



POST DISASTER HUMANITARIAN ASSISTANCE EVALUATION

Wayanad 2024



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Executive Summary

On July 30, 2024, a catastrophic landslide struck Mundakkai in Wayanad District, Kerala, following prolonged and heavy rainfall that destabilized the terrain. The landslide caused extensive destruction, burying approximately 700 homes under debris and tragically resulting in numerous casualties and injuries. Rescue operations, led by local authorities and emergency teams, managed to save several lives, though the toll was significant, with hundreds of individuals sustaining injuries and numerous lives lost. By August 24, 2024, all temporary relief camps established in response to the disaster were successfully closed, and 702 displaced families—including nearly 2,600 individuals—were relocated to temporary accommodations. These accommodations included rented homes, government quarters, and shelters with relatives. In addition, the government, under the ‘Back to Home’ program, provided affected families with essential supplies to support them in re-establishing their households. Further measures included financial assistance and an employment program offering daily wages to help stabilize families economically as they recovered from the disaster’s impact.

The disaster response was a concerted effort involving government agencies, the Inter-Agency Group (IAG) of Wayanad, and over 80 other organizations with critical support from the Kerala State Disaster Management Authority (KSDMA). A GO-NGO Coordination Desk was established to enhance collaboration, avoid duplication, and ensure effective relief distribution to affected communities. The coordination efforts focused on immediate humanitarian assistance, such as food, shelter, and psychosocial support, while also addressing the long-term rehabilitation needs. The Post-Disaster Needs Assessment (PDNA) led by KSDMA assessed the extensive impact and informed ongoing recovery strategies. National and local organizations further contributed to sustainable recovery initiatives by providing financial aid, resources for temporary housing, and livelihood support to the displaced.

To evaluate the effectiveness, timeliness, and relevance of the assistance provided after the landslides and floods in Wayanad, Sphere India in collaboration with IAG Wayanad facilitated a Humanitarian Aid Survey on October 22nd and 24th. By gathering direct feedback from the

affected population, this survey aimed to identify critical gaps, strengths, and areas for improvement in the humanitarian response. The insights gathered through this survey are intended to guide all stakeholders, including humanitarian agencies and government bodies, in understanding key focus areas for targeted support and more efficient resource allocation. This identification of needs and conclusions will help direct stakeholders toward a coordinated approach, enhancing both immediate relief efforts and strategies for sustainable recovery.

Key Findings



Humanitarian Assistance: Approximately 84% of respondents received various forms of humanitarian aid, including food, clothing, and shelter support. Community engagement was significant, with 84% of respondents reporting some level of interaction with aid providers, though only 61% noted direct consultations from local authorities. However, 16% indicated that no one directly inquired about their specific needs. The timeliness of aid delivery was moderately satisfactory for 79% of respondents, while 11% expressed dissatisfaction due to delays. Awareness of the grievance redressal mechanism stood at 60%, and 54% of respondents reported that their grievances were partially or fully resolved within three months. Overall, 71% of households expressed moderate satisfaction with the impact of the assistance provided, indicating that while the aid met immediate needs, there is room for improvement in responsiveness and addressing individual concerns.



Shelter: Post-disaster, 45% of respondents found shelter in rented housing, 32% in government shelters, and only 19% remained in their own homes. Immediate shelter assistance was critical, with 60% initially placed in relief camps. Despite positive feedback on camp conditions, only 23% of displaced families received sustained rental support, as most aid was discontinued after one or two months. While 68% of respondents rated their shelter arrangements as 'Good,' ongoing support is essential for those still facing housing instability.



Food and Nutrition Security: Food aid reached 84% of households, reflecting strong support for basic needs. However, only 18% of households with vulnerable members, such as pregnant women or children, received tailored nutritional support. Satisfaction with food quality was high, with 66% expressing satisfaction and 8% indicating they were very satisfied. Additionally, 84% found the food quantity sufficient, though coverage varied with 34% receiving two to four weeks of rations, and only 10% receiving more than eight weeks, showing a need for more consistent food support.



WASH: Hygiene kits reached 79% of respondents, and items such as bathing soap (97%) and toothpaste (96%) were common. Satisfaction with the kits was high, with 72% rating the quality as 'Good' and 12% as 'Very Good.' However, 53% of respondents expressed a need for further WASH support, such as facility

maintenance and enhanced sanitation services, indicating the importance of sustained hygiene and sanitation resources in temporary accommodations.



Health: Awareness of health services was reported by 75% of households, with general medical treatment provided to 93% and psychosocial support to 55%. Satisfaction with health services was high, with 68% satisfied and 6% very satisfied, although transportation and cost presented access barriers for 28% and 21% of respondents, respectively. Additionally, while 73% noted some health improvement from these services, only 18% reported a significant improvement, highlighting areas for improvement in health intervention effectiveness.



Education: Over half of the households had school-aged children, with 67% able to attend school following the disaster. Among those, 49% received school supplies, and 26% benefited from mental health support for children, addressing the psychological impact of the disaster. However, barriers such as transportation (29%) and financial constraints (23%) were common, preventing full access to education for many children. 38% were satisfied with educational support provided, but 39% held a neutral view, suggesting room for improvement in meeting educational needs.



Livelihood: Livelihoods were impacted for 86% of households, with 59% relying on loans from family or friends and 28% taking up temporary work to cope with income loss. While 68% received some financial assistance, 80% noted a lack of skill development training or alternative livelihood support. Satisfaction with livelihood assistance was mixed, with 54% neutral, 26% satisfied, and 15% dissatisfied, reflecting the need for more targeted livelihood recovery programs that include skill-building and job placement to support long-term recovery.



Back to Home Kit: A significant 67% of households received back-to-home kits containing essentials like chairs (88%), tables (85%), and hygiene kits (64%). The kits were well-regarded, with 78% of recipients rating them as 'Useful' and 12% as 'Very Useful.' Satisfaction with kit quality was similarly high, with 71% rating it as 'Good' and 8% as 'Very Good,' suggesting that the kits were highly relevant in supporting re-establishment of households. However, 23% indicated a need for additional items to better meet their recovery needs.

The Survey findings underscore a well-coordinated relief effort that met many immediate needs but reveal gaps in sustainable support, particularly in areas like housing stability, targeted nutritional aid, and livelihoods. Enhanced multi-stakeholder coordination, extended rental assistance, and specialized support for vulnerable groups could strengthen recovery outcomes. Improved accessibility, targeted health services, and consistent educational support are recommended to support full community resilience. Regular monitoring and adaptive interventions are essential for a more effective, inclusive disaster response in Wayanad and beyond.

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List of Abbreviations

CSO	Civil Society Organization
FNS	Food and Nutrition Support
GO -NGO	Government Organisation - Non-Governmental Organization
IAG	Inter-Agency Group
KSDMA	Kerala State Disaster Management Authority
NGO	Non-Governmental Organization
PDM	Post-Distribution Monitoring
PDNA	Post-Disaster Needs Assessment
WASH	Water, Sanitation, and Hygiene

Introduction

Purpose of Survey

A Post-Distribution Monitoring (PDM) exercise is a systematic approach used to assess the quality, effectiveness, and impact of aid provided to affected communities after a disaster. By collecting feedback directly from aid recipients, PDM helps humanitarian organizations understand how well the support aligns with beneficiaries' needs, the timeliness of aid distribution, and any challenges encountered in accessing assistance.

In the context of Wayanad, where landslides and floods displaced and impacted numerous households, a PDM exercise is crucial for gauging the adequacy of the response and identifying gaps in services, particularly in a region with significant terrain and accessibility challenges. In Wayanad, the PDM exercise monitored the situation immediately after the disaster and throughout the recovery phase, covering the period from July to October. This approach underscores the efforts of the government and other humanitarian agencies during both the immediate response and the post-disaster recovery phases.

By providing comprehensive feedback, the PDM exercise not only helps improve ongoing and future relief efforts but also fosters transparency and accountability among humanitarian agencies. Ultimately, it aids in designing a more resilient recovery process tailored to Wayanad's unique needs and challenges.

Objective of Survey

- The Survey aims to assess whether the humanitarian assistance provided in the aftermath of the Wayanad landslide met the basic needs of affected households. This includes evaluating timeliness, adequacy, and quality of food, shelter, hygiene kits, and other essential items delivered to beneficiaries. It seeks to understand if the assistance reached the intended recipients without barriers, delays, or undue costs, and whether it adequately addressed both immediate and long-term needs for recovery.
- Through this survey, the goal is to identify any unmet needs in areas such as food security, shelter, health, WASH (water, sanitation, and hygiene), education, and livelihood support. The survey also explores specific challenges faced by vulnerable groups, such as pregnant women, elderly individuals, and those with disabilities, to ensure a more inclusive approach in future aid programming. Additionally, the survey examines the sustainability of support and any further assistance needed to help beneficiaries rebuild their lives and regain economic stability.
- The survey seeks to collect feedback on the conditions in temporary shelters and rented accommodations, as well as on the quality of services provided, such as health camps, educational support, and psychosocial counselling. Respondents' perceptions of living arrangements, availability of utilities, safety, and community facilities will provide insights for improving camp management and aid distribution in similar future emergencies.
- By gathering detailed information on coping mechanisms, barriers to recovery, and beneficiary satisfaction, the survey aims to guide improvements in disaster response and preparedness strategies.

