

Basic facilities- Water Sanitation and hygiene	Public health engineering, P&RD, Municipal Corporations/ Boards	<ul style="list-style-type: none"> All activities are well coordinated with relevant stakeholders as per common approaches and standards defined in the Assam DM Manual, 2015 ensuring that all critical WASH gaps and vulnerabilities are identified and addressed without duplication. All camp inmates have access to portable water (<u>at least 20 litres/person/day</u>) All camp inmates have access to toilet within 50 Meters from the designated residential spaces All male and female inmates have access to separate bath rooms in the camps All camps have arrangements for management of solid and liquid waste All camps have clean and functional waste water drainage Hygiene education and information in general more particularly related to safe and hygienic child-care and feeding practices are provided to all women and child caregivers in the camp. In all designated child-friendly spaces, 1–2 litres of drinking water per child per day (depending on climate and individual physiology); access to hygienic toilet or latrine squat hole and means handwashing after defecation with soap or an alternative; appropriate hygiene education and information are provided to children, guardians and duty bearers in CFS.
Food security and Nutrition	Social Welfare, Health and Family Welfare, Revenue and DM, Education	<ul style="list-style-type: none"> Child Friendly Spaces are operational in camps (as per guideline in Annexure-II) Activities related to nutrition of children and protection of vulnerable groups including children and women are well coordinated with all responsible stakeholders and ensuring that all critical nutrition related gaps and vulnerabilities are identified and addressed without duplication. All camp inmates have access to food in the camps as per norms All eligible mothers/lactating mothers in the camps are receiving counselling and guidance on Infant and Young Child Feeding All children with acute malnutrition in camps receive appropriate care and needed support Micronutrient needs of all pregnant women/lactating mothers and infant and young children are met with additional sources of micronutrients All camp inmates have access to information on nutrition in emergencies and various sources of getting nutrition services Breastfeeding corners are established in all camps in the designated child friendly spaces
Clothing	Revenue and DM	<ul style="list-style-type: none"> All inmates having need for climate friendly clothing have been provided with age, gender and size appropriate clothing as per norms
Medical Facilities and Psycho-Social Support	Health and Family Welfare, Social Welfare	<ul style="list-style-type: none"> Health related activities at camp level are well coordinated with relevant stakeholders at camp, Circle/Block and District level All camp inmates screened for diseases and necessary medical support provided All pregnant women, lactating mothers, infant and young children in the camp receive required vaccination and medication including measles vaccine, vitamin A and deworming medication in the relevant age group (as applicable)

		<ul style="list-style-type: none"> All camp inmates receive appropriate measures against protection of mosquito and vector borne diseases All camp inmates are given key health education/promotion messages through multiple channels. VHNDs are being held as per routine in the designated child friendly spaces running within the camps
Special provision for protection women, children and elderly	Child Friendly Space (CFS) Education, Social Welfare, PHED, Health and Family Welfare (as per guideline in Annexure-II)	<ul style="list-style-type: none"> All camps have child friendly spaces and all activities in Child Friendly Spaces in the camps are well coordinated with ensuring that all critical education gaps and vulnerabilities are identified and addressed without duplication. Child and adolescent friendly emergency non-formal programmes, including play and early learning for young children, are conducted in all Child Friendly Spaces as per the guideline All child friendly spaces are safe and free from violence, and children, including girls. Other activities including VHND related, breast feeding corner, WASH and Nutrition services and psycho-social care services are provided in a well-coordinated manner in the CFS
	Protection- Social Welfare (DCPU), Police, P&RD, Municipal Corporations/ Boards	<ul style="list-style-type: none"> All children, women and girls are protected and accounted for in the camps Systems are in place in all camps for reporting on grave violations and other serious protection concerns for children and women and are being utilized All camp inmates particularly children have access to psycho-social care support Appropriate care and support being provided to all elderly camp inmates above 60 years of age Systems are in place to prevent and respond to any protection risk including abuse, violence and exploitation of children and women and in camps

6. Expected Outputs

- District and Zonal Relief Camp Management Team
- Improved registration and documentation leading to better strategies for camp management
- Improved coordination among stakeholders for camp management
- Better delivery of services to displaced households during emergencies/disasters and taking shelter
- Improved care of vulnerable groups including women and children displaced during disasters taking shelter in relief camps
- Adherence to global, national and local policy standards
- Integrated service delivery through relief camps during emergencies
- Improved accountability to affected population
- Improved camp management over a period of time

7. Associated Documents

- Assam Disaster Management Manual 2015
(http://asdma.gov.in/download/assam_disaster_management_manual_2015.pdf)
- State Disaster Response Fund (SDRF) Guidelines (<https://pwwroads.assam.gov.in/schemes/state-disaster-response-fund-sdrf>)
- Child Friendly Spaces Guidelines (Notified)

Managing flood relief camps in context of COVID -19 outbreak in Assam
(Notified vide No. RGR/ASDMA.09/2014/323 dated 24th April, 2020)

Assam is approaching flood season. This year the challenge to support those who might get affected due to flood will be even tougher due to the ongoing COVID-19 pandemic across the globe which has also affected Assam. Relief Camp Management Guidelines are included as Appendix-XXXV of the Assam Disaster Management Manual, 2015². In order to be better equipped to deal with flood situation vis-à-vis COVID-19 context, this document has been developed to serve as an addendum. This document will be used by all District Disaster Management Authority (DDMAs), SDO (Civil) and Revenue Circle Officers for management of Relief camps during ensuing flood season.

