

# INITIAL RAPID NEEDS ASSESSMENT REPORT

## WAYANAD LANDSLIDES, KERALA

August 2024



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## Acknowledgement

This Assessment Report would not have been possible without the cooperation and constant support of government officials, camp managers and volunteers who contributed to data collection 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. We would like to acknowledge with deep gratitude, the guidance, cooperation, and support extended by IAG Wayanad, UNICEF India and Shreyas 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 Wayanad who, even amidst the adversities took out time and patiently provided answers to all the questions put to them, without any reservations.

IAG Wayanad & Sphere India

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# I. EXECUTIVE SUMMARY

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In the early hours of July 30, 2024, massive landslides struck Mundakkai in Meppadi Panchayat in Wayanad, Kerala, leading to substantial loss of life and property. Triggered by unprecedented rainfall, these landslides have resulted in the loss of nearly 225 lives, with 93 individuals hospitalized and thousands residing in the camps as per government sources. In response to this disaster, Inter Agency Group (IAG) Wayanad, UNICEF India, Sphere India and other stakeholders, initiated multistakeholder coordination and information management in close coordination with District Administration.

IAG meeting was held on 1st August with IAG members and many like-minded organisations and minutes of the meeting was released on 3<sup>rd</sup> August 2024. Subsequently, a process for field assessments for Initial Rapid Need Assessment was initiated. This Report is a collaborative effort involving local organizations, district officials, IAG Wayanad, Sphere India, and UNICEF India. It was conducted through structured interviews with camp residents and key informant interviews with camp in-charges across five camps, supplemented by secondary data from government reports, media sources, and observations. The findings, highlight the emerging needs of the affected population, with a focus on providing immediate relief and informing recovery strategies.

## Sectoral Findings and Urgent Needs

### **Food Security and Nutrition**

Food and nutrition of camp residents are adequately taken care of by the district administration. However, special focus on the nutritional needs of children below 6 years, pregnant and lactating mothers and elderly is required. Additionally, food supplies and nutrition of affected populations who are currently not residing in the camps should also be addressed.

### **Health**

All the affected people have access to multiple health facilities and on-call doctors at various camps. Urgent needs include providing mobile dialysis units at some of the larger camps to ensure continuity of critical health services. Due to the higher risk of waterborne and vector-borne diseases, regular and continuous sanitation and cleanliness services are essential. Moreover, psychosocial support including psychological first aid, counselling and advanced support should be made available to address the mental health needs of the affected population.

### **Education**

While most camps have child friendly spaces and some provisions for alternate education, additional support including bridge classes must be provided to support students experiencing disruption of education. Additional Teacher Learning Materials (TLM) must be provided to the affected areas to address any gaps in learning. Shifting of relief camps in schools to alternate locations is crucial for resuming classes. Recreational activities should be initiated in the schools for a short time along with resuming classes for the physical and mental well-being of students.

## **Water and Sanitation Hygiene**

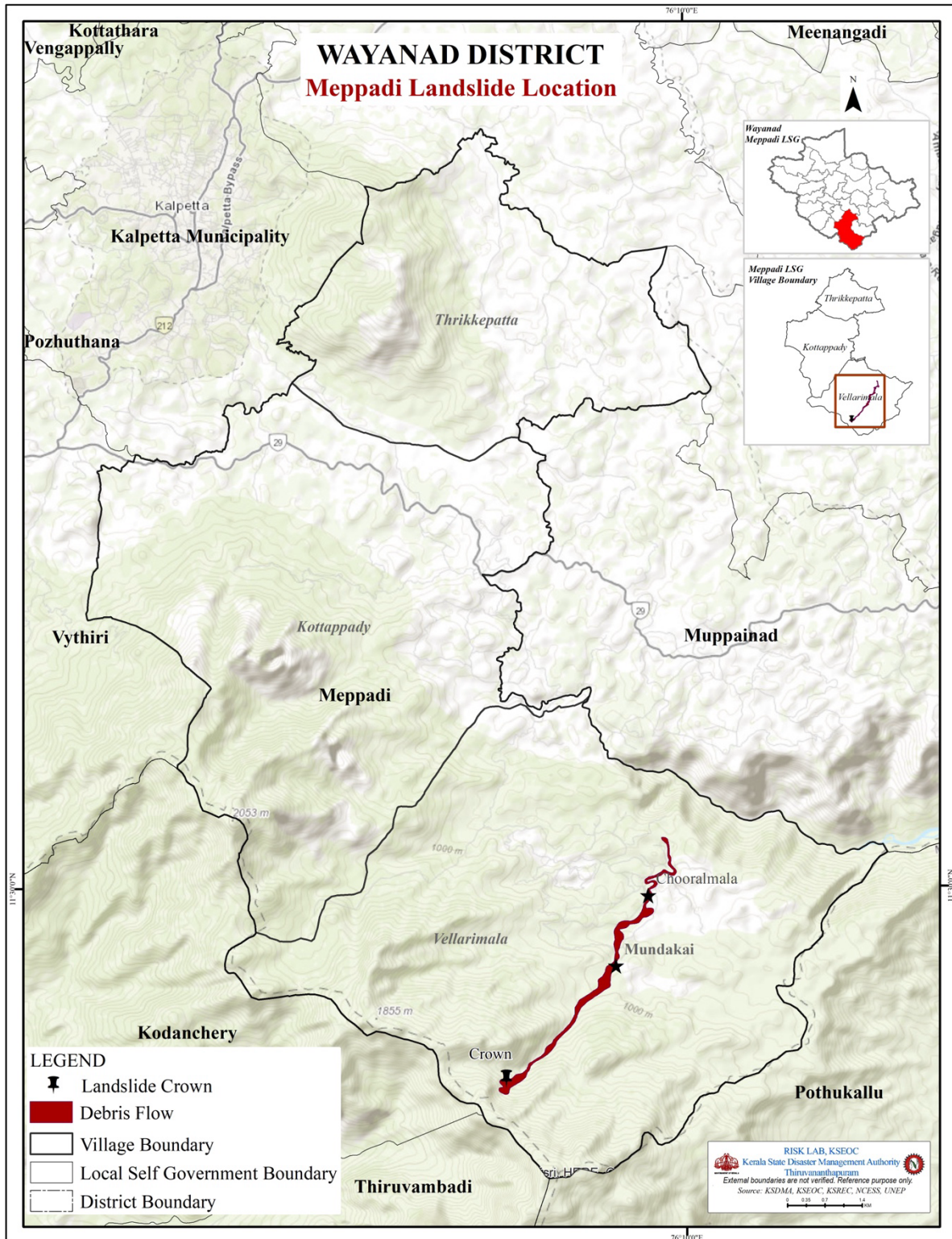
All the camps have good quality and adequate quantity of water for drinking and domestic purposes. Regular quality checks of the drinking water are conducted in the camps. Some of the smaller camps lack facilities for water storage therefore, provision for the same is provided through additional water tankers. While the toilets are adequate and gender segregated in most camps, toilets in some camps are not easily accessible for People with Disabilities (PWD) and elderly. Some of the larger camps lack adequate toilets, the same can be addressed through provision of bio-toilets.

## **Protection**

The camp facilities for the affected population are secure and safe for the residents. Immediate clothing needs for the camp residents based on demand, age, and gender, especially for innerwear must be addressed. Assistive devices must be provided for Persons With Disabilities (PWD) and elderly and easier access to WASH and other services should be ensured for PWD and elderly. For orphans and semi-orphans foster care and kinship support should be accelerated, including initiating legal procedures for their care. For affected migrant population, support must be provided to access social and food security schemes. A comprehensive legal aid system through a single-window approach to assist with reclaiming resources and documents can be provided to affected people.

## II. BACKGROUND

### Situation Overview



**Source:** Risk Lab, KSEOC, Kerala State Disaster Management Authority (KSDMA)



- In the early hours of July 30, massive landslides devastated Wayanad, Kerala, causing significant loss of life and property. The landslides, triggered by unprecedented rainfall, have claimed almost 224 lives so far, with around 91 people hospitalized. Around 154 people remain missing in the affected areas.
- Almost 500 houses have also washed away and currently, 34 relief camps are functioning in the district, housing 3953 people.
- Tea-plantation workers who lived in the estate lanes of Chooralmala and Mundakkai have been the worst-affected by the disaster.
- Food materials including drinking water (Around 250 Kgs - 100 packets) provided by the Kozhikode District Administration distributed in the affected areas of Chooralmala and Mundakkai by Indian Air Force Helicopters.
- The Commandant of the Para Regimental Training Centre, said that 2100+ personnel from the NDRF, Army/DSC, State Police, Forest officials, Fire Fighters, Coast Guard, Naval officers and volunteers have been carrying out the rescue operations.
- The Madras Engineering Group of the Indian Army on Thursday completed the construction of the 190-ft-long Bailey bridge that will help connect the worst-affected areas of Mundakkai and Chooralmala in Wayanad district.

## Rescue Operation Updates

- A joint team comprising the Indian Army, NDRF, Coast Guard and the Indian Navy were conducting the searches in the affected areas.
- Forty teams of rescue personnel divided the search areas into six zones to carry out the rescue operations. The first zone consists of Attamala and Aaranmala. Mundakkai is the second zone, Punjirimattam is the third zone, Vellarmala Village Road is the fourth zone, GVHSS Vellarmala is the fifth zone and downstream of the river Chaliyar is the sixth zone.
- The Wayanad District Collector, Smt. Meghashree D R IAS informed that GPS coordinates from drone images and cell phone data, including the last known locations of residents, are being used to guide search and rescue operations in landslide-hit areas.

