

camp inmates.

- Hand washing bay shall be established in each camp with multiple hand washing points at appropriate distance with soap should be provided at entry and exit of camp
- Water shall be made available. Per person availability **shall be increased to 30 litre/person/day.**

Sanitation:

- All guidelines for sanitation facilities in relief camps should be strictly maintained
- Ensure sufficient Handwash/soap, sanitizers, masks for the camp inmates.
- Cleaning of common spaces shall be done thrice a day particularly handrails, door latches, switches etc. which are frequently touched
- Adequate disinfectant shall be made available in the camp.
- Mosquito control measures to be strictly followed

Food Storage and Distribution:

- Any food item brought to the camp must be sanitized appropriately as per disinfection protocol. All packed items shall be cleaned properly using disinfectants.
- Special care should be taken/ SoP should be prepared for distribution of cooked food adhering to precautionary measure as per COVID-19 norms & regulations.
- Food items provided to young children should follow global Infant and young child recommendations, and remain in line with Infant Milk Substitute Act available at: <http://www.bpni.org/documents/IMS-act.pdf>
- Proper food hygiene should be maintained by cook whether cooking is done family wise or a community kitchen is established.
- Kitchen and food storage area should be sanitized thrice daily and camp inmates shall be sensitized in this regard by camp-incharge/ frontline workers on duty.
- Appropriate IECs on food safety shall be displayed in the cooking and dining area. The IECs are available at: <https://fssai.gov.in/cms/coronavirus.php>
- Pregnant women and lactating mothers at the camp should be provided relevant information on covid19, pregnancy, childbirth and breastfeeding.

Clothing:

- Appropriate arrangements shall be made for detergents and washing spaces for camp inmates to maintain cloth hygiene.
- Adequate provision of bed-nets shall be made.

Medical and Psychosocial Support:

- Medical team should be armored with basic PPE for conducting screening during registration process.
- Pre-identification of the Medical facilities like Medical team, Ambulances for transportation of infected, isolation facilities nearby etc.
- Home quarantine people to be shifted to quarantine centers and they shall not be kept in the relief camps.
- 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.
- Any suspected case shall be immediately shifted to designated health facility/ quarantine centre.
- All protocols for safety of camp inmates and staff on duty shall be strictly adhered to.
- All other guidelines in the relief camp management manual regarding medical and psychosocial support shall be implemented.
- Standby arrangements for transportation of symptomatic cases shall be made in all camps with more than 200 inmates (in place of 500)
- Wearing of masks inside the camp may be made compulsory. Sufficient masks may be

	provided by the DDMA's.
Special arrangements for Children, women, physically challenged and elderly	<ul style="list-style-type: none"> • Identify and operationalize child friendly spaces for integrated service delivery to women & children. Maintain social distancing in all activities conducted. • Within CFS, ensure learning corners for 3-6 age group children and school children in the age group 06-14 years for engaging them in different learning and recreational activities maintaining social distancing guidelines. • Ensure availability of learning and recreational material (Anganwadi in a box or school in a box) for children in all learning corners. • Teachers and Anganwadi workers designated for Child Friendly Spaces shall take all precautions to keep themselves and the children safe. • Ensure appropriate care of breastfeeding and lactating mothers, promote breastfeeding and ensure access to basic nutrition for both mother and children. Ensure proper care and hygiene is maintained by pregnant women and lactating mothers. Some of the actions for different high risk groups include. <ul style="list-style-type: none"> ○ For under five children, following needs to be provided by the district health authorities: <ul style="list-style-type: none"> ▪ Counselling on age appropriate feeding including exclusive breast feeding (upto 6months) and complementary feeding (6-23months) ▪ IFA syrup for anemia prevention and treatment as per Anemia Mukht Bharat guidelines ▪ ORS packet and zinc as per-positioning for treatment of diarrhea ▪ Provision for regular screening for malnutrition and referrals to health facility ○ For pregnant women, following needs to be provided by the district health authorities: <ul style="list-style-type: none"> ▪ Antenatal check ▪ IFA and calcium supplements ▪ Resting area in relief camp ○ For lactating mothers, following needs to be provided by the district health authorities: <ul style="list-style-type: none"> ▪ IFA and calcium supplements ▪ Breastfeeding counselling and support ○ For elderly persons suffering from any chronic ailments like-hypertension, diabetes, previous lung disease, kidney disease <ul style="list-style-type: none"> ▪ Antihypertensives and antidiabetics ▪ Special attention needs to be provided to the elderly. They should be advised to be away from any sick person. ▪ Information on covid19 and NCDs can be accessed from https://www.who.int/who-documents-detail/covid-19-and-ncds • Separate register of under-five children, pregnant women, lactating mothers, elderly (more than 60 years age) and sick persons should be maintained • wherever possible separate arrangements shall be made for accommodation of high-risk population including elderly, ill, pregnant women, lactating mothers, infant and malnourished children etc • If any of the high-risk groups have any of the COVID symptoms, immediate transfer to designated hospital shall be made • Individual attention shall be given by the frontline workers to these vulnerable groups for ensuring maintenance of appropriate hygiene including proper and frequent hand washing with soap, cough etiquette.
Waste Management & Vermi Control	<ul style="list-style-type: none"> • Closed bins of different colours must be in place in all the camps for disposal of used items • Adequate stock of disinfectants shall be made available in the camps with designated sanitation worker to keep the camp sanitized
Security	<ul style="list-style-type: none"> • Roster based deployment police personal/home guard/VDP with basic PPE shall be made in each identified camp to manage crowd and to ensure decorum and safety • Police/VDP shall ensure social distancing during all collective process in the camp be it during registration, food/relief distribution and other such activities where crowd may gather • Appropriate planning and demarcations shall be made in advance to ensure social distancing