Major highlights of the addendum to existing Relief Camp Management Guideline are as follows:

- **Relief Camps and Accommodation capacity to be earmarked in advance:** Identify additional relief camps in addition to the existing pre-identify camps as per population density of villages to earmark space for social distancing. Ensure 7 Sq. m. of area per person instead of 3.5 Sq. m. to validate social distancing of at least one meter between any two camp inmates (calculation of intake Capacity of Relief Camps are given in the table next page).
- **Toilets facilities and the populations:** Sufficient Toilet facilities have to be provided in proportionate to the intake camp capacity. Coordinate with PHE Deptt. to ensure the same.
- **Ensure sufficient sanitation facility:** Ensure sufficient Hand-wash/soap, sanitizers, masks for the camp inmates. The Relief camp premises should be strictly notified as no-spitting, no-tobaccozone.
- **Medical Support & Health Surveillance Team:** Daily monitoring (in place of weekly) of health condition shall be done by the health team on duty in the camp following all precautions and guidelines. Medical team should be armored with basic PPE for conducting screening during registration process. Pre-identification of the Medical facilities like Ambulances for transportation of infected, isolation facilities nearby etc. In case of sneezing, cough, fever & common cold, immediate medical supervision to be made and he/she may be kept separately as per COVID-19 norms & regulations.
- **e-Help desk:** e-Help desk should be facilitated in all Operational Relief camps with the help of *Pratirodhi Bondhu* as counselor/ facilitator. These desks will emphasis on the facilities available on the e-help platform (e.g. Telemedicine, e-pashu etc.), a joint venture of ASDMA and CSC-SPV.
- **Pratirodhi Bondhu:** The Revenue Circle Administration may engage Pratirodhi Bondhu volunteers available in the revenue circle as per the guidelines.
- **SOP for relief/cooked food distribution in camps:** SoP should be prepared in collaboration with ASDMA for distribution of relief items/cooked food adhering precautionary measure as per COVID-19 norms & regulations.
- **Arrangement for fodder Livestock:** Pre-identify the highland areas e.g. tea gardens etc. with green grasses for arrangement of the green fodder for livestock of the farmers/ camp inmates.
- **Quarantine/isolation facility:** Quarantine/isolation facilities may be identified on higher altitudes by the district administration for transfer of COVID-19 suspected cases.

The detailed addenda to existing relief camp management guideline are comprehensively cited in the table below for managing flood relief camp vis-à-vis COVID-19:

PARAMETER	ADDENDUM TO EXISTING RELIEF CAMP MANAGEMENT GUIDELINE
Camp Setting	<ul style="list-style-type: none"> • Ensure that existing buildings/spaces which are in use as quarantine centers shall not be identified as relief camps

² Assam Disaster Management Manual (2015)

http://asdma.gov.in/download/assam_disaster_management_manual_2015.pdf

	<ul style="list-style-type: none"> Notify more number of camps in advance with capacity of accommodation according to population density of villages to earmark space for social distancing. Identify new places for additional Relief Camps in highland areas. If possible draw lines in floor for specific accommodation. (Calculate the intake capacity of the relief camps as: $\text{Intake Capacity of Relief Camp (R. C.)} = \frac{\text{Floor Area of the R. C. (in sq. N.)}}{7 \text{ Sq. m.}}$ Notify the Relief Camps: Capacity for accommodation adhering to COVID-19 norms & regulations. Proper calculation of space available and the target population to be shifted to the camp shall be made to avoid over crowding 7 Sq. m. of covered area per person instead of 3.5 Sq. m. to validate social distancing of at least one meter between any two camp inmates. Wherever feasible, Separate room for elderly pregnant and lactating women and children upto 6 years should be allocated. Queue management practice maintaining social distancing Separate room in a separate building for the home quarantined who might be evacuated during the floods should be identified. Home quarantine guidelines shall be strictly adhered to for the building where home quarantined people are sheltered: http://asdma.gov.in/covid/Govt.%20of%20Assam%20Circular/ASDMA Home quarantine Ass. pdf
Temporary/ makeshift shelter	<ul style="list-style-type: none"> If Tents are used for shelter, these should be not erected closely. Minimum 20 meters distance shall be maintained between 2 tents 7 Sq.m of covered area per person instead of 3.5 Sq m to maintain should be ensured for maintaining a distance of atleast one meter between any two individuals. Efforts shall be made to avoid use of plastics, asbestos etc. in erecting makeshift camps.
Camp Administration	<ul style="list-style-type: none"> The Camp in-charge will coordinate with Pratirodhi Bondhu and e-Help initiatives to facilitate services. The Relief camp should be strictly notified as no-spitting, no-tobacco zone. List of camp in-charges shall be prepared and shared with all stakeholders in advance and training to camp in-charge. Sufficient Toilet facilities have to be provided in proportionate to the Camp capacity. Mandatory screening of all brought to the camp/seeking shelter in the camp shall be done for any health condition. Camp register should also maintain separately information about pregnant women, infants, elderly, people with existing health conditions and persons with disability. People presenting with fever and or fever like symptoms should be immediately segregated and taken for medical care. If required, such infected/identified persons should be shifted to designated quarantine/isolation facilities within the relief camps or location pre-identified by the district administration. Immediate information to 104 shall be provided for any case related to COVID-19 in the camp (asymptomatic and symptomatic). Special accommodation facility for elderly, pregnant lady and PwD (People with Disability) should be arranged. Each camp should have "Information Board" capturing contact details of key service providers for immediate support displayed in local language and Capacity of the Camp to accommodate inmates adhering the COVID-19 norms & regulations. Appropriate IEC for prevention of COVID infection to be displayed in local language using pictorial depiction and lesser text.
Basic Facilities	<p>Water:</p> <ul style="list-style-type: none"> Disinfection measures for drinking water shall be practiced for water provisioned for drinking to