## Statistical Info

*(as of August 08<sup>th</sup>, 2024)*

- 📍

**Worst Affected Areas:**  
Mundakkai, Chooralmala, Attamala
- ❤️

**Number of Casualties:** 225
- ⊕

**Hospitalised people:** 93
- 🏠

**Landslide affected Relief Camps:** 14
- 👤

**Inmates in Relief Camp :**  
1,968
- 🏠

**Total no. Relief Camps:** 30
- 👤

**Total Inmates in Relief Camp :** 3,560
- 🏠

**Houses Washed away:** 300+



- The Coast Guard, Navy and Forest Department officials will conduct a search along the banks of the river Chaliyar and those places where the bodies are likely to have washed off.
- Police personnel from eight police stations surrounding the river and locals who are experts in swimming also participate in the searches.
- Four sniffer dogs from Tamil Nadu were brought to Wayanad to join the six other canines who were already involved in the rescue operations.
- The Indian Air Force deploy its C-130 aircraft from Hindon airbase in Ghaziabad for the rescue operations and will carry specialised drone systems along with a team of experts to Wayanad for sub-soil evacuation monitoring and searching for survivors.

## Relief Measures and Stakeholder Response

### Government Response

- There are 16 relief camps setup in Chooralmala after Landslides having 2,217 residents and 32 total relief camps having 3,807 residents in Wayanad as on 07<sup>th</sup> August 2024.
- In response to the landslides and other rain-related disasters in Wayanad district, the Health Department – National Health Mission has established a control room in Wayanad.
- A special control room is operational at Police HQ in Thiruvananthapuram to coordinate rescue operation in Wayanad.
- The Food and Civil Supplies Department has launched steps to supply food grains and other essential supplies to relief camps for those displaced by the devastating landslides in Wayanad.
- A special officer of IAS rank was deployed by the Government to coordinate the relief efforts and to support the district administration.
- Hon. Prime Minister, Shri Narendra Modi announced ex-gratia of ₹2 lakh for the next of kin of the deceased in the landslides.
- The Kerala government has declared a state of mourning on July 30 and 31 due to the loss of life and property in Wayanad.
- The NHM state mission director has been deployed in the district to coordinate local health activities. Temporary clinics have been set up in mosques and madrassas in Chooralmala, and a temporary hospital has been established in a polytechnic college.
- Doctors from various specialties, including surgery, orthopedics, and forensic departments, have been deployed from Kozhikode, Kannur, and Thrissur districts. A team of private hospital doctors is also on-site. Mobile Disaster Management Medical Unit Support of Amritha Institute of Medical Sciences, complete with a mobile X-ray unit, has been made available for the different camps for their advanced requirements.
- The State Project Officer of KSDMA is assigned to DEOC Wayanad for better coordination between government and NGOs.
- Government of Kerala issued a unified emergency contact (8589001117) for emergencies related to the Wayanad Mundakai disaster.
- Government of Kerala also issued an advisory for Rescue workers to have 'Doxycycline' tablets to prevent communicable diseases like leptospirosis.

- Revenue Department initiated assessment of damages to properties and infrastructure and deployed officials to conduct surveys and document losses, ensuring timely compensation and support to the affected families.
- PWD addressed damage to roads and bridges and mobilized resources for the immediate repair of critical infrastructure to restore connectivity and support rescue operations.

## Humanitarian Response

- In response to the landslides in Wayanad, IAG Wayanad organised a meeting on 01st August 2024 of all responding organizations who are currently working in Wayanad, as well as those planning to respond.
- Measures taken by Telecom Providers: After devastating landslides in Wayanad, telecom providers BSNL, Airtel, Reliance Jio, and Vodafone Idea have rapidly restored connectivity to support rescue operations and aid the affected communities. Measures included deploying additional towers, providing free data and calling services, extending bill payment deadlines, and converting stores into relief collection points. These efforts ensured continuous communication between residents, rescue teams, and government officials during the crisis.
- Local Community groups assisted in rescue and relief efforts. They volunteered in search and rescue operations, helped in setting up shelters, and facilitated the distribution of relief supplies.
- A coordination desk at the District Emergency Operations Center (DEOC) has been established to manage requests and ensure timely updates and needs assessments. The focus is on preventing duplication of efforts among the 1,300 plus NGOs which expressed their desire to respond to the Wayanad disaster.
- The IAC Committee also met on 31st July morning and activated the URS. Link to URS 5W Matrix: [http://tiny.cc/URSMapping\\_Wayanad](http://tiny.cc/URSMapping_Wayanad)
- Humanitarian Aid International (HAI): Collaborating with Cosmic Community Centre for community-led responses, provided 800 steel plates and 1000 steel glasses. They are planning to offer WASH support and use Appreciative Inquiry to explore community-led responses.
- Bal Raksha Bharat is working with Kudumbashree to assess needs and plans to distribute hygiene and shelter kits.
- Monday.com Emergency Response Team Offering technical support through digital disaster management tools.
- EFICOR Coordinating with local volunteers and provided 50 mattresses, 50 blankets, and 50 plastic mats.
- Humane Society International/India Focusing on aiding stray animals affected by the disaster.
- Doctors for You Set up two mobile medical units, provided urgently needed medicines, 15 mortuary freezers, and are planning to support the health department in the coming weeks.



- Reliance Foundation is providing milk in tetra packs and fruits for children and other vulnerable population across all the relief camps.
- Joint Voluntary Action for Legal Alternatives (JVALA) is Providing WASH support and tent kits.
- UNICEF India is Coordinating with IAG Wayanad and other responding organizations for , supporting rapid needs assessments and to set up help desk volunteers.
- RIGHTS is Building the capacity of frontline communities with its partners.
- ESAF Provided relief materials to two camps, medical ambulance services with trained staff, childcare at camps, and are planning to continue with medical relief, psycho-trauma counseling, and work in association with concerned authorities.
- Indian Red Cross Society Wayanad Planning to provide medical support and volunteer support for the next two weeks.
- Manav Seva Sansthan (SEVA) Planning to distribute hygiene kits and shelter kits in wards 10, 11, and 12 of Meppadi Panchayat.
- World Vision India Planning to support with non-food items and shelter materials.
- Shreyas Engaged in rescue work, camp support, counseling, food and essential supply distribution, providing hygiene kits for rescue workers, and planning to distribute hygiene and shelter kits.
- HelpAge India Providing mobile healthcare units with doctors, nurses, pharmacists, social workers, and other volunteers.
- Art of Living and Biocon Foundation Providing essential supplies like masks, gloves, and sanitizers to the relief camps.
- United Way Mumbai Monitoring the situation and planning to focus on mid-term response and long-term rehabilitation based on the needs.
- WASH Institute is Providing desludging services for emptying septic tanks at relief camps with two mobile septage treatment units, and planning to distribute WASH kits, dustbins, sanitary napkins/adult/child diapers, and steel plates.
- Keystone Foundation is Engaged in search and rescue operations, with volunteers active in collection centers.
- Wayanad Social Service Society Conducting rescue work, camp support, counseling, food and essential supply distribution, providing hygiene kits for rescue workers, community radio services, and rehabilitation, and planning to distribute hygiene and shelter kits.
- ICDM Provided mobile charging stations for rescue officials.
- ADRA is conducting field visits and assessments, planning to provide food rations, hygiene kits, and mid-term and long-term support. It has distributed tarpaulin sheets and dry food rations in Chundakkuni and Puzhamkuni Wards of Noolpuzha Panchayat.
- United Way Bengaluru is planning to focus on mid-term and long-term rehabilitation, including revamping public buildings, community halls, health infrastructure, and livelihoods.
- PULSE Emergency Team Kerala Engaged in search and rescue, camp support activities, and planning to support government agencies with camp management, WASH support, and damage assessment.
- Adani Group announced a contribution of ₹5 crore to the Kerala Chief Minister's Distress Relief Fund to help the state whose hilly region on Wayanad was hit by devastating landslides triggered by incessant rains.



- Trained professionals affiliated to the Kerala wing of the Indian Association of Clinical Psychologists (IACP) are extending a helping hand to the survivors of the devastating landslides. The Kerala wing of the Indian Association of Clinical Psychologists has initiated a two-way approach by offering counselling services over phone and conducting one-to-one sessions at relief camps.
- HSI is also assessing the impact on animals and livestock and have reported that 18 cattle sheds are destroyed, 3 poultry farms are destroyed and 8 acre of green fodder is lost. 363 large animals, 3310 fowls and 109 Livestock farmers are affected. HIS has started supporting animals in the affected areas (Dogs- 19, Cats- 5 and Cattle- 22)
- Mobilization of humanitarian aid is in full swing for victims of landslides that hit Wayanad district in Kerala with the support of various district administrations and socio-cultural organizations in the State.
- HAM radio operators have set up a communication unit and are supporting smooth communication between the rescue teams and the centre. They have also supported NDRF in identification of houses for Search and Rescue through maps provided by volunteers from Open Source Community Mapping groups.
- Collection centers have been opened at several places to receive packaged food items, emergency medicines, clothes and sanitation accessories for speedy delivery.
- Social media groups are also actively engaged in coordinating the collection of essential items with the support of their volunteers in various districts.
- Students from a Government Higher Secondary School at Meppadi here are tirelessly volunteering in the relief camps, working diligently to assist survivors of the massive landslides that hit the high-range district with food and supplies.
- School teachers are also playing a crucial role, motivating and supporting the students, many of whom are part of the NSS and NCC programmes, in their efforts.
- For effective delivery, most of the district administrations have called upon the volunteers to make use of the delivery support of the district-level cells constituted for the purpose.
- SEEDS India is providing Food, Non-Food Items (NFI), Hygiene kits, Psychosocial Care, Transitional Shelter, and School Restoration support in the affected areas.
- Neethi Vedhi has started field visits and initial counseling for Adivasis and migrant laborers, and plans to visit relief camps, interact with Adivasi families in affected villages, and engage with migrant laborers and their families.
- Voice Trust Trichy and Thomson Reuters, in collaboration with Wayanad Social Service Society, is providing camp support, food and essential supplies, hygiene kits for rescue workers, and plans to distribute hygiene and shelter kits.
- Caritas India is conducting assessments, providing camp support, and WASH (Water, Sanitation, and Hygiene) related assistance, with plans to distribute WASH and shelter kits.