Survey Methodology

The Post-Distribution Monitoring (PDM) survey for the Wayanad landslide response aimed to evaluate the effectiveness, timeliness, and adequacy of humanitarian aid distributed to affected communities. This assessment was conducted across eight key areas within Wayanad district, Kerala, covering 489 households in total.

Panchayat	No.
Muttill	40
Vythiri	14
Panamaram	61
Ambalavayal & Moopainade	75
Noolppuzha	58
Kaniyambatta	22
Mepaddi	157
Kalpetta	62
TOTAL	489

Data Collection Tools

Data was collected through structured interviews with household heads, utilizing a standardized survey tool designed to capture both qualitative and quantitative data. The survey included questions on several aspects of the aid received, such as shelter, food security, hygiene items, health services, livelihood assistance, and the general adequacy of support provided. In addition, participants were asked to rate their satisfaction with the assistance and identify any barriers they faced in accessing aid.

Data Analysis

The collected data was analysed to determine the coverage and quality of the humanitarian response, with particular attention to identifying gaps in service delivery and the specific needs of vulnerable groups. Quantitative data was analysed to assess the distribution adequacy, timeliness, and relevance of the assistance provided, while qualitative responses provided insights into beneficiaries' experiences and suggestions for improvement.

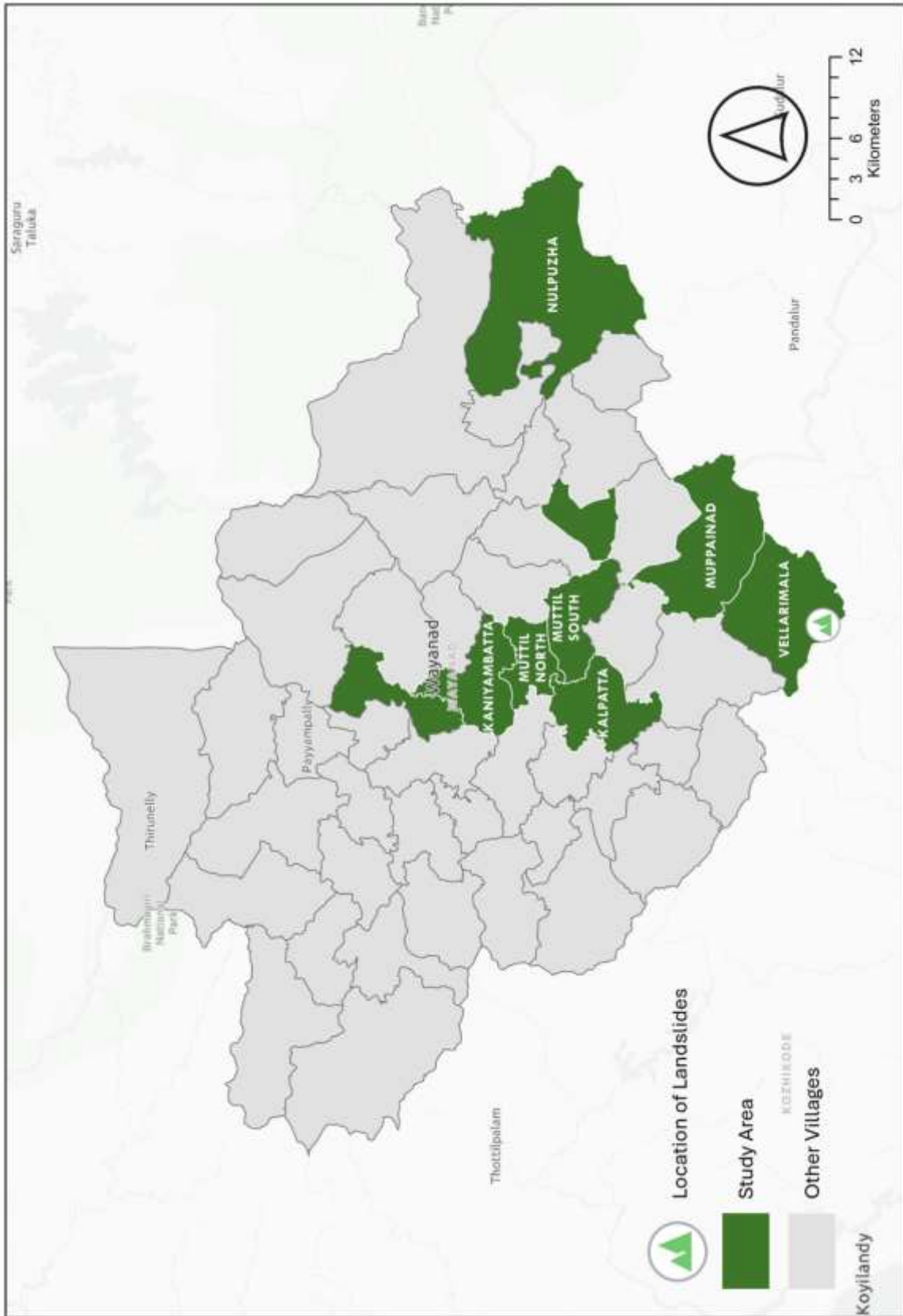


Figure 1 | Study Area Map

Survey Findings

Profile of the sample

The assessment included both landslide and flood-affected communities, with 73% impacted by landslides. The survey was conducted across the following areas in Wayanad, each representing a diverse range of flood and landslide affected communities and household demographics: Muttill, Vythiri, Panamaram, Ambalavayal & Moopainade, Noolppuzha, Kaniyambatta, Meppadi, and Kalpetta. These locations were selected based on their proximity to the landslide and flood affected areas and the varying degrees of impact on local populations. In total, 489 households were randomly sampled to provide a representative view of the wider affected population, capturing a comprehensive picture of aid recipients' experiences and the effectiveness of relief operations.

S. No.	Panchayat	No. of HHs
1	Muttill	40
2	Vythiri	14
3	Panamaram	61
4	Ambalavayal & Moopainade	75
5	Noolppuzha	58
6	Kaniyambatta	22
7	Mepaddi	157
8	Kalpetta	62
TOTAL		489

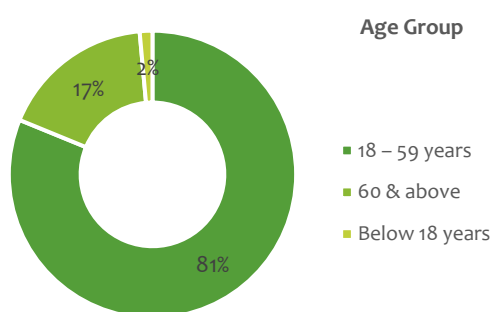


Figure 2 | Age Group of Sample

Of the 489 respondents, a majority respondents were female (276 individuals), making up 56% of the sample, while male respondents accounted for 44% (213 individuals). Respondents covered a broad age range, with 81% (397 individuals) between the ages of 18 and 59, reflecting a predominantly working-age population. Seniors aged 60 and above represented 17% (85 individuals), while respondents under 18 made up just 1% (7 individuals).

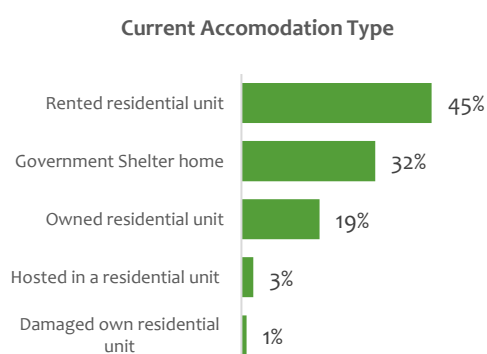


Figure 3 | Current Accommodation Type

Following the disaster, households faced considerable displacement, leading many to seek refuge in temporary accommodations. Rented housing emerged as the most common option, with 45% of respondents reporting that they and their families were staying in rented units. Government-provided shelters accommodated 32% of the displaced population, offering crucial support during this period. Only 19% of respondents were able to remain in their owned residential units, highlighting the limited availability of stable housing post-

disaster. Additionally, a small percentage (3%) were hosted by others in private residences, underscoring the role of community networks in providing shelter during times of crisis.

