarcity.
- Ensure equitable access to safe water and sanitation for all, especially addressing gender-specific needs by providing private sanitation spaces and hygiene support for women and girls.

- Promote community-led initiatives and capacity-building programs to sustain hygiene practices and sanitation standards in the long run.
- Advocating and Influencing Government to adhere to resilient WaSH flagship programs along with proper Operation and Management in place for community WaSH facilities (on both drinking water and sanitation) for its sustainability.
- Establish WASH-friendly spaces in relief camps during emergencies, with a particular focus on the needs of children, pregnant women, person with disability and lactating mothers.
- Develop a comprehensive response tool under the disaster preparedness approach, focusing on WASH. This will emphasize the critical roles of all key departments before and after an emergency.

Shelter & Livelihood

Short-term:

- Provide emergency shelter materials, such as tents, tarpaulins, and temporary shelters, to displaced families and individuals.
- Provide shelter kits based on the local construction practices along with the quick guide on repairs.
- Creation of teams of masons at Gram Panchayat level in coordination with local administration to support affected households.
- Establish community-led shelter management committees to coordinate the distribution of shelter materials and ensure equitable access to temporary shelter.
- Advocacy with government for owner-driven reconstruction process for reconstruction of houses.

Mid-term:

- Repair and rehabilitate damaged houses, using disaster-resilient construction techniques and materials, to provide safe and durable shelter options.
- Training of construction workers on cyclone resistant features and safe construction practices.
- Strengthen the capacity of local communities in disaster-resistant construction practices through training programs and technical support.
- Develop transitional housing solutions to accommodate displaced families during the reconstruction phase, ensuring access to essential services and livelihood opportunities.
- Preparation of database of vulnerable housing stock should be prioritized for retrofitting or new construction under government support using AI based model and ground verification.

Long-term:

- Develop and enforce building codes and regulations that incorporate disaster resilience and safe construction practices, ensuring the long-term safety of housing structures.
- Promote the construction of safe and affordable housing, considering climate-resilient designs and incorporating community input in the planning process.

- Support the establishment of housing finance mechanisms and access to affordable loans to facilitate the reconstruction and acquisition of permanent housing for affected households.
- Enhance land-use planning and zoning regulations to minimize the risk of future disasters and ensure safe settlement locations.
- Facilitate community-driven approaches to shelter reconstruction, encouraging participation, and empowering local communities in decision-making processes.

Protection

Short-term:

- Access to sanitation facilities, menstrual health and hygiene products should be ensured in relief camps or in areas where people are living in makeshift shelters
- Ensure equity based compensation and recovery aid to the poorest who have lost their house, household belongings and livelihood avenues (livestock etc), and may not be able to produce required proofs of the losses
- Delink compensation of housing and other substantial losses of the marginalised communities from legal documentation and cover all actual losses and damages for compensations
- Ensure that we include non-agricultural communities forming labour force, under State's disaster compensation norms
- Integrate awareness campaigns on menstrual hygiene and safe practices, and child safeguarding among communities in the recovery programmes
- Provide compensation /livelihood support package for daily wage labourers until they secure regular livelihood options.
- Provide free mobile healthcare assistance to vulnerable population including elderly, those with chronic diseases and the age-related illnesses and care until public health services have resumed at all levels.
- People who have lost legal documents should be identified and should be supported in getting the new ones
- Institutionalising a dedicated inter agency helpline and complaint and feedback mechanism in the affected communities
- Conduct awareness campaigns on gender-based violence and establish safe spaces for children, women and other vulnerable groups to seek support and assistance.
- Conduct a Community Accountability Assessment aligned with Core Humanitarian Standards.

Mid-term:

- Strengthen the capacities of the communities (women, children, PwDs) on disaster mitigation
- Strengthening or building the capacities of the local government functionaries to identify, map and address the protection needs.
- Provision of sanitary toilets and behaviour change communication in recovery programmes through linkages with Swacch Bharat Abhiyan for all the affected communities irrespective of availability of legal documentation of the property.
- Ensure timely release of social security pensions to widows, elderly, unemployed to support their basic survival needs.

- Collaborate with local authorities and community leaders to develop and implement protocols for addressing domestic violence and ensuring privacy in relief camps.
- Establish community-based support groups and helplines to provide counseling and assistance to individuals experiencing family separations or privacy concerns.
- Conduct training workshops for healthcare workers and volunteers on identifying and addressing protection concerns, particularly those related to women and children.
- Capacity building of humanitarian practitioners on Core Humanitarian Standards, Sphere Minimum Standards and Safe Programming. Contextualisation of safeguarding messages in the affected communities.
- Establishing risk communication mechanism and referral mapping in the affected districts.

Long-term:

- With the extremely adverse and punishing circumstances for highly vulnerable populations in the Sundarbans, it is necessary to mobilise resources and implement policies to prevent the long-term impacts of the cyclone in such vulnerable habitats.
- Strengthen institutional mechanisms for protection by integrating protection concerns into disaster preparedness and response plans.
- Invest in infrastructure development to improve access to sanitation facilities, safe housing, and community centers that promote safety and well-being.
- Adequate investments in disaster preparedness and mitigation with necessary financial structures, risk-sharing strategies, social safety and welfare mechanisms to deal with multi disaster responses.
- Sharing of scientific and technical information and development of appropriate skill sets and capacities to understand risks and act upon them on a timely basis is required at various levels of the relief and response system.
- Provisions to share information for decision making among government agencies, non-government stakeholders and communities at the last mile as early warnings of impending disasters and to enable provision and access to humanitarian assistance is required to be strengthened. For instance large scale research on livelihood risks and socioeconomic realities in the context of multi-hazards in regions like the Sundarbans should be undertaken with clear policy reforms.
- Multi stakeholder coordinated humanitarian assistance with support from the international community with continuous local level assessments and appropriate intervention in the high-risk zones of the affected areas.
- Community engagement for policy reforms to address systemic issues contributing to protection vulnerabilities, such as gender inequality and social marginalization.
- Foster partnerships with local NGOs and civil society organizations to enhance community resilience and support mechanisms for vulnerable populations.
- Implementation of the minimum standards of relief in humanitarian response in accordance with the State level Relief Code
- Explore alternate solutions to providing adequate sanitation facilities to women and persons with disabilities, like Porta-toilets and awareness creation on care and protection of people with limited or no mobility

Annexure

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JRNA Questionnaire

1. [Household Tool](#)
2. [Village Tool](#)
3. [Secondary Resources of Cyclone Remal impact & Sitreps](#)

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