### III. OVERVIEW OF THE ASSESSMENT

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#### Timelines

Considering the challenging situation, an emergency IAC meeting was convened on 31<sup>st</sup> July 2024, with representatives from IAG Kerala and other responding agencies and during this meeting, the IAC committee decided to activate the Unified Response Strategy (URS) and initiate the Assessment Process. Technical resources from national and state agencies were deployed on the field to support and supplement local level coordination and information management.

TABLE 1: INITIAL RAPID NEEDS ASSESSMENT TIMELINES

Timeline	Activities
30 <sup>th</sup> July 2024	Landslides hit Wayanad
30 <sup>th</sup> July 2024	Sitrep 1 and 2 released
31 <sup>st</sup> July 2024	URS Activated by IAC committee
31 <sup>st</sup> July 2024	Coordinated response by IAG and other actors.
1 <sup>st</sup> August 2024	IAG Wayanad Meeting
<b>2<sup>nd</sup> August 2024</b>	Discussion with Government line departments
3 <sup>rd</sup> August 2024	Secondary Analysis Report released on 03 <sup>rd</sup> August 2024
3 <sup>rd</sup> August 2024	Initial Rapid Needs Assessment timelines shared with the Network
3 <sup>rd</sup> August 2024	Data Collection in the field and debriefing to the Commissioner, Rev (DM), Government of Kerala
4 <sup>th</sup> August 2024	Data Analysis
5 <sup>th</sup> August 2024	First draft of the report to be shared with Sector Committees
6 <sup>th</sup> August 2024	Consolidation and Final Report Dissemination

#### Methodology

Based on the emergency situation, the Inter agency Coordination committee convened a meeting to activate the Unified Response Strategy in response to the Landslides. It was recommended by the committee to conduct IRNA once there is appropriate access to the affected areas and communities. Hence, initially a Secondary Analysis Report was developed and disseminated that was developed based on secondary information and initial field visits. Further, in close coordination with the district administration an initial Field Assessment was conducted to identify the urgent, mid-term and long-term needs of affected community residing in camps for the essential sectors of Food & Nutrition, Health, Water Sanitation and Hygiene (WaSH), Education, Livelihood, and Protection to inform the Initial Rapid Needs Assessment. This would help flag the vulnerability of affected community to access basic services and entitlements in Wayanad.

This Assessment is the result of joint efforts from the local organisations, district officials and IAG Wayanad, facilitated by Sphere India and UNICEF India to provide the required data and information.

Volunteers were oriented to carry out data collection using a Camp Resident Survey and key informant interview tools for the camp in charge in the affected areas. The collected data got analysed by the 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 Experts.

During the field assessment, 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:

- Structured one-to-one interviews with affected households staying in the camps (ensuring prioritizing of random households in the camps giving equal representation to all sections of the local community).
- Camp level data collection from relevant stakeholders/officials through Key Informant Interviews
- Secondary data from various media sources with observation and fact checking

### Rationale behind the Sampling for Assessment

The sample size was determined based on secondary data information available from government reports, media sources as well as access to the camps. The camps were selected in consultation with the district officials and other local stakeholders.

### Primary Data Collection

The primary data collection process included camp resident surveys and key informant interviews at the camp level. The questions were designed to grasp the needs and challenges in the sectors of Food Security and Nutrition, Protection, Health, Livelihood, Education, and WaSH. The questionnaires designed by national experts, and contextualised based on suggestions from local stakeholders, 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.

38 camp residents were interviewed for this assessment, along with camp in-charges across 5 camps to document the emerging needs and priorities of the affected population. Additionally, KIIs were conducted with all the camp managers. Moreover, discussions were held with officials from all the key line departments within the district administration.

**Quantitative Data Analysis:** Once data was collected, the assessment team carried out data cleaning and analysis. 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 stakeholders.

## IV. SECTORAL ASSESSMENT

### Camp overview and Respondents Profile

Data enumerators visited 5 camps in Meppadi area and interviewed 38 camp residents for this Assessment, along with camp in-charges to document the emerging needs and priorities of the affected population.

All camp in-charges reported that the contact information for the control room or help desk is clearly displayed in each camp, ensuring that people can easily access assistance when needed. However, two camp in-charges noted that there is insufficient space between beds or cots, with more than the recommended 8 to 10 members as per the Orange Book of KSDMA, which may affect privacy and safety. Additionally, four camps lack provisions for alternative education, limiting educational opportunities for children. Despite these challenges, all five camps have designated child-friendly spaces, providing a safe and supportive environment for children to play and interact.

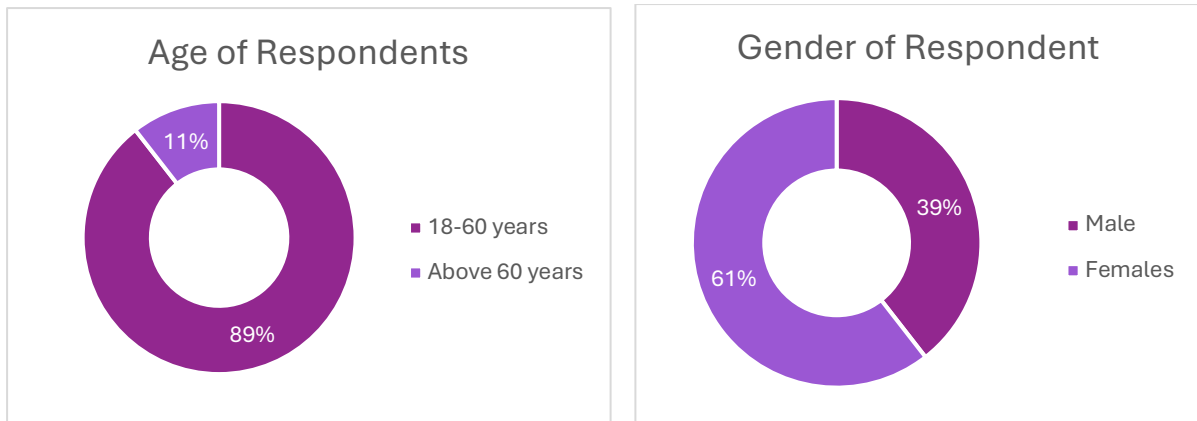
TABLE 2: SUMMARY OF CAMP POPULATIONS AND FACILITIES

Name of Camp	Male	Female	Boys	Girls	Babies	People with Disability	Elderly Male	Elderly Female	Pregnant/Lactating Mothers	Unaccompanied Children	Orphans	Rooms for Families	Cots for Males	Cots for Females	Cots for Children
<b>GHSS Thrikaipatta</b>	54	63	30	32	17	2	8	18	0	0	0	0	20	10	10
<b>St Joseph Girls HSS</b>	70	60	9	13	7	0	7	9	0	0	0	11	70	60	20
<b>GUPS Kottanad</b>	73	102	34	35	5	1	7	12	9	0	0	12	20	10	0
<b>GLPS Meppadi</b>	43	61	14	20	6	1	8	16	1	0	0	8	43	61	34
<b>GHSS Meppadi</b>	242	197	56	63	31	0	39	37	0	2	2	44	0	0	0
<b>TOTAL</b>	<b>482</b>	<b>483</b>	<b>143</b>	<b>163</b>	<b>66</b>	<b>4</b>	<b>69</b>	<b>92</b>	<b>10</b>	<b>2</b>	<b>2</b>	<b>75</b>	<b>153</b>	<b>141</b>	<b>64</b>

Table 2 outlines the population demographics and available facilities in five camps, detailing the number of individuals by category and the allocation of rooms and cots for each group, along with total counts across all camps.

**Respondents Profile:** The average age of the respondents is 40 years, with 34 individuals in the 18-59 age group and 4 respondents over 60 years old. The average household size is approximately 4.66, rounded to 5 persons per household. Regarding their original locations before the landslides, 19 respondents were from Kalpetta Block, 6 from Chooralmala, and 2 each from Vellaketu Colony, Meppadi, and Kallumala.

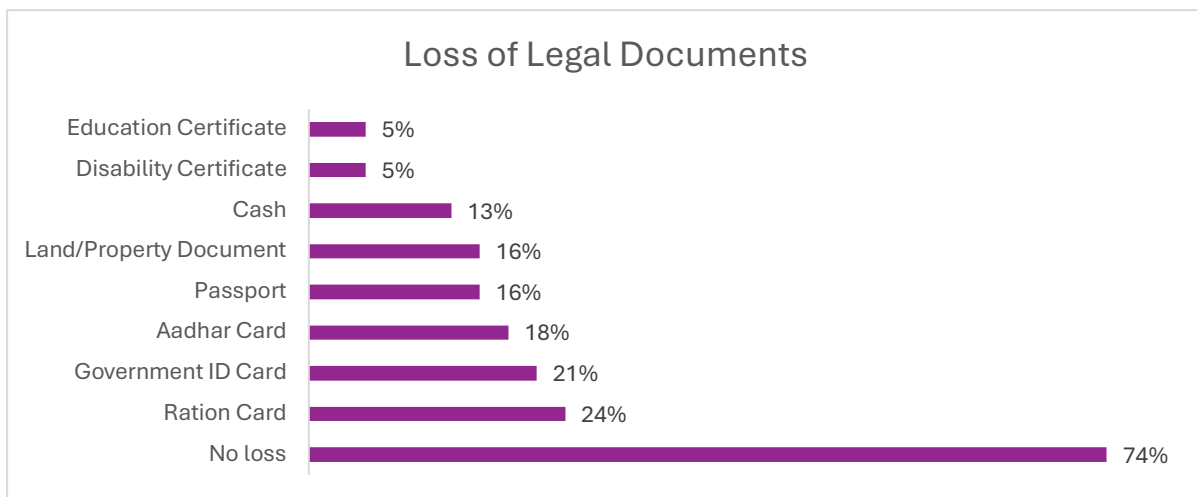




**FIGURE 1: AGE AND GENDER OF RESPONDENTS**

In the surveyed households, 2 reported having a person with a disability, highlighting a specific need for tailored support. Additionally, 5 households indicated that they have a pregnant or lactating mother, with 4 of these households providing additional food to meet their nutritional needs. This suggests a level of attention to maternal and child health within these households, though the extent of such provisions may vary.