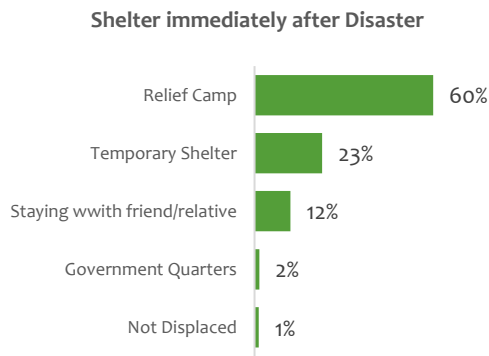


Figure 4 | Shelter immediately after Disaster

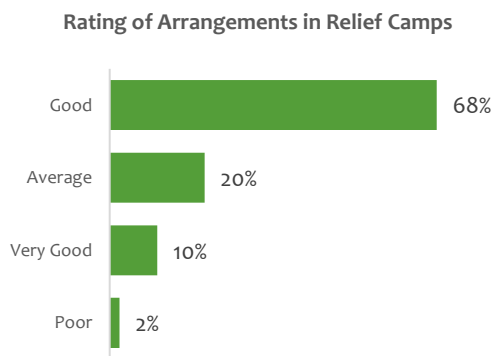


Figure 5 | Rating of Arrangements in Relief Camps

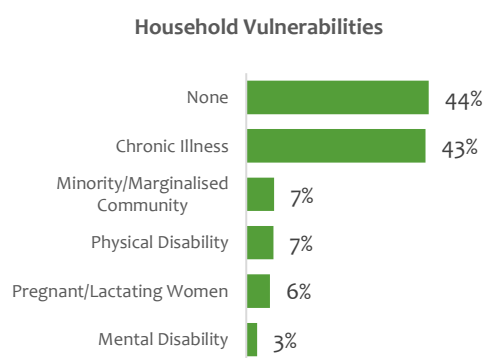


Figure 6 | Household Vulnerabilities

In the aftermath of the disaster, displaced households sought refuge in various temporary accommodations. The majority (60%) stayed in relief camps, highlighting the critical role of these facilities in providing immediate support. Of those who moved to relief camps, 62% stayed for less than a month, while the remaining 38% stayed between one and two months, indicating the prolonged housing needs for some families. When asked to rate the arrangements in the relief camps, 68% of households considered them good, 10% rated them as very good, 20% found the conditions to be average, and the remaining 2% rated the arrangements as poor. This feedback underscores both the overall effectiveness and areas for improvement in temporary accommodation arrangements, offering valuable insights for future disaster response planning.

Additionally, 23% of households found shelter in temporary accommodations, and 12% were hosted by friends or relatives, emphasizing the importance of both formal and community-based shelter options. These findings underscore the need for adaptable and accessible shelter solutions to meet the diverse needs of displaced families.

Regarding household vulnerabilities, 44% of respondents indicated that their households had no specific vulnerabilities. However, chronic illness was identified as a significant concern, affecting 43% of households. Other reported vulnerabilities included physical disabilities, minority community status, and the presence of pregnant or lactating women. These findings highlight the need for targeted and tailored support to address the unique health and social requirements of these households, ensuring that the assistance provided is inclusive and meets the diverse needs of the affected population.

Humanitarian Assistance

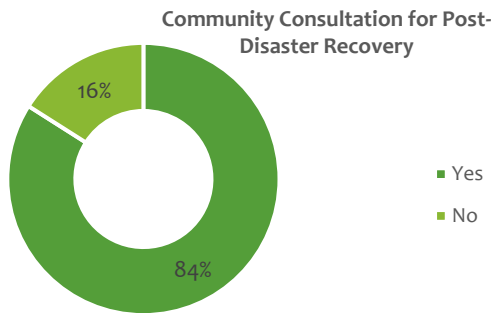


Figure 7 | Community Consultation for Recovery

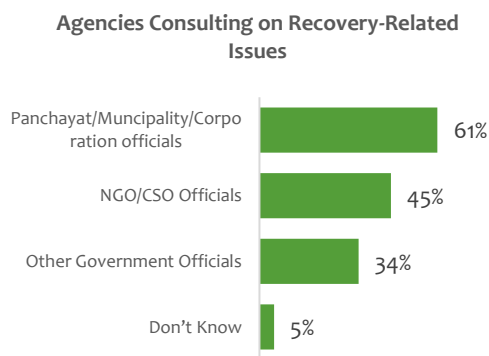


Figure 8 | Agencies consulting on Recovery

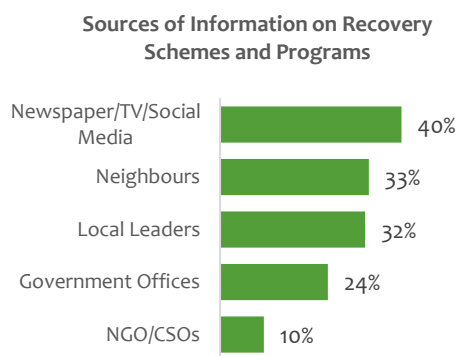


Figure 9 | Sources of Information on Recovery Schemes and Programs

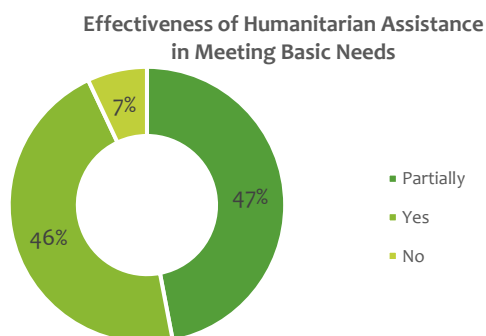


Figure 10 | Effectiveness of Humanitarian Assistance in Meeting Basic Needs

Following the disaster, 84% of surveyed households confirmed that either government representatives or other stakeholders met with them to discuss post-disaster recovery efforts, demonstrating strong engagement with the affected population. However, 16% of respondents indicated that no one had asked them about their needs, highlighting potential gaps in inclusive engagement efforts.

Of the 84% of respondents who were reported the community engagement of stakeholders, 61% reported that Panchayat, Municipality, and Corporation officials asked about their needs. NGO and CSO representatives were also actively involved, with 45% of respondents noting their presence. Additionally, 34% reported being consulted by other government officials, while 5% were unaware of any specific agencies involved in recovery efforts.

Awareness of Recovery Schemes: 65% of households reported awareness of recovery schemes provided by the government and NGOs, suggesting that most of the population was informed about available support. However, 35% of respondents lacked awareness of these programs, highlighting a need to improve outreach and communication efforts to ensure broader access to recovery resources.

Out of the 65% of respondents who were aware of the recovery schemes, 40% relied on mass media, including newspapers, television, and social media, as their primary sources of information. Additionally, 33% received updates through neighbours, while 32% were informed by local leaders. Government offices and officials provided information to 24% of these households, and NGOs and CSOs were a source for 10%, emphasizing the importance of a multi-channel approach in effectively reaching affected communities.

Effectiveness of Humanitarian Assistance: The effectiveness of the assistance in meeting basic needs varied, with 46% of respondents affirming that the aid fully met their needs, while 47% stated that it only partially met their needs. 7% of HHs reported

that the assistance did not meet their basic needs, highlighting areas where the support could be improved to ensure complete fulfilment of critical needs. The survey revealed that 53% of respondents resorted to borrowing resources to meet their needs following the disaster, while 47% managed without additional financial support.

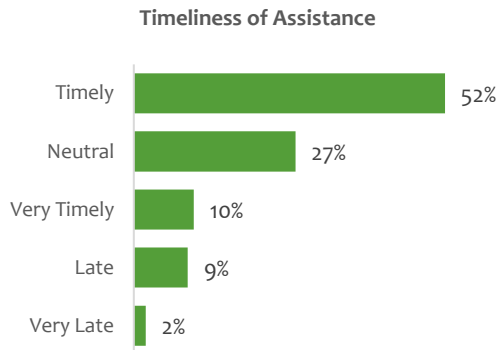


Figure 11 | Timeliness of Assistance in meeting needs

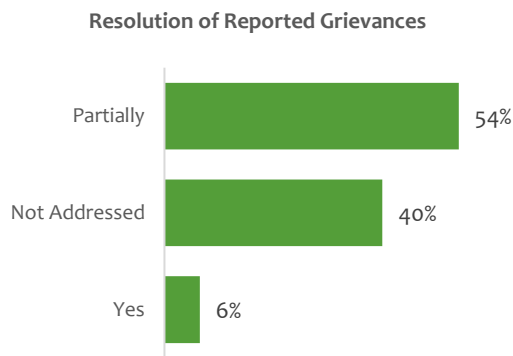


Figure 12 | Resolution of Reported Grievances

Timeliness of Assistance: When asked about the timeliness of the assistance, 52% of respondents reported that aid arrived in a timely manner, and 10% stated it was very timely. 27% held a neutral view, while 11% felt the assistance was delayed, with 9% reporting it was late and 2% stating it was very late.

Grievance addressal Mechanism: 3% of respondents reported being asked to contribute through labour, such as packing groceries or assisting other camp residents, while 97% reported no such requests, indicating that most households received free aid distribution. However, the instances where labour was requested highlight the need for close monitoring to prevent any potential financial burdens on beneficiaries. Additionally, 40% of households faced difficulties in accessing assistance, primarily due to transportation challenges from distribution centres. On the other hand, 60% of households were aware of grievance mechanisms available to address complaints or issues related to aid, while 40% were not aware, suggesting a need for greater awareness and access to these mechanisms.