Regarding post-disaster relief, 15% of respondents noted that the type of food available in relief camps differed from what they consumed before the disaster. This has mainly emerged from the camps housing Tribal communities whose food habits differ from the other communities. Furthermore, 46% of respondents reported that someone in their household required access to health care services following the disaster. Among those seeking care, 6 individuals visited a government hospital, another 6 received first aid at a camp clinic, and 1 sought treatment at a private hospital. This distribution reflects the diverse responses and healthcare-seeking behaviours in the aftermath of a disaster.



**FIGURE 2: LOSS OF LEGAL DOCUMENTS IN CAMP RESPONDENTS**

Figure 2 illustrates the percentage of individuals who reported losing various types of documents during an event. It shows that while 74% reported no loss\*, the highest loss among those affected was of ration cards (24%), followed by government IDs (21%) and Aadhar cards (18%). The loss of

\* This may not be indicative of actual situation because of limited sample size and camp typology

documents is more pronounced among people who have been affected by the landslides and have lost their homes. The people who have been flood affected or those who have been moved on a preventive basis have not lost their documents.

The assessment team also interacted with the migrant labourers who were shifted to the camp. Though they showed satisfaction in the arrangements made for them in the camp, language was a challenge. Some of the camps (Meppadi Government HSS) were overcrowded with volunteers and media personnel, leaving no privacy to the camp residents. A restriction may be needed to the people visiting the camp, even if it is for any services (Except emergency services)

The supplies in the camps were found to be adequate. District administration had started an online inventory which showed the current needs in the camps. This helped the suppliers/donors to provide the required quantity. However, it was noted that distribution to the supplies had some gaps. Distribution has to be demand based than supply oriented.

## Food, Nutrition and Security

### Overview

Most camps have in-house kitchens , with food rations varying in duration, and limited provisions for babies and pregnant or lactating mothers. However, measures have been taken to address these through provision of milk and other additional ration for babies and pregnant and lactating mothers.

### Assessment Findings

Four out of five camps surveyed have in-house kitchens , while one camp provides cooked food from a community kitchen. Three camps reported that their food rations would last for 1-2 weeks, whereas two camps indicated that their rations would last for less than a week. Only one camp experienced a time lag of less than 24 hours in the supply of food stocks. There is also a provision to test the quality of food before distribution. The administration is currently promoting food prepared within the camps under their direct supervision to minimise risks of stale food.

Regarding provisions for babies under six years old, one camp reported not having any babies in the camp, one camp reported no provision of baby food, and the remaining three camps provided baby food such as millets and lactose powder. Two camps lack provisions for additional quantity and quality of food for pregnant and lactating mothers. This was identified as a gap and provisions made for rectifying the same through non-governmental players.

The most provided food items in the camps are vegetables, followed by oil/ghee/butter, cereals and millets, pulses and legumes, fruits, and dairy products.

Based on the respondent's survey, there is a decrease in individuals eating 3 meals a day after a disaster, from 76% to 68%, and notably there is also an increase in those consuming more than 3 meals, from 18% to 32%. Generally, the respondents were satisfied with the meals provision and only suggested slight improvements. This was as per the guidelines laid in the Minimum Standards of Relief by KSDMA

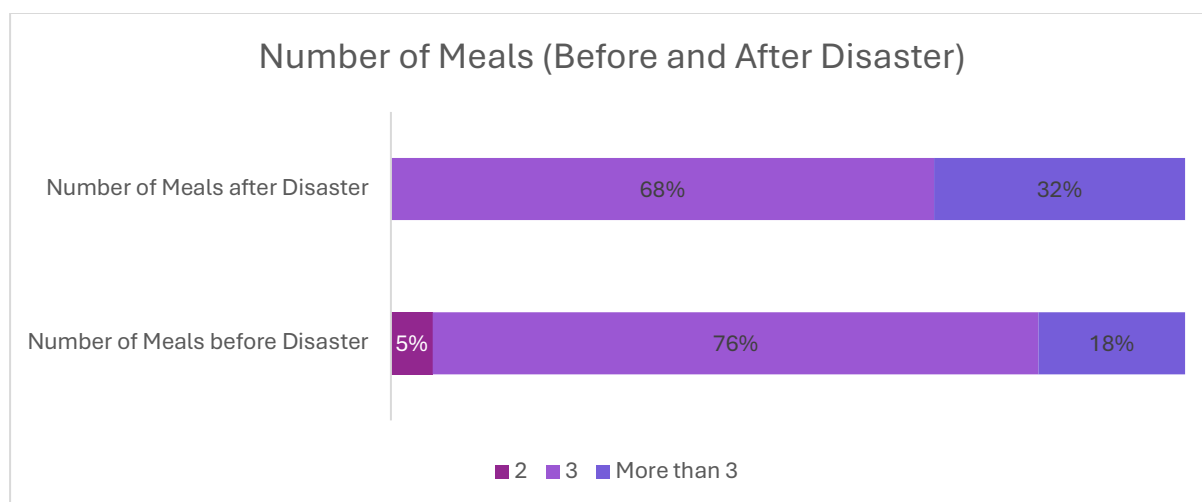


FIGURE 3: CHANGE IN NO. OF MEALS OF RESPONDENTS

## Livelihood

According to the camp residents' survey, 61% of respondents reported that the landslide had an impact on their livelihood, while 39% did not. The survey also reveals that 55% of respondents will have a stable source of income after the disaster, while 45% do not.

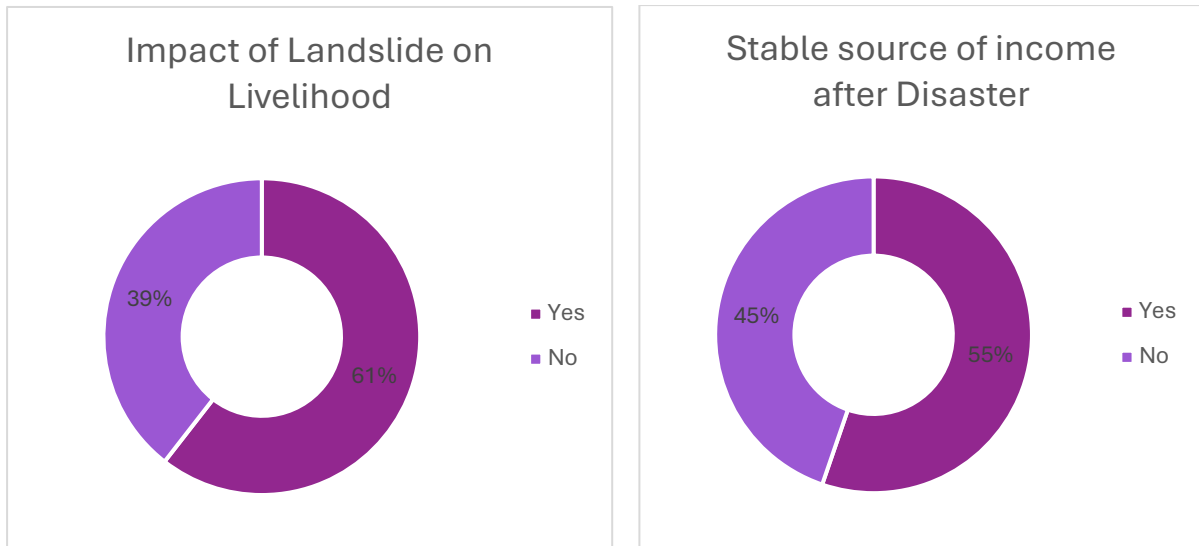


FIGURE 4: IMPACT ON LIVELIHOOD

The survey shows that 16% of respondents experienced a loss of livestock, 50% did not, and 34% did not own any livestock. Among those who do, the types of animals reported are evenly split between cows/buffaloes/sheep, cats/dogs, and poultry, each representing 33%.

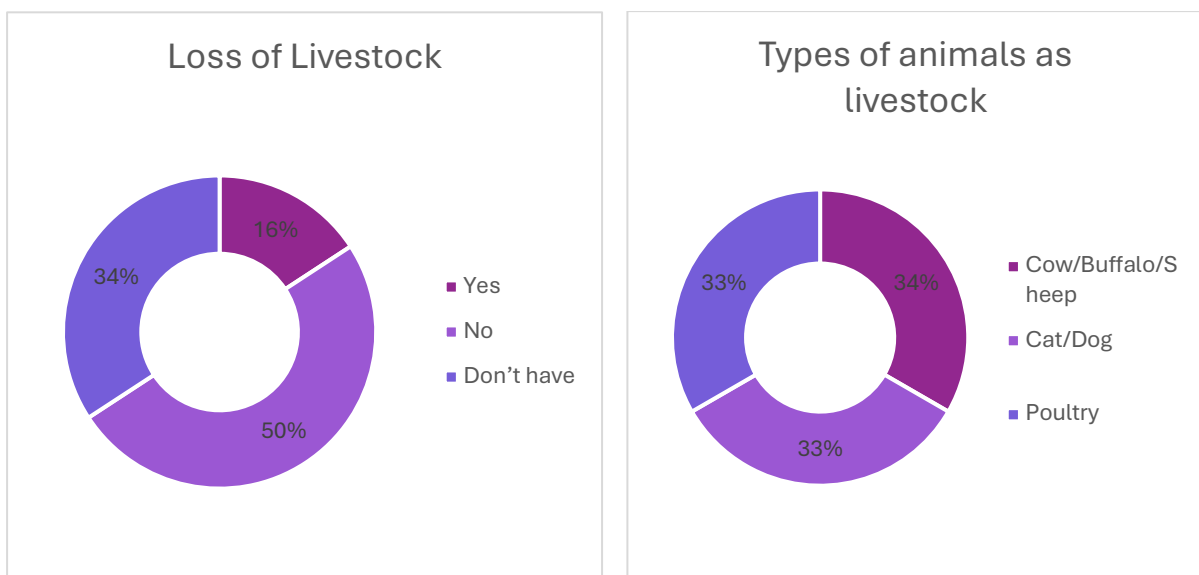


FIGURE 5: LOSS OF LIVESTOCK OF RESPONDENTS



## Water Sanitation and Hygiene (WASH)

### Overview

The WASH assessment findings indicate that drinking water is available and quality-checked, and waste management is satisfactory with proper segregation. However, incinerators are either absent or non-functional, and plastic use remains high. Additionally, smaller schools face a shortage of toilets, with bio-toilets recommended, and bathing areas are also lacking.

### Assessment Findings

All surveyed camps reported that they have arranged for menstrual hygiene products (including sanitary napkins, dustbins with lids, old newspapers, etc.) within their facilities. However, 3 out of the 5 camps lack gender-segregated toilets. The remaining 2 camps do have gender-segregated toilets with running water. The toilets lacked easy access for People with Disabilities (PWD) and elderly in some camps. All five camps are equipped with permanent toilets, but one camp lacks a proper waste disposal facility. Despite this, all camps have implemented infection control practices. Suchitwa Mission Kerala, has put in place systems for regular removal of solid waste and has stationed workers in the camps for ensuring regular cleaning of the premises and removal of solid waste which is segregated into organic and inorganic waste. The organic waste is then sent to pig farms in the locality.

Camp in-charges have confirmed that the camps are safe for women and children, being well-lit and located in secure areas. However, two camp in-charges noted lapses in cleanliness within their camps. When asked about immediate WASH (Water, Sanitation, and Hygiene) needs for the upcoming week, the following items were identified: detergent soap, cleaning liquids like phenyl, sanitizers, shaving sets, spaces for drying clothes, and enhanced water facilities. Incinerators, where available, were not fully functional. There were requests for provision of incinerators.

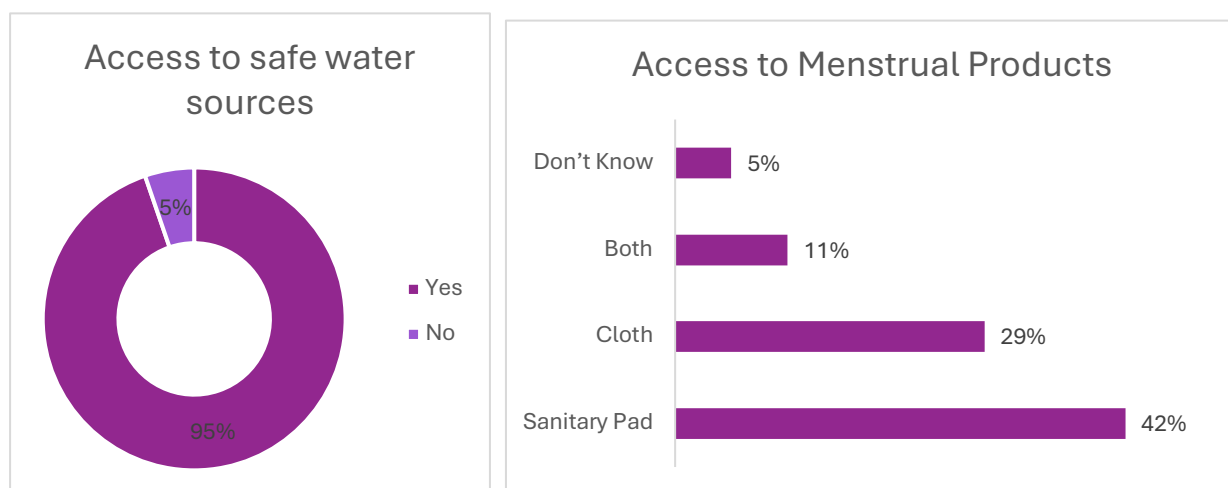


FIGURE 6: STATUS OF WASH SERVICES

Ninety-five percent of households reported having enough water for domestic needs, and all households confirmed having soap for handwashing and a solid waste disposal mechanism in the camp, including the disposal of used sanitary napkins. 42% of respondents have access to sanitary pads, 29% use cloth, 13% have no access, 11% use both, and 5% are unsure. All the

camps have access to adequate quantity of drinking water. Moreover, Kerala Water Authority (KWA) tests water quality twice a day from each camp to ensure safe drinking water.

## Education

### Overview

In the education sector, the schools are affected both due to the landslides with loss of schools in the affected area as well as use of schools for relief camps. Teachers are deeply involved in relief efforts as part of the relief camp management. Moreover, furniture from larger schools have been repurposed for tasks including storing dead bodies. There is a critical need for additional teacher-learning materials in the affected areas, and two schools have been completely damaged due to the disaster. Online classes for 10th-grade students are being conducted in some schools, reflecting an adaptation to the challenges. Overall, while the sector is coping with significant disruptions, it continues to adjust and respond to evolving needs.

### Assessment Findings

Children are disproportionately affected in any disaster. In Wayanad disaster, 36 children were reported to have died and 17 missing. 6 children (3 boys and 3 girls) have been identified as fully orphaned.

Children in the camps were met during the camp visits. They were engaged by the volunteers in the 'kuttiyidam' – child friendly spaces set up by WCD department and the DCPU. They expressed their deep concern over their lost friends and family members.

Since schools are utilized as relief camps, holidays have been given to students. When the relief camps are conducted for a longer period, it affects the learning of these students. Department of Education is moving ahead in alternate arrangements.

According to the surveyed camp residents, 39% reported that there is a separate education facility, while 47% do not, and 13% of households have no children. In contrast, 79% of them reported having access to separate child-friendly space in the camp, while 8% reported lacking such a facility currently. During the survey, a few households expressed their concerns about access to education. The Government is planning to restart classes by mid-August. Students from the fully damaged schools will be integrated into the other schools which are undamaged. There is

also a move to identify community halls where classes can be held. There is a requirement for provision of desks, benches, chairs and tables.

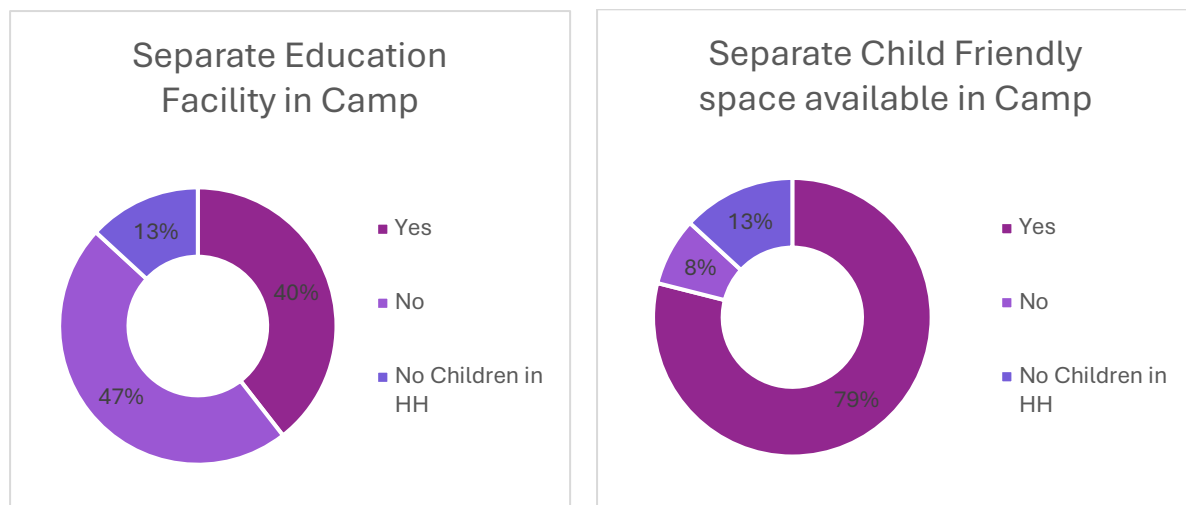


FIGURE 7: STATUS OF EDUCATION FACILITIES

## Health

### Overview

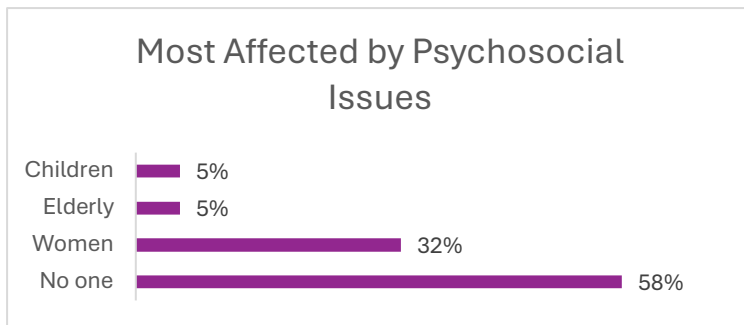
Health services in the camps are efficient and responsive, with doctors providing timely interventions. However, focused attention is needed for children, pregnant women, and lactating mothers. Further, there is also a need for additional night shift nurses, advanced psychosocial support, and essential items like wheelchairs, walkers and eyeglasses.