Among the respondents who filed grievances, 54% reported that their issues were only partially addressed, while 40% indicated that their complaints went unaddressed entirely. Only 6% reported a satisfactory resolution, highlighting the need for significant improvements in the grievance handling process to enhance beneficiary satisfaction. Of the 60% of respondents whose grievances were resolved, the majority (74%) saw full/partial resolutions within one month, while the remaining 26% experienced resolution delays of one to three months. Although many complaints were addressed promptly, there is still a need for faster and more complete resolutions to improve accountability and overall satisfaction.

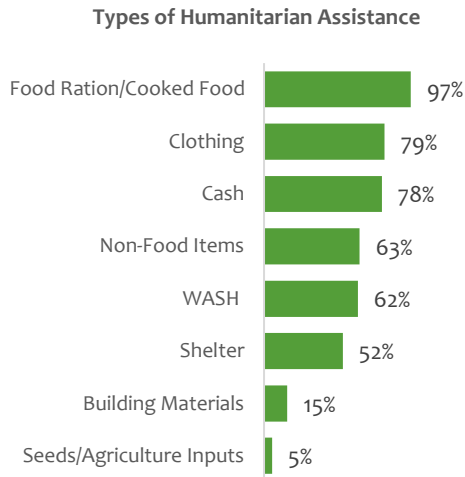


Figure 13 | Type of Humanitarian Assistance provided

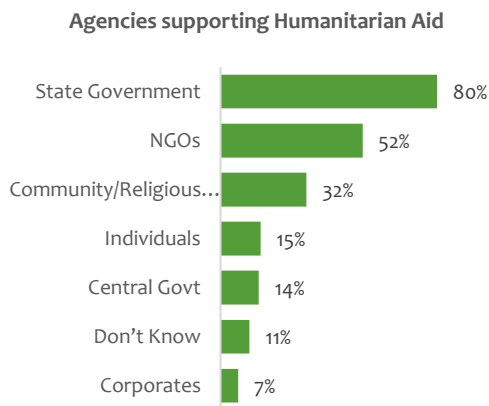


Figure 14 | Agencies supporting Humanitarian Aid

Type of Humanitarian Assistance: The survey revealed that most respondents (84%) received food assistance in the form of rations or cooked food, underscoring food security as a primary focus of the relief efforts. Clothing and cash assistance were also widely distributed, reaching 79% and 78% of respondents, respectively, indicating strong support for basic needs. Non-food items (63%) and WASH (Water, Sanitation, and Hygiene) supplies (62%) were provided to a significant portion of respondents, reflecting the importance of maintaining health and hygiene in emergency settings. Shelter support reached 52% of households, and 15% received building materials, while only 5% were given seeds or agricultural inputs, indicating that livelihood recovery received less attention compared to immediate relief.

Humanitarian Aid Providers: Most of the humanitarian aid was provided by the State Government, which supported 80% of surveyed households, demonstrating the government's central role in the disaster response. NGOs played a significant part, assisting 52% of households, while community and religious groups supported 32%, indicating strong community engagement. Individual donors contributed to 15% of relief, and 14% of respondents reported support from the Central Government.



Shelter

Relief Shelter Facilities: Facilities provided in relief shelters varied, with 86% of respondents reporting regular water supply, the most consistently available resource. Power supply was similarly high at 85%, followed by handwashing facilities with soap (78%) and regular meals (77%), demonstrating an effort to ensure essential services. Waste disposal facilities, hygiene kits, adequate space, separate toilets, and bedding items were also frequently available, each reaching over 60% of households. Child-friendly spaces, cooking utensils, and ramps for persons with disabilities were provided to a lesser extent.

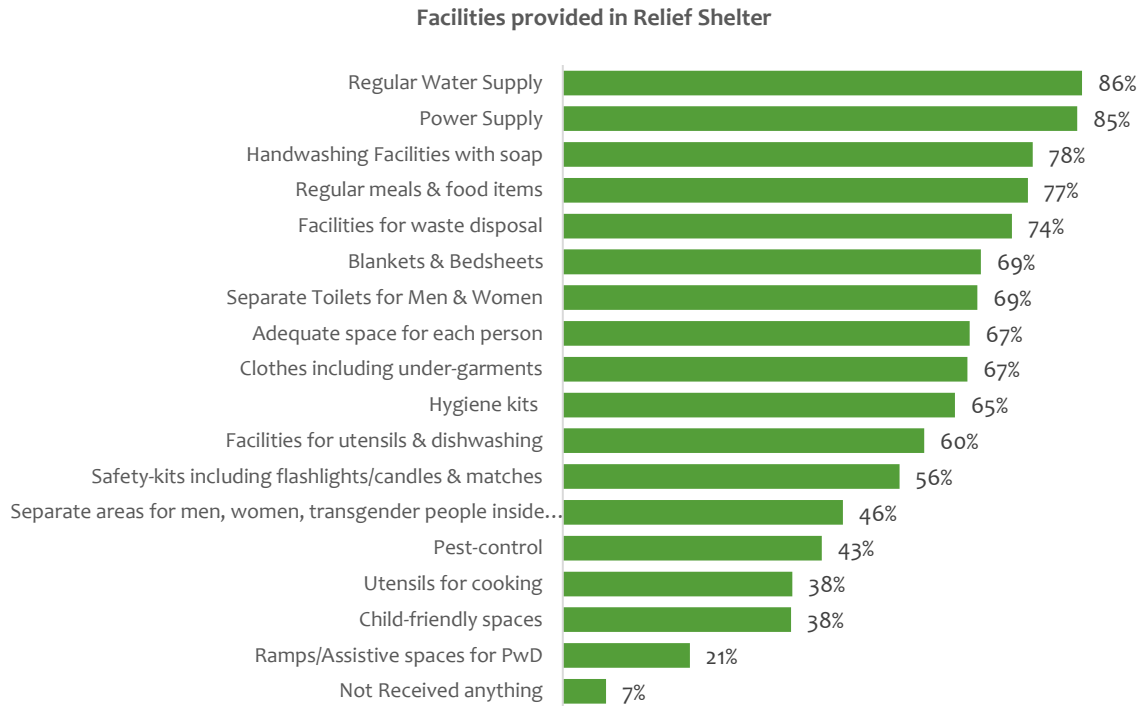


Figure 15 | Facilities provided in Relief Shelter

The average monthly rent reported for temporary accommodations was ₹6,350. This cost highlights the financial burden placed on displaced households, especially those lacking consistent support for housing costs.

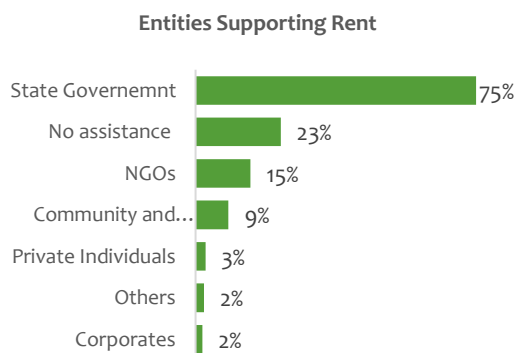


Figure 16 | Entities Supporting Rent for accommodation

The State Government emerged as the primary entity supporting rental expenses, covering rent for 75% of households initially, though some respondents reported the assistance ceased after one or two months. NGOs supported 15% of households with rent, while community and religious groups assisted 9%. Other forms of support, such as private individuals or corporates, were relatively limited, aiding only a small percentage of households. Notably, 23% of respondents reported receiving no financial assistance for rent, underscoring a need for more sustained rental support as families work to

regain stability. Some households reported receiving government support for their rent during the first month or two following displacements. However, they have not received any further assistance for rent since then.

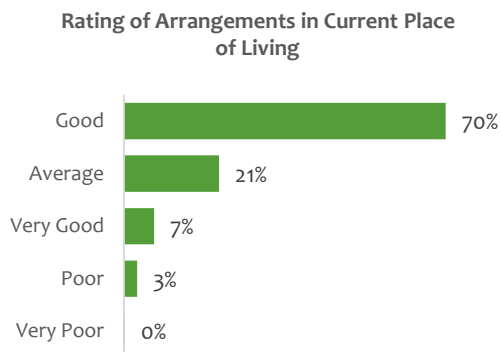


Figure 17 | Rating of Arrangements in Current shelter

Current Accommodation Status: Arrangements in temporary shelters or current accommodations were rated positively overall, with 70% of respondents describing them as ‘Good’ and 7% rating them as ‘Very Good.’ About 21% rated the arrangements as ‘Average,’ while 3% found them ‘Poor’ and one household rated them ‘Very Poor.’ This feedback suggests that, while the majority were satisfied with living conditions, there is room for improvement in some shelter facilities to meet a universally high standard.

The assessment revealed that most households experienced significant structural damage due to the disaster. Nearly half (45% of respondent) reported partial damage to their homes, while 32% indicated that their homes had collapsed entirely. However, 23% of households reported no damage.