### Assessment Findings

As per the camps surveyed, four out of five camps have a health facility within 1 km of the camp while 1 camp has access to a functional health facility within 1 -5 kms of the camp. All five camps reported that family check-up were conducted upon entry and that health facilities are available within the camps. Four camps have on-site health facilities, while one camp conducts periodic health check-ups. Each camp has access to ambulances or other emergency transportation and is equipped with medicines for lifestyle diseases, long-term conditions, and batched medicines

Two camps do not have dialysis/dialysis referral services. The camp in-charges and residents noted that women in the camps are particularly affected by mental health issues. General counselling and psychosocial support are available in all camps, provided by officials from the Women and Children Welfare Department, District Mental Health Programme and Social Justice Department. There seems to have a lack of coordination among the departments on providing psycho-social care and also lack of a proper long-term plan. When asked about immediate health-related needs, the camp in-charges requested additional nurses for night shifts,

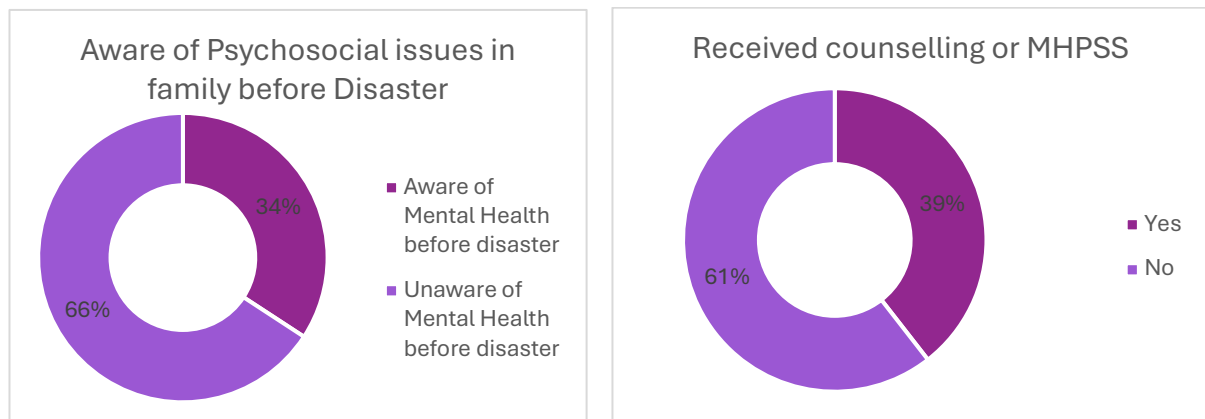
enhanced psychosocial support, and surgical items, wheelchairs, walking sticks, and eyeglasses.



As indicated in Figure 8, 58% of respondents believe no one is affected by psychosocial issues, while 32% report that women are most affected, and both the elderly and children are cited by 5% of respondents.

**FIGURE 8: MENTAL HEALTH IMPACT BY DEMOGRAPHIC GROUP**

According to camp resident’s survey, before the disaster, 66% of respondents were unaware of psychosocial issues within the family, while 34% were aware. Additionally, 39% have received counselling or mental health and psychosocial support (MHPSS) after disaster, leaving 61% without access to such services.



**FIGURE 9: AWARENESS AND ACCESS TO MENTAL HEALTH SUPPORT**

## Non-food Items (NFI)

### Overview

All households reported having essential amenities such as lights, fans, and windows in their camps. However, some camps faced challenges with inadequate spacing between cots, which affected privacy and comfort.

### Assessment Findings

As per the respondents, the top non-food item (NFI) needs identified are clothing (53%), shoes (37%), and blankets (32%). Additional needs include torches (21%), mosquito nets (16%), and mattresses (11%), with lower demands for items such as fans, tarpaulins, cooking stoves, and utensils.

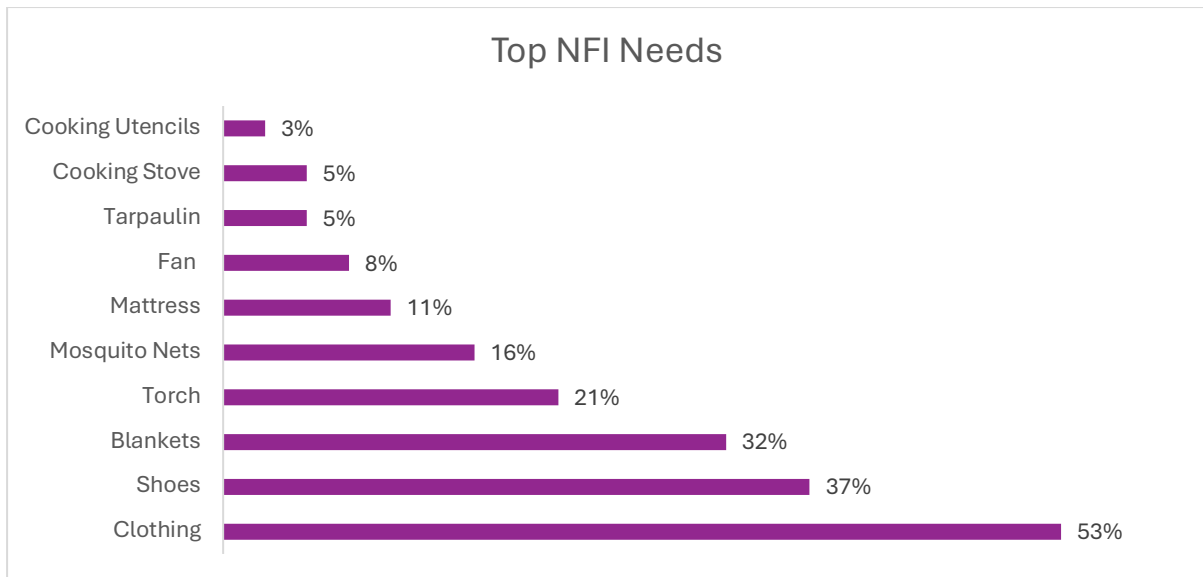


FIGURE 10: TOP NFI NEEDS OF THE RESPONDENTS

## Protection

### Overview

The assessment revealed that most camps surveyed do not have unaccompanied children and have not reported such cases to relevant authorities, though three camps offer counselling and psychosocial support to children. Only one camp reported children who lost both parents. While all camps have adequate security and police protection, some incidents of antisocial behaviour were reported, and additional protection services are needed, with concerns about women's and children's safety, education access, and increased mental health risks.

### Assessment Findings

Four out of five camps reported that they do not have any unaccompanied children present and have not shared information regarding unaccompanied or orphaned children with the District Child Protection Officer (DCPO) or through the 1098 helpline. Three camps provide counselling and psychosocial support (PSS) to children through Childline or other NGOs. All camps have designated volunteers to provide child-friendly services and PSS to children.

Only one camp (GHSS Meppadi) reported having two children who lost both parents due to the landslide. The top protection needs of the community for the next week include general safety and security, access to protection services, and mental health and psychosocial support (MHPSS).

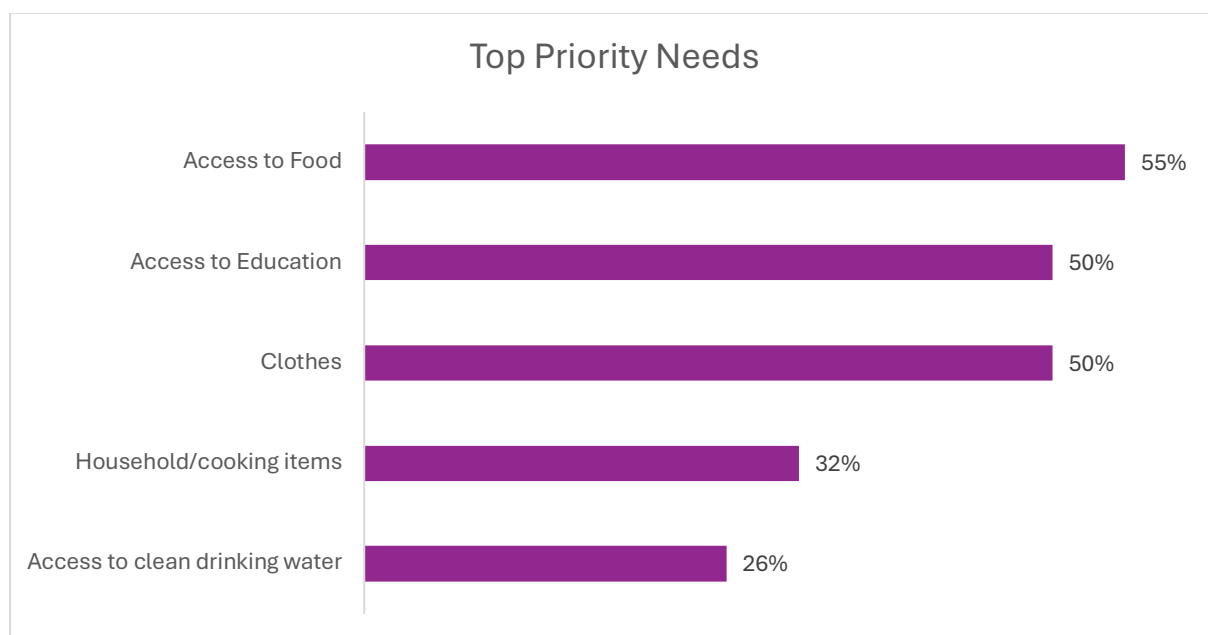
All camps reported having adequate security, though two camp managers mentioned incidents of antisocial or criminal behaviour around the camp. This included drinking and aggression displayed by camp residents. This was resolved by camp officers with the support of police officials. Police protection was also found in every camp.

A large part of the affected population belongs to the marginalised, socially and economically vulnerable section. Their houses and livelihoods have been severely damaged by the landslide. The sudden displacement of the marginalised and socially excluded has further exacerbated pre-



disaster vulnerabilities of the disadvantaged families and individuals exposing them to higher risks of social marginalization. Understanding the social dimensions of the impact of the landslide therefore will be critical to developing a socially inclusive and environmentally sustainable recovery and risk reduction framework. The loss of shelter and livelihoods has disproportionately affected women in vulnerable categories: the old and the infirm, debilitating and single women, women responsible for managing their families, women with restricted livelihood options. House damages, absence of sanitation facilities, difficulties with fetching water, and uncertain incomes put enormous burdens on women as they are anticipated to struggle to reset their homes. The loss of shelter has compromised their privacy and security needs in the affected villages.