Back to Home Kit

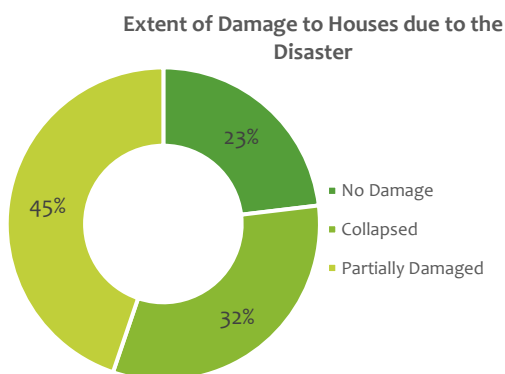


Figure 18 | Extent of Damage to Houses due to the Disaster

The assessment revealed that most households experienced significant structural damage due to the disaster. Nearly half (45% of respondent) reported partial damage to their homes, while 32% indicated that their homes had collapsed entirely. However, 23% of households reported no damage.

79% of households confirmed receiving compensation for property or land loss, demonstrating a substantial level of financial support aimed at helping affected families rebuild. And 67% of respondents reported receiving a ‘back-to-home’ kit, which provided essential household items to assist with re-establishing their living environments.

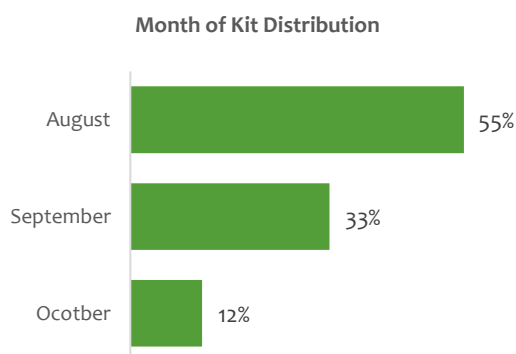


Figure 19 | Month of Kit Distribution

The distribution of back-to-home kits primarily occurred in August, with 67% of recipients receiving their kits; 55% of these obtained their kits during this month. Another 33% received their kits in September, and the remaining 12% in October.

Contents of Back-to-Home Recovery Kit: Back-to-home kits included a wide variety of items to help households re-establish basic living conditions. Most distributed items included chairs (88%) and tables

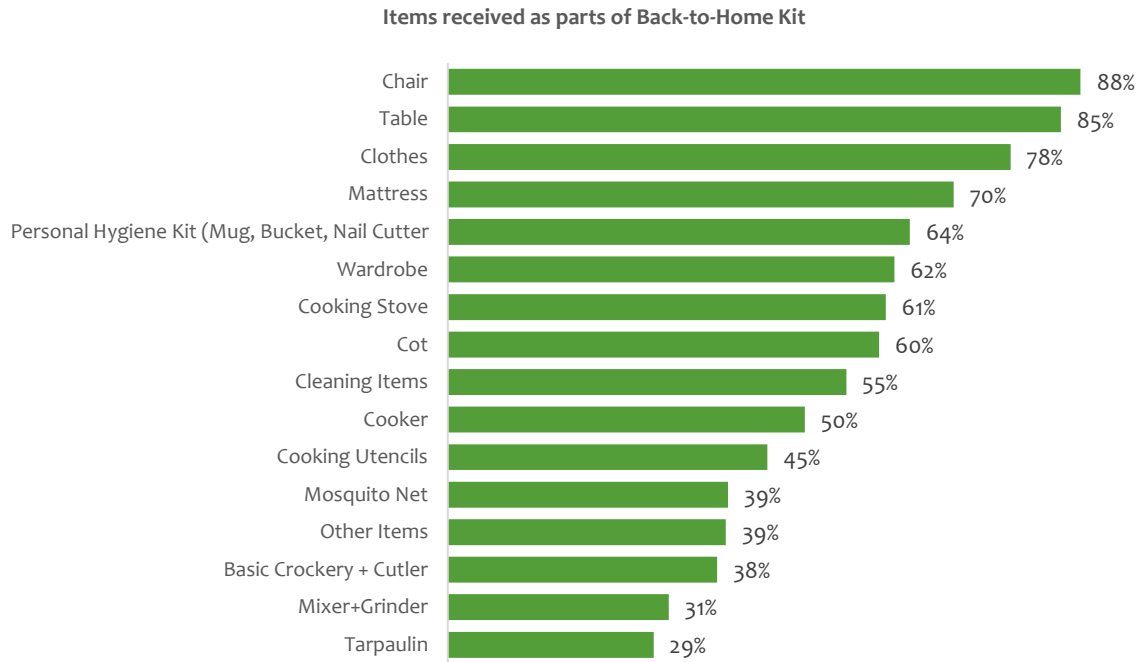


Figure 20 | Items received as parts of Back-to-Home Kit

(85%), providing essential furnishings for affected households. Additionally, 78% of respondents received clothes, 70% of respondents received mattresses, and 64% of respondents received personal hygiene kits containing items such as mugs, buckets, and nail cutters. Cooking-related items were also prevalent, with 61% of respondents receiving stoves, 50% receiving cookers, and 45% receiving cooking utensils. Other frequently distributed items included wardrobes (62%), cots (60%), and cleaning supplies (55%), which were essential for households attempting to restore normalcy. However, less common items like tarpaulins (29%) and mixers or grinders (31%) were only provided to a smaller percentage, indicating possible prioritization of critical over supplementary items.

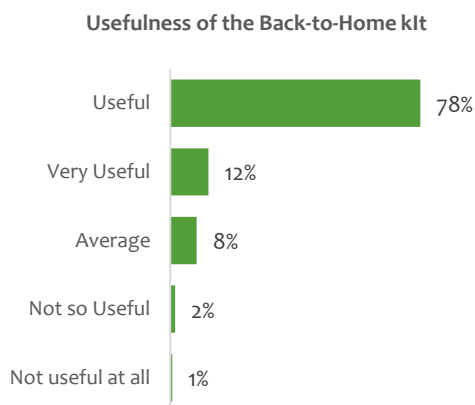


Figure 21 | Usefulness of the Back-to-Home kit

Usefulness of Back-to-Home Kit: Regarding the usefulness of the distributed items, 78% of respondents described them as ‘Useful,’ and an additional 12% considered them ‘Very Useful.’ 8% rated the items as ‘Average’ in terms of usefulness, while only a small fraction (3%) found them ‘Not so Useful’ or ‘Not Useful at All.’ This overwhelmingly positive feedback underscores the appropriateness of the kit contents in meeting the essential needs of households as they worked toward recovery.

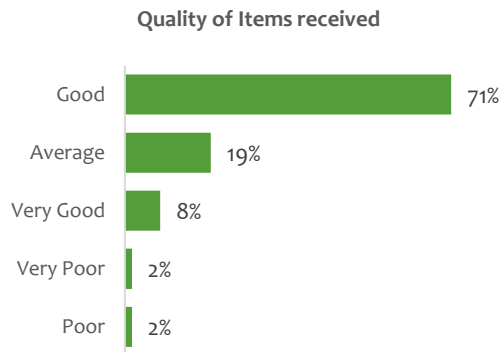


Figure 22 | Quality of Items received

82% of households reported using the items received in the kits, demonstrating the relevance and practicality of the distributed supplies. This high usage rate indicates that the kit contents were well-aligned with the immediate and long-term needs of affected families.

Satisfaction and quality of back-to-home kit support:

Feedback on the quality of items in the back-to-home kits was generally positive. 71% of households rated the quality as ‘Good,’ and 8% described it as ‘Very Good.’ 19% viewed the quality as ‘Average,’ while a minority (4%) rated the quality as ‘Poor’ or ‘Very Poor’.

82% of households expressed satisfaction with the quantity of items provided in the kits, suggesting that most recipients felt the provisions were sufficient to meet their needs. An impressive 99% of households



Water Sanitation and Hygiene (WASH)

Contents of Hygiene Kit: 79% of respondents received a hygiene kit, with each kit containing an average of 14 essential items. Almost all recipients (99%) confirmed that they used the items, indicating that the kits were both relevant and practical for the recipients' immediate hygiene needs.

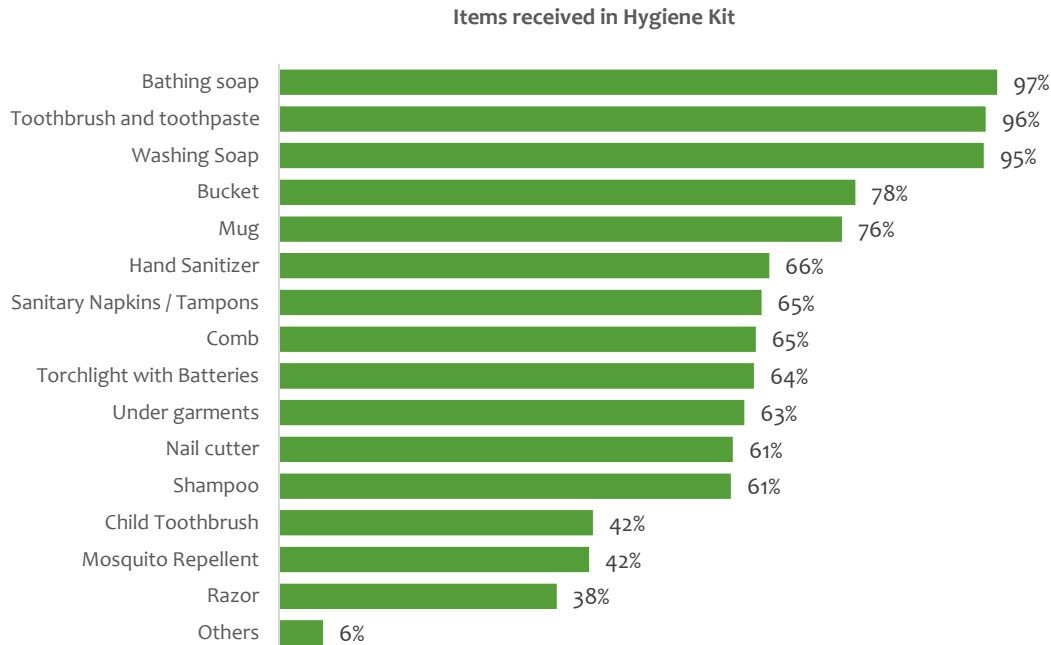


Figure 23 | Items received in Hygiene Kit

The hygiene kits distributed included a range of items aimed at maintaining cleanliness and hygiene. Bathing soap was the most common item, included in 97% of kits, followed closely by toothbrushes and toothpaste (96%) and washing soap (95%). Basic items such as buckets (78%) and mugs (76%) were also widely distributed. Additionally, 66-65% of households received items like hand sanitizer, sanitary napkins, combs, and torchlights with batteries, reflecting the comprehensive approach to hygiene needs. Shampoo and nail cutters were included in 61% of kits, while items like child toothbrushes, mosquito repellent, and razors were available to fewer households (38-42%).

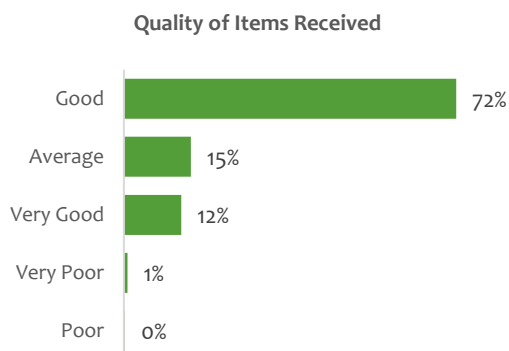
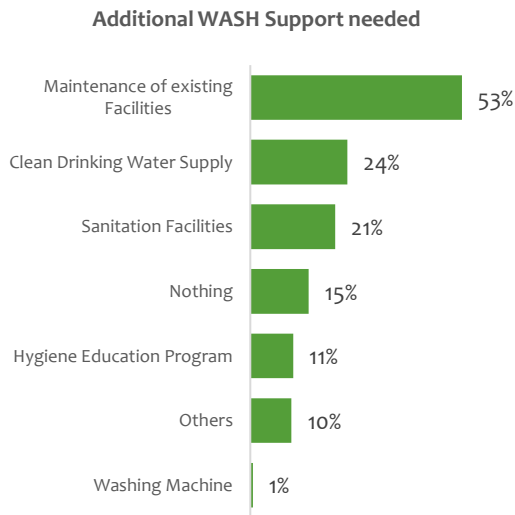


Figure 24 | Quality of Items Received

Satisfaction and Quality of Hygiene Kits: The quality of items in the hygiene kits was well-received, with 72% of households rating it as "Good" and an additional 12% rating it as "Very Good." 15% of respondents viewed the quality as "Average," while a small minority reported lower satisfaction, with 1% rating the quality as "Very Poor" and one household rating it as "Poor"

90% of respondents felt that the quantity of items provided in the hygiene kits was adequate for their needs.



Additional WASH Support needed: In addition to the hygiene kits, households expressed the need for further WASH (Water, Sanitation, and Hygiene) support. Over half (53%) of respondents indicated a need for maintenance of existing WASH facilities to ensure sustained hygiene practices, while 24% expressed a need for clean drinking water supplies. 21% requested enhanced sanitation facilities, and 11% expressed interest in hygiene education programs, underscoring a desire for increased awareness of hygiene practices. 15% stated they required no additional support, while a small number (1%) suggested providing washing machines as an enhancement. Furthermore, approximately 11% of households expressed a need for permanent housing with built-in WASH facilities, indicating a longer-term

Figure 25 | Additional WASH Support needed

need to improve housing infrastructure to better support health and hygiene standards.



Health

Awareness of Health Services: Following the disaster, 75% of respondents reported being aware of available health services, with household members attending health camps organized by health-related organizations. This widespread awareness and attendance reflect effective outreach and accessibility of essential health services, providing critical support to affected community members in the aftermath of the landslides and floods.

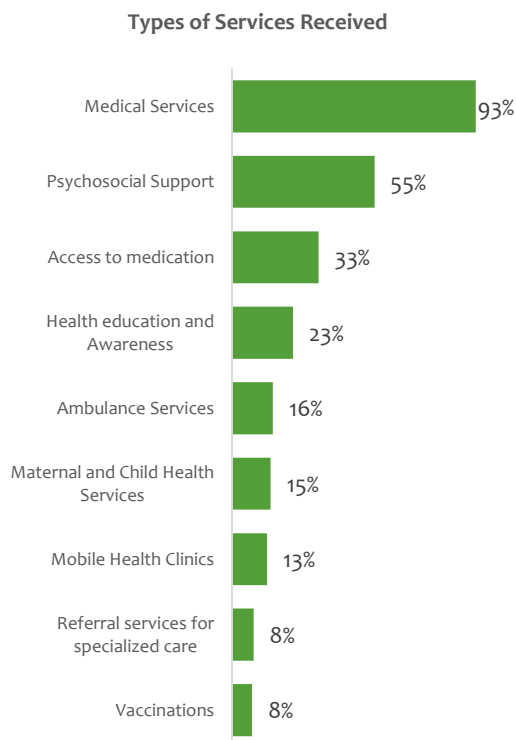


Figure 26 | Type of Services Received

Access to Health Services: Among respondents who accessed health services, general medical treatment was the most provided, with 93% receiving it. Psychosocial support reached 55% of respondents, while 33% received access to medication. Health education and awareness campaigns reached 23% of respondents, reflecting an effort to promote informed health practices. Maternal and child health services and ambulance support were available to 15% and 16% of respondents, respectively. Less common services included mobile health clinics (13%), referrals for specialized care (8%), and vaccinations (8%). This range of services highlights a comprehensive approach to addressing both immediate medical needs and longer-term health concerns.

In terms of usage frequency, 55% of respondents reported attending health camps or accessing services monthly, while 37% used them weekly. Only 3% attended daily, and 5% did not access the services at all.

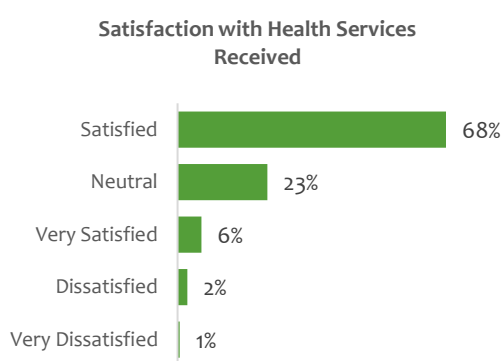


Figure 27 | Satisfaction with Health Services Received

Satisfaction and Quality of health services received: Satisfaction levels with health services were high, with 68% of respondents expressing satisfaction and an additional 6% reporting they were very satisfied. 23% of respondents held a neutral stance, while a minority expressed dissatisfaction, with 2% dissatisfied and 1% very dissatisfied.

Access to Psychosocial Support: Among those who accessed health services, 76% reported receiving psychosocial support, a crucial resource in the aftermath of trauma. However, 24% of respondents

did not receive this support, indicating a gap in mental health care that may need to be addressed in future disaster response efforts to ensure full coverage.

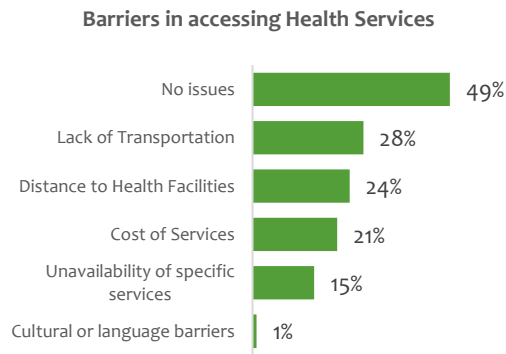


Figure 28 | Barriers in accessing Health Services

Barriers in accessing health services: While 49% of respondents reported no issues in accessing health services, several barriers were noted among the remainder. Lack of transportation was the most significant barrier, affecting 28% of respondents, followed by distance to health facilities (24%). Cost was a barrier for 21%, while 15% cited the unavailability of specific services. Cultural or language barriers were less common, affecting only 1% of respondents.