## Relief and Recovery Needs



**FIGURE 11: PRIORITY NEEDS OF THE RESPONDENTS**

The top priority needs identified by the affected people in the surveyed camps are access to food (55%) indicating access to livelihoods and access to education (50%), crucial for their well-being and future prospects. Clothing and household/cooking items are also significant needs, with 50% and 32% respectively highlighting their importance. Additionally, 26% of respondents emphasized the need for access to clean drinking water, underscoring its critical role in maintaining health and hygiene.

## V. IMPLEMENTATION PLAN

The findings and recommendations of the rapid needs assessment were discussed with Commissioner, Disaster Management, Dr. A. Kowsigan IAS; Special Officer, Sri Sreeram Sambasiva Rao IAS and District Collector Smt. D R Meghasree IAS. As directed by them, a meeting with the line departments was held on 9th August 2024 at the Wayanad collectorate to prepare an implementation plan against each recommendation. The following table has the recommendation-implementation suggestions and the respective departments who should implement the recommendations.

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
<b>Food Security and Nutrition</b>	<ul style="list-style-type: none"> <li>● Provide additional nutritional provisions for babies below 6 years, pregnant and lactating women and elderly in the relief camps. Provision of milk and eggs to children under 6 and elderly at least once in a day.</li> <li>● Provide nutritional supplements like Amritham to the camps, with additional milk for preparing the mix.</li> </ul>	<ul style="list-style-type: none"> <li>● Egg to be provided to Children in the camps to address nutritional needs of children. Once the camps are over, they are to be monitored by the respective anganwadis.</li> <li>● If a gas cylinder and stove with utensils are provided, Anganwadi workers can prepare food for children according to their age and serve in the camps itself.</li> <li>● Free flow of information between Health and ICDS, on a daily basis, to identify children, other vulnerable communities requiring nutritional support.</li> </ul>	DWCD Health Department Social Justice
	<ul style="list-style-type: none"> <li>● Conduct detailed nutrition assessment of the affected communities especially focusing on infant and young children,</li> </ul>	<ul style="list-style-type: none"> <li>● Mapping and Monitoring of the vulnerable people, especially children, who are in the camps or</li> </ul>	DWCD - Immediate Health Department Social Justice

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	adolescent girls, pregnant/lactating mothers, and elderly, PWD, tribal communities, and single women headed households	outside to provide appropriate nutrition	
	<ul style="list-style-type: none"> <li>Assess the schemes such as mid-day meals for school children and supplement it with provisioning of nutrition kits for children</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition kits to be provided or link the requirement</li> </ul>	General Education
	<ul style="list-style-type: none"> <li>Public distribution system to be made available to everyone, including migrants by relaxing the criteria as many have lost their ration cards.</li> </ul>	<ul style="list-style-type: none"> <li>Food and nutrition kits and other supplies as required to be provided with the support of CSOs</li> </ul>	Civil Supplies Department GO-NGO Desk Local Panchayat
	<ul style="list-style-type: none"> <li>While the people go back to their homes, a food kit (dry ration) has to be provided at least for the next 3 - 6 months till they get back to their stable livelihoods.</li> </ul>	<ul style="list-style-type: none"> <li>Develop standardised list of dry rations including quantities in compliance with Minimum standards of relief.</li> </ul>	Revenue (DM) LSGD GO-NGO desk
	<ul style="list-style-type: none"> <li>Special consideration to be given to persons with disabilities, elderly and widows in the affected area to ensure food security.</li> </ul>	<ul style="list-style-type: none"> <li>Social Justice Department to ascertain the exact number of PWDs who are affected. Find resources or allow linking for cash transfer mechanisms to top-up pension to vulnerable groups.</li> <li>A close follow up with these communities to ensure timely receipt of the same.</li> </ul>	Social Justice GO-NGO desk
	Streamline supply logistics of food & non-	A portal like keralarescue.in which	KSDMA District Administration

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	<p>food items through a digital portal</p> <ul style="list-style-type: none"> <li>● Apart from the Government schemes, many NGOs/CSR initiatives are ready to support the Government with the same<sup>†</sup>. Such resources are to be leveraged.</li> </ul>	<p>was used during floods 2018 can be adopted</p> <ul style="list-style-type: none"> <li>● Mapping of the stakeholders who are supporting the initiatives to be documented in a weeks' time and shared with District Collector and follow-up for preparing</li> </ul>	<p>GO-NGO Desk-Immediate</p>
<b>Health</b>	<ul style="list-style-type: none"> <li>● Provide focused health interventions for children, pregnant, and lactating mothers, including immediate psychological first aid and counselling services within the camps.</li> </ul>	<ul style="list-style-type: none"> <li>● Pregnant women in their final trimester to be provided support or admit them in hospital and address trauma</li> <li>● Ensure safe and private spaces for lactating mothers</li> </ul>	<p>Health Department DWCD</p>
	<ul style="list-style-type: none"> <li>● Ensure specialized medical check ups for people with chronic diseases (hypertension, diabetes, cardiovascular, HIV, Psychiatric, geriatric problems).</li> </ul>	<ul style="list-style-type: none"> <li>● Camp is existing, but service of senior and specialised doctors to visit the camp at least once in 2 days to the shelters</li> </ul>	<p>Health Department</p>
	<ul style="list-style-type: none"> <li>● Set up mobile dialysis units or dialysis services upon referral to address urgent medical needs.</li> </ul>	<ul style="list-style-type: none"> <li>● People who require dialysis support have been identified and are provided transportation support to avail the service at nearby hospitals.</li> <li>● Need to consider the possibility of setting up mobile dialysis units</li> </ul>	<p>Health Department</p>
	<ul style="list-style-type: none"> <li>● Develop and roll out training programs for community volunteers on</li> </ul>	<ul style="list-style-type: none"> <li>● Develop a systematic approach to counselling services starting from</li> </ul>	<p>DWCD General Education Health Department</p>

<sup>†</sup> To facilitate this process, an IAG GO-NGO Coordination desk has been set up at District Collectorate Wayanad : [http://tiny.cc/URSMMapping\\_Wayanad](http://tiny.cc/URSMMapping_Wayanad)

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	<p>basic counselling and psycho-social support for sustained long-term support. These training programmes were specifically asked for the ASHA Workers, Anganwadi Staff and Teachers who would be interfacing with the children and community members more often.</p>	<p>basic counselling to more specialized post trauma based counselling (eg. PTSD)</p> <ul style="list-style-type: none"> <li>● Coordinated and sustained effort to be adopted in providing psycho-social services.</li> <li>● A detailed Mental Health &amp; Psycho social service plan to be prepared immediately</li> <li>● The first batch of 45 people were oriented in Art Based Counselling on 8th August 2024</li> <li>● To be extended to frontline workers as a therapy to overcome their trauma.</li> </ul>	
	<ul style="list-style-type: none"> <li>● Follow up of health services among tribal communities are essential.</li> </ul>	<ul style="list-style-type: none"> <li>● Health department and Tribal Welfare Dept to coordinate for support.</li> </ul>	ST Department
	<p>Immediate revival of immunization programmes at camp level</p>	<p>identify children in need of vaccination doses</p>	Health Department
<b>Education</b>	<ul style="list-style-type: none"> <li>● Arrange immediate counselling services for teachers and psycho-social care for students both inside and outside the camps. Trauma among the teachers was evident during field visits.</li> </ul>	<ul style="list-style-type: none"> <li>● Provide psychosocial support for first responders and teachers engaged in camp duties of schools in affected areas. Withdraw teachers from camp duty immediately</li> </ul>	General Education Dept. / SSK
	<ul style="list-style-type: none"> <li>● Implement expressive therapy sessions like art-based counselling programs, particularly for children and youth, to</li> </ul>	<ul style="list-style-type: none"> <li>● Batch of counsellors in School Education department to be</li> </ul>	Education - Immediate



Sector	Recommendations	Implementation Suggestion	Department (s)
	address trauma among children.	oriented & trained in such approaches	
	<ul style="list-style-type: none"> <li>Conduct recreational educational activities with children in affected areas to facilitate integration with new classmates and continuity of education.</li> </ul>	<ul style="list-style-type: none"> <li>People to engage and facilitate children continuously in child friendly spaces/<i>Kuttiyidam</i></li> </ul>	DWCD / Education
	<ul style="list-style-type: none"> <li>Transition teachers from relief duties to facilitate measures for educational continuity in affected areas.</li> </ul>	<ul style="list-style-type: none"> <li>Create a volunteer roster for camp duties for remaining camps</li> </ul>	General Education
	<ul style="list-style-type: none"> <li>Develop alternate arrangements for classes, including in-person sessions where feasible, in to online education.</li> </ul>	<ul style="list-style-type: none"> <li>Additional teachers from other localities for a period of 1 month, till the schools in the affected areas are back to normal</li> <li>Identify educated youth/ other volunteers who can support in continuing education through tuition, informal education.</li> </ul>	General Education
	organize fun filled recreational activities in the school which were used as relief camps or as spaces for storing mortal remains	<p>The week prior to restarting formal education, should be utilized for informal child friendly activities that will not only help the students in team building but will also minimize their memories of the traumatic experiences.</p> <p>The class rooms can have paintings on the walls which could be done by the students themselves</p>	General Education GO-NGO desk