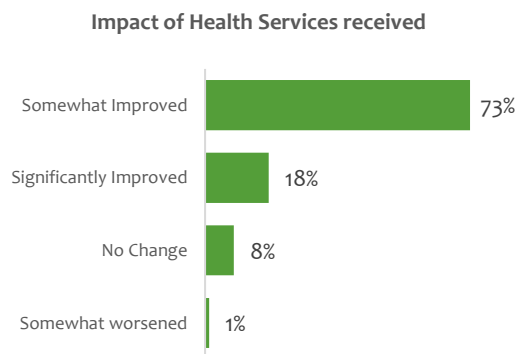


Figure 29 | Impact of Health Services received

Effectiveness of Health Services Provided: In evaluating the impact of health services, 73% of respondents reported that their well-being had somewhat improved, while 18% noted a significant improvement. 8% reported no change in their condition, and only 1% felt their health had worsened. These outcomes suggest that health services contributed positively to recovery, with the majority experiencing at least some level of improvement in their well-being, underscoring the effectiveness of these interventions in promoting health and resilience.



Food and Nutrition Security (FNS)

In the survey, 84% of households reported receiving food and nutrition support (FNS) from either the government or NGOs. This widespread assistance highlights the priority placed on ensuring food security among disaster-affected families. The consistent provision of food indicates a strong response effort to address the immediate nutritional needs of households following the disaster.

Despite the overall provision of food assistance, only 18% of the 489 surveyed households reported receiving aid specifically targeted at vulnerable groups, such as lactating or pregnant women, children, or individuals with special needs. Notably, 54% of respondents indicated that they did not have any vulnerable members in their household, while 30% reported they had not received any special provisions despite having vulnerable members. This suggests a gap in targeted support for at-risk groups within the community, emphasizing the need for more focused outreach to ensure adequate provision for those with specific nutritional needs. In addition to food rations, 65% of households reported receiving assistance with cooking fuel. This support is crucial for enabling families to prepare meals safely and efficiently, particularly in the context of disrupted access to regular cooking resources due to displacement.

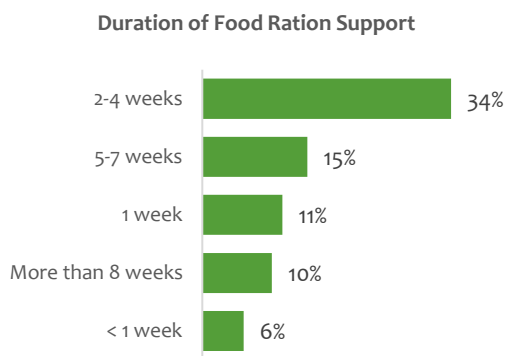


Figure 31 | Duration of Food Ration Support Coverage

Duration of Food Support: The duration of food ration support varied significantly among households. The most common coverage period was two to four weeks, reported by 34% of respondents. Fifteen percent received food support lasting five to seven weeks, and 10% had rations that lasted more than eight weeks, indicating more sustained support. Shorter-term support was also provided, with 11% receiving one week of rations and 6% receiving less than one week, underscoring a variation in the duration of assistance based on available resources or individual household needs.



Figure 30 | Satisfaction with the Quality of Food Items Received

Satisfaction with the Quality of FNS support received: Satisfaction with the quality of food items received was generally positive, with 66% of respondents expressing satisfaction and 8% reporting they were very satisfied. 21% held a neutral view, while 4% were dissatisfied, and only two households (less than 1%) were very dissatisfied.

84% of respondents stated that the quantity of food assistance provided was sufficient to meet their household's needs, reflecting effective planning and distribution efforts in aligning food aid with household demands. This high satisfaction level with food quantity underscores the success of the FNS program in addressing hunger and promoting food security within the affected population



Education

52% of the respondents reported having school-aged children in their families. Among these, 67% of the children were able to attend school following the landslides and floods. This high attendance rate demonstrates a successful return to education for many children, though it suggests that additional support may still be needed to help the remaining children overcome barriers to accessing school.

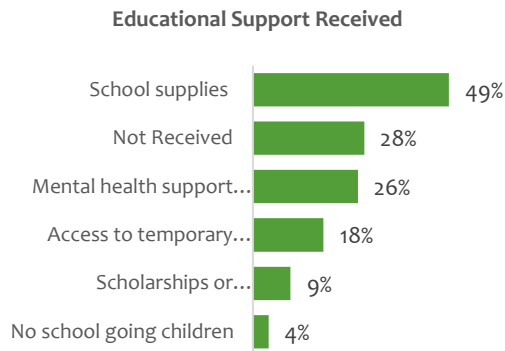


Figure 32 | Educational Support received after Disaster

Educational Support Received: In terms of educational support, 49% of respondents reported receiving school supplies, such as books and stationery, to help children resume their studies. Mental health support for children was provided to 26% of families, addressing the psychological impact of the disaster on young students. 18% of respondents gained access to temporary learning spaces, while 9% received scholarships or financial assistance. Notably, 28% reported that they did not receive any educational support for their children, and 4% indicated they had no school-going children.

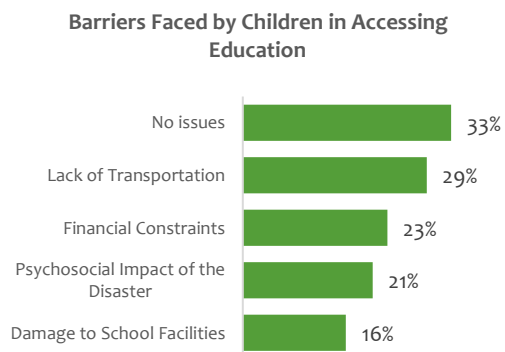


Figure 33 | Barriers Faced by Children in Accessing Education

Barriers in accessing Education: Several barriers impacted children's access to education following the disaster. The most frequently cited obstacle was a lack of transportation, affecting 29% of respondents, indicating logistical challenges in reaching schools. Financial constraints were reported by 23%, and 21% of families cited the psychosocial impact of the disaster as a hindrance. Sixteen percent noted damage to school facilities as a barrier. However, 33% of respondents reported no issues in accessing education, indicating that a portion of children were able to return to school without significant challenges.

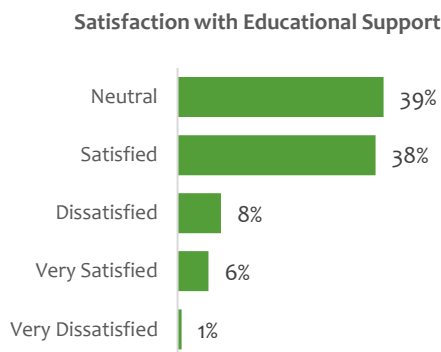


Figure 34 | Satisfaction with Educational Support

Satisfaction and quality of educational support received: Respondents expressed varied levels of satisfaction with the educational support provided to children. Thirty-eight percent reported being satisfied, while 6% were very satisfied. However, 39% held a neutral stance, indicating that their expectations may not have been fully met, and 8% expressed dissatisfaction, with 1% being very dissatisfied.



Livelihood

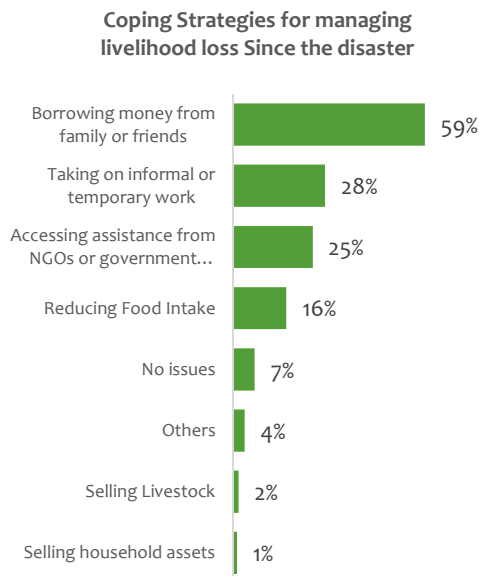


Figure 35 | Coping Strategies for managing livelihood loss Since the disaster



Figure 37 | Livelihood assistance received



Figure 36 | Type of Support Needed

A significant majority of households (86%) reported that their livelihoods were adversely affected by the landslides and floods. This highlights the widespread economic disruption caused by the disaster, with many families struggling to recover their income sources and livelihoods in the aftermath of the event.

Coping Strategies for Livelihood Loss: Households employed a range of coping strategies to manage the loss of livelihood. The most common strategy was borrowing money from family or friends, with 59% of respondents relying on this method. Another prevalent strategy was taking on informal or temporary work, reported by 28% of households, while 25% accessed assistance from NGOs or government programs. Other coping strategies included reducing food intake (16%) and selling household assets (1%).

Gaps in Livelihood support post disaster: Among the households affected by livelihood loss, 67% reported that the specific needs of injured primary earners were not addressed in relief and recovery efforts. Eighteen percent stated that these needs were only partially addressed, while 14% felt that the needs of injured primary earners were fully addressed. These findings suggest that the needs of injured primary earners, who are often the main breadwinners in households, were not adequately considered in the recovery process, highlighting an area that requires more focused attention in future disaster response strategies.

Type of Livelihood Support provided: Various forms of livelihood assistance were provided to households, though coverage was uneven. A significant portion (68%) of households received financial assistance, indicating that monetary support was the most common form of aid. Support for livestock was provided to 17%, and job training programs helped 10% of households. However, 28% of households did not receive any livelihood support.