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	<ul style="list-style-type: none"> <li>● Address new and additional furniture requirements for larger camps that were used for landslide response.</li> </ul>	<ul style="list-style-type: none"> <li>● Procure or mobilize furniture from Government or other donors</li> </ul>	Education LSGD
	<ul style="list-style-type: none"> <li>● Provide online teaching tabs or laptops for senior classes to facilitate continued education.</li> </ul>	<ul style="list-style-type: none"> <li>● Wherever needed, this may be provided through CSR funds/NGOs, after assessing the needs</li> </ul>	Education GO-NGO desk
	<ul style="list-style-type: none"> <li>● Establish bridge classes and additional coaching programs to support students who are affected by the disaster and help them catch up on missed education days.</li> </ul>	<ul style="list-style-type: none"> <li>● Bridge classes to start with the support of teachers from outside the affected areas to support schools in the affected areas</li> <li>● Volunteers to be identified</li> </ul>	Immediate - School Education ST dept. SCERT SSK KITE
	<ul style="list-style-type: none"> <li>● Arrange reissue of educational certificates to those who lost by way of a single window system.</li> </ul>	<ul style="list-style-type: none"> <li>● School Authorities to take lead to provide lost certificates , if any related to school education</li> <li>● Explore the possibility of digital inventories for such important documents in the school / cloud based.</li> </ul>	Immediate - General Education
	<ul style="list-style-type: none"> <li>● Training for the teachers on disaster risk reduction, early warning, school safety and climate change.</li> </ul>	<ul style="list-style-type: none"> <li>● Every school in the district undergoes basic - intermediate and advanced level of training in DRR, School Safety.</li> <li>● Every school to prepare school DM plan in the U-school app of KSDMA and conduct mock drills in the school at least thrice a year</li> </ul>	DDMA / General Education

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	Camps are congested at Meppadi Grama Panchayat	Reduce volunteers in the camps. Restrict the visitors to particular timings.	Revenue and LSGI - Immediate
	<ul style="list-style-type: none"> <li>Students who are aspiring for higher education/jobs/careers should be issued certificates immediately to ensure no hindrance to their academic goals.</li> </ul>	<ul style="list-style-type: none"> <li>Establish a single window system to reissue the lost certificates.</li> </ul>	Higher Education
<b>Water and Sanitation Hygiene (WASH)</b>	<ul style="list-style-type: none"> <li>Install sufficient temporary toilets and sanitation facilities within the camps using portable bio-toilets.</li> </ul>	<ul style="list-style-type: none"> <li>Bio-toilets were provided from disbursed camps to the remaining camps.</li> <li>2 septic tank vehicles were provided for sludge management.</li> <li>For camps that would be operating for a longer period of time, standards as prescribed by the minimum standards of relief can be followed.</li> <li>Ensure easy access to bio-toilets for the elderly and PWDs by placing it on the first and second floors of the shelter</li> </ul>	Suchitwa Mission
	<ul style="list-style-type: none"> <li>Ensure adequate supply of hygiene kits, including soap, sanitizers, and menstrual hygiene products to all camp residents in close coordination with District Administration.</li> </ul>	<ul style="list-style-type: none"> <li>Minimum standards as directed by Orange book 2024 can be followed</li> </ul>	Suchithwa Mission
	<ul style="list-style-type: none"> <li>Provide incinerators for effective and safe Menstrual Hygiene Management with adequate training for effective usage.</li> </ul>	<ul style="list-style-type: none"> <li>Regular service visits to ensure the incinerators are in good working condition.</li> </ul>	Suchithwa Mission

Sector	Recommendations	Implementation Suggestion	Department (s)
	<ul style="list-style-type: none"> <li>Ensure cleaning and disinfection of flood affected households to facilitate return to houses.</li> </ul>	<ul style="list-style-type: none"> <li>Adequacy of the capacity of the incinerators have to be ensured.</li> <li>Special training should be provided to volunteers who are involved in cleaning the flood-affected households.</li> <li>Start disinfection of public and private wells / tanks/ other water sources</li> <li>Repairs and maintenance of household level toilets</li> <li>Disinfection kits to be made available to every household</li> </ul>	Suchitwa Mission / LSGI
	<ul style="list-style-type: none"> <li>Cleaning of houses and debris</li> </ul>	<p>Develop Volunteers required to undertake cleaning of houses Need for GIS expert for identifying and mapping. Explore if this can be brought under MGNREGA and preference given to affected communities to restart their income earning potential</p>	Suchitwa Mission LSGD NYK / Civil Defence / Aapda Mitra / Samoohika Sannadhasena / KYLA / NSS
	<ul style="list-style-type: none"> <li>Special focus on persons with disabilities &amp; elderly to access WASH facilities</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate supply of assistive devices/portable toilets/adult diapers to persons with disabilities / elderly.</li> </ul>	Social Justice Suchitwa Mission
	<p>Undertake retrofitting activities for partially damaged houses / institutions for drinking</p>	<p>Identify drinking water sources / water delivery systems requiring</p>	KWA Suchitwa Mission LSGD

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	water & sanitation management.	repairs and maintenance. Explore installation of water filter plants in the school which are normally being used as relief camps.	
<b>Protection</b>	<ul style="list-style-type: none"> <li>Identify, collect and analyse a core set of indicators—disaggregated by gender, age, disability and other relevant vulnerability factors—to integrate protection mechanisms &amp; risk-reduction activities.</li> </ul>	<ul style="list-style-type: none"> <li>Disaggregated data to be collected at the shelters for providing appropriate support. Eg. Age &amp; gender of children</li> </ul>	DWCD - Immediate
	<ul style="list-style-type: none"> <li>Establishing a helpdesk at the Panchayat level for grievance redressal / feedback mechanisms.</li> </ul>	A dedicated helpline and helpdesk at the Panchayat and a suggestion box at the school.	District Administration DDMA Education
	<ul style="list-style-type: none"> <li>Establish support mechanisms, preferably a single-window system, to assist affected individuals in reissuing essential documents, including bank documents for accessing cash support.</li> </ul>	<ul style="list-style-type: none"> <li>Single-window system established with Adalat.</li> </ul>	Multi-department effort like Revenue, LSGD, Education, Civil Supplies
	<ul style="list-style-type: none"> <li>Establish child-friendly spaces facilitated by trained personnel who are sensitive to grieving individuals. Wherever established, a dedicated and trained team should be available to facilitate the activities in this space. Even after the camps are dismissed, such services are to be continued for another six months or so and need based.</li> </ul>	<ul style="list-style-type: none"> <li>Taken up by DWCD and set up.</li> <li>Develop a roster of trained counsellors and Psychiatrists who will be available on call for six months</li> </ul>	DWCD / Education

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	<ul style="list-style-type: none"> <li>Promote the active participation of women, girls and other at-risk groups in all protection assessment processes to cull out concerns of the marginalised, vulnerable, those rendered landless/homeless with no livelihood options.</li> </ul>	<ul style="list-style-type: none"> <li>Set up systems to ensure community feedback as well as inputs.</li> </ul>	District Administration
	<ul style="list-style-type: none"> <li>Involve women and other at-risk groups in all aspects of protection programming (with due caution where this poses a potential security risk or increases the risk of GBV).</li> </ul>	<ul style="list-style-type: none"> <li>The Ward / Panchayat level Child Protection Committees to be revived or set up.</li> <li>SHG operated Help Desks at Panchayats to cater to emerging protection concerns of women/ adolescent girls, PwDs, Elderly as was done during Covid lock down</li> </ul>	LSGD / Kudumbashree
	<ul style="list-style-type: none"> <li>Identify and address the specific needs of tribal/SC/ST communities in the response efforts, ensuring inclusive and culturally sensitive interventions.</li> </ul>	<ul style="list-style-type: none"> <li>Tribal Learning Center to be revived</li> <li>Habitation approach to be considered for tribal communities while relocating.</li> </ul>	ST Dept.
	<ul style="list-style-type: none"> <li>Address immediate clothing needs based on demand, age, and gender, especially for innerwear.</li> </ul>	<ul style="list-style-type: none"> <li>List of camp inmates to be segregated gender/ age and ability wise. The clothing requirements to be based on this data. The gaps to be identified and care taken to ensure these gaps are met.</li> </ul>	Revenue
	<ul style="list-style-type: none"> <li>Accelerate foster care and kinship support for orphans and semi-orphans, including initiating legal procedures for their care.</li> <li>Adoption may be kept in abeyance for a specific</li> </ul>	<ul style="list-style-type: none"> <li>Individual plan for all the orphan/semi orphan children to be prepared</li> </ul>	DWCD DCPU



<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	<p>period of time to minimise risks of emotional responses.</p>		
	<ul style="list-style-type: none"> <li>Assist affected migrant population to access social security and food security schemes.</li> </ul>	<ul style="list-style-type: none"> <li>Identify all Migrant families affected by floods/ landslides and prepare a gender/ age/ability disaggregated list</li> <li>Contractors to be approached for details on Migrant families working there as there may be more families that have not been traced</li> <li>Develop a special action plan for migrant population</li> </ul>	<p>Labour Department LSGD</p>
	<ul style="list-style-type: none"> <li>Develop a comprehensive legal aid system through a single-window approach to assist with reclaiming resources and documents.</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive Needs assessment of all the families to understand their losses, including loss of documents</li> <li>Preparation of Guidelines to address replacement of documents in collaboration with the different authorities like Bank managers, school authorities, PDS authorities etc.</li> </ul>	<p>Revenue LSGD Civil Supplies</p>
	<ul style="list-style-type: none"> <li>Wherever possible, the Government may consider additional cash assistance as a shock responsive social protection scheme. For instance, a person who draws pension for disability or elderly may be given additional assistance for next 3</li> </ul>	<ul style="list-style-type: none"> <li>Social Justice department and CSOs can extend the support</li> <li>As accessing banks may not be easy, cash transfers can be explored</li> </ul>	<p>Social Justice Revenue LSGD</p>

<b>Sector</b>	<b>Recommendations</b>	<b>Implementation Suggestion</b>	<b>Department (s)</b>
	months to meet their needs during the emergency period.		

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## Assessment Questionnaire

[Camp In-charge Tool](#)

[Camp Resident Tool](#)

[Focus Group Discussion Tool](#)

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