Type of Livelihood Support Needed: 80% of households reported that no skill development training or alternative livelihood options were offered by the government, NGOs, or any other

organizations. Among those who were offered opportunities, 55% expressed interest in job placement, 40% sought financial assistance to start businesses, and 26% required equipment or tools for their livelihoods. Only 20% expressed interest in vocational training.

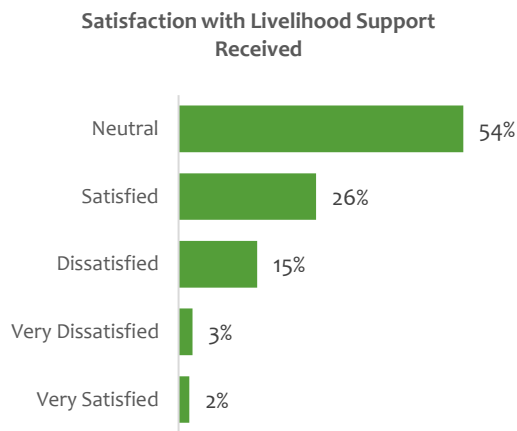


Figure 38 | Satisfaction with Livelihood Support Received

Satisfaction and Quality of Livelihood Support

received: Satisfaction with the livelihood support received was mixed. The largest group (54%) expressed a neutral stance, indicating that the assistance provided was neither significantly beneficial nor inadequate. A smaller proportion (26%) felt satisfied with the support, while 15% were dissatisfied and 3% were very dissatisfied. Only 2% of respondents reported being very satisfied with the livelihood support, suggesting that while some households were pleased with the aid they received, there is room for improvement in the effectiveness and reach of livelihood assistance programs.

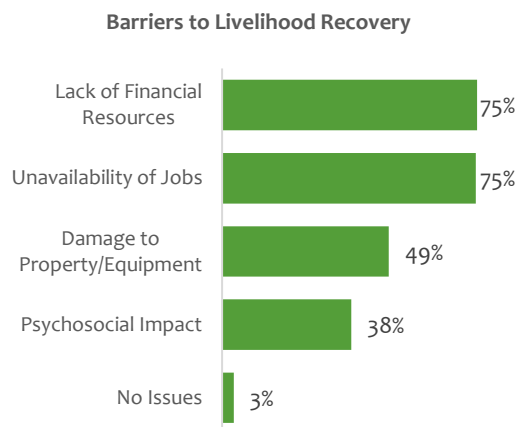


Figure 39 | Barriers to Livelihood Recovery

Barriers to Livelihood recovery:

Respondents identified several barriers to livelihood recovery. The most common barriers were the lack of financial resources (75%) and the unavailability of jobs (75%), both of which severely hindered the ability of affected households to restore their livelihoods. Additionally, 49% of respondents reported damage to property or equipment, further complicating their recovery efforts. Psychosocial impacts, which were cited by 38% of households, also played a role in delaying livelihood recovery, emphasizing the mental and emotional toll that disasters can take on affected populations.

Recommendations

Recommendations for the Government:

- **Awareness and Outreach:** Strengthen community awareness initiatives for recovery programs and grievance mechanisms. Use local leaders, digital platforms, and mass media to ensure at least 90% awareness among affected populations.
- **Grievance Redressal System:** Develop a streamlined, user-friendly grievance system with clear protocols. Establish district-level monitoring cells to ensure 90% resolution within one month.
- **Sustained Rental Support:** Extend rental assistance to at least six months post-disaster. Partner with NGOs and private donors to address housing gaps comprehensively.
- **Service Accessibility:** Set up mobile units for health and WASH services in remote areas. Provide transport subsidies or arrangements for vulnerable populations.
- **Educational Continuity:** Introduce transport services for students and establish scholarships to mitigate financial barriers. Collaborate with NGOs for mental health and supplemental educational programs.
- **Livelihood Recovery:** Expand vocational training and financial assistance programs tailored to local economies. Ensure at least 75% participation from disaster-affected families.
- **Infrastructure and Facility Upgrades:** Invest in permanent WASH infrastructure and develop inclusive designs for disaster shelters to accommodate vulnerable groups.

Recommendations for IAG /CBO /CSO & CSR:

- **Coordination with Government:** Align activities with government plans, ensuring resources complement official recovery programs. Set up sector-specific task forces to avoid duplication.
- **Targeted Assistance for Vulnerable Groups:** Provide tailored interventions for pregnant women, disabled individuals, and minority groups to bridge service gaps identified in the survey.
- **Capacity Building and Training:** Conduct community-level training on disaster preparedness, with a focus on local leaders and self-help groups (SHGs).
- **Enhanced Communication:** Ensure transparent two-way communication between beneficiaries and aid providers. Use feedback loops to adapt and refine strategies dynamically.

Steps to Enhance Resilience:

1. **Household Resilience:** Promote income diversification through skill training and microenterprise development. Establish savings groups and insurance schemes.
2. **Community Resilience:** Strengthen community disaster response teams. Implement Community-Based Disaster Risk Reduction (CBDRR) programs to prepare for future disasters.
3. **Government System Resilience:** Institutionalize disaster response protocols with clear roles for each department. Establish rapid deployment teams with pre-positioned supplies and trained personnel.
4. **Sustainable Infrastructure:** Develop eco-friendly, disaster-resistant housing designs and ensure WASH facilities are robust and maintainable.
5. **Periodic Assessments:** Conduct regular monitoring and impact assessments of recovery programs to identify and rectify gaps promptly

Conclusion

The Post-Disaster Monitoring Survey reveals a comprehensive picture of the humanitarian response following the devastating landslides and floods in Wayanad. Immediate assistance was widespread, with 84% of respondents receiving aid, primarily in the form of food, clothing, shelter, and cash. While basic needs were largely met, challenges emerged, particularly in accessing services and maintaining consistent support. Issues such as transportation difficulties affected 40% of respondents, and initial rental assistance from the State Government was often only sustained for one or two months, leading to gaps in stable housing for many displaced families.

Health and hygiene support were pivotal to the response, with most households benefiting from hygiene kits, essential health services, and psychosocial support. However, significant barriers remained in accessing these services, such as transportation, financial constraints, and proximity to health facilities. Educational support for children was moderately effective, with half of the households receiving school supplies and mental health support for students. Nevertheless, barriers like the lack of transportation and financial constraints hindered access to education for many children. In terms of livelihood recovery, 86% of respondents experienced income loss, with the majority having to borrow money or seek informal work to meet their needs. While financial aid and job training programs were provided to some households, substantial gaps in skill training and job placements have hampered full economic recovery.

Overall, the survey findings underscore the strengths and limitations of the humanitarian response, revealing a well-coordinated effort to address immediate needs but highlighting areas where long-term, sustainable support is needed. Greater focus on continuity of rental assistance, specialized support for vulnerable groups, and targeted livelihood programs could significantly enhance recovery outcomes. Addressing these gaps, alongside improved accessibility to services and consistent communication of grievance mechanisms, will be essential in strengthening future disaster responses and building resilience in affected communities.

Addressing these gaps effectively will require collaborative efforts among multiple stakeholders, including government agencies, civil society organizations, and private sector partners. Civil society organizations can play a crucial role in covering service gaps, especially for vulnerable populations, by providing tailored assistance and ensuring sustained support in areas like rental aid, health services, and livelihood recovery. Regular monitoring exercises and feedback mechanisms will be essential for assessing ongoing needs, adapting interventions, and enhancing accountability. Additionally, a coordinated approach that leverages the strengths of each stakeholder will help create more resilient and inclusive recovery pathways for affected community.

Annexures

1. List of Enumerators

S.No.	Name	Organisation
1	Abin Sebastain	Shreyas
2	Abith Benny	Shreyas
3	Albin	Shreyas
4	Aleena Mary Saju	Shreyas
5	Amrutha John	Shreyas
6	Anna Wilson	Shreyas
7	Anusha Vk	Shreyas
8	Ashly Helen	Shreyas
9	Ashly Mariya Baby	Shreyas
10	Derin Joshy	Shreyas
11	Diana Pious	Shreyas
12	Dias C J	Shreyas
13	Febin Sebastian	Shreyas
14	Geo Baby	Shreyas
15	Harsha Elizabeth J	Shreyas
16	Jestin Benny	Shreyas
17	Joby Uj	Shreyas
18	Joel Cleetus	Shreyas
19	Lijintomy	Shreyas
20	Nidhisree	Sphere India
21	Parvathy	Shreyas
22	Robin Jose	Shreyas
23	Sajith Sebastian	Shreyas
24	Teena Wilson	Sphere India
25	Vyshnavi Tv	Shreyas

2. Assessment Tool

[Post Distribution Monitoring Assessment Tool – Wayanad, Kerala](#)

3. Related Documents

- [Minimum Standards for Relief: Wayanad case study](#)
- [Roots of Resilience: Document of Humanitarian activities post landslide, Wayanad](#)
- [Initial rapid need assessment report](#)
- [Situation Reports](#)
- [News Bulletins](#)

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