	<ul style="list-style-type: none"> • Proper time planning and shifts shall be identified to ensure proper crowd management
Risk Communication and Community Engagement	<ul style="list-style-type: none"> • All appropriate messages and communications in local languages shall be displayed in appropriate locations in the camp. • As feasible broadcast arrangements through radio/TV shall be made to inform the camp inmates on safety messages and evolving situation • All entitlements of the flood victims shall be displayed in form of a poster in the camps. • Proper feedback shall be collected from camp inmates on their needs and services provided in the camp using the scorecard developed by ASDMA. • Train volunteers/officials to help support with risk communication in the camps and also to capture useful cases, stories and interviews which can support government to act and also provide systematic information to media.
Arrangement for Livestock	<ul style="list-style-type: none"> • Pre-identify the highland areas (e.g. Tea Garden etc.) with green grasses for arrangement of the green fodder for livestock of the farmers/ camp inmates.
Closure of the Camp	<ul style="list-style-type: none"> • Before declaring the closure of the camp, inmates shall be asked/allowed to do proper disinfection of their flood affected shelters. • For those families losing their shelters due to flood/erosion (full damaged), appropriate arrangements shall be made.

Appendix A- Checklist for Relief Camp Management, DDMA/ SDO (Civil)/ RCO

Sl. No.	Action	Timeline	Status (Use ✓ to indicate completion)
Pre-Flood activities to be completed by DDMA/ SDO (Civil)/ RCO			
1	Revenue Circle wise list of relief camps and accommodation capacity with designated camp in-charges and intake developed/updated and notified	April	
2	Relief Camp wise child friendly spaces identified	April	
3	Letter of communication sent to all departments to ensure compliance to Relief Camp Management Guidelines and the SoP	April	
4	Relief Camp Monitoring team constituted and notified & Training	April	
5	Training of camp in-charge in the wake of COVID-19	April	
6	Departmental list of camp wise designated officials received	April	
7	Department wise one day orientation of designated officials on relief camp management conducted by respective departments	April	
8	Status of preparedness related to relief camp management taken from departments during Pre-Monsoon Preparedness meeting	April	
9	procurement of Gratuitous Relief items (e.g. pre-monsoon for flooding) which will be required for operationalizing relief camps completed (As appropriate)	April	
10	Pre-positioning of essential GR stock and departmental pre-positioning (as appropriate) against identified relief camps in strategic locations completed	April	
11	Mechanism for necessary transportation arrangements (road, water and air) to ensure GR is transported in time to each of the designated camps established	April	
12	Ensure that all measures of social distancing and other added actions as suggested in the addendum are ensured	April	
Actions to be taken At the warning stage by DDMA/ SDO (Civil)/ RCO			
13	Operational readiness review for relief camps conducted	On receipt of warning	
14	Instruction issued for setting up of camps	On receipt of warning & situational development	
15	Setting up of camps and provisions/functions of responsible departments reviewed	On onset of flooding and evacuation	
16	Setting up of Child Friendly Spaces and breastfeeding corners in designated camps reviewed		
Actions to be taken during Flood by DDMA/ SDO (Civil)/ RCO			
17	Relief Camp Monitoring team activated	When camps are operational	
18	Ensuring special care is taken to evacuate home quarantined persons including separate camp arrangements		
19	Camps are safe from all hazards and appropriate protection and vigilance arrangements being made		
20	Real time review conducted with Relief Camp Monitoring Team to ensure: a) Distribution of GR as per norms ensured in each camp b) Lighting arrangement in residential portion, toilets, and approach road ensured in each camp c) Potable water for drinking and other household purposes (at least 30 liters/person/day) ensured in camps. d) Separate, accessible (within 50 meters) and hygienic toilets ensured in camps. e) Hand washing bay with soap are available in the entry and exit. f) Separate bathing units for male and female are available in camps.	Once in every 2/3 days till camps are operational	

	<p>g) Separate food arrangements for children, pregnant and lactating women, ill and elderly are made as per need.</p> <p>h) Culturally and age appropriate clothing (if situation warranted) for inmates are arranged in camps.</p> <p>i) Sanitary protection for women and girls is provided.</p> <p>j) Health including regular RCH services, health and hygiene education and psycho-social care arrangements are made in camps.</p> <p>k) Security and protection arrangement including monitoring of situation of women & children as well as breast-feeding spaces are available in camps.</p> <p>l) Waste management facilities are functional in camps</p> <p>m) Operationalization of Child Friendly Spaces and breast-feeding corners in all camps</p> <p>n) Relevant SBCC materials in local languages are provided in camps</p> <p>o) Educational and recreational activities in child friendly spaces in camps following social distancing guidelines</p> <p>p) Social distancing in all collective actions.</p> <p>q) Proper disinfection as per guideline.</p> <p>r) Appropriate care and referral of suspected cases</p>		
20	Grievance Redressal mechanism for collecting and addressing feedback/complaints from camp inmates are established and functional at camp level	When camps are operational	
21	Real time instructions/directives to concerned departments to address grievances issued		
22	Real time functional mechanisms for ensuring accountability in camp management are ensured		
23	Closure of the camps declared considering the on-ground situation	Based on situational development	
Actions to be taken post Flood by DDMAs/ SDO (Civil)/ RCO			
24	Post Operation (Closure of camps) Visits conducted to assess the situation of the camps	10 days after closure	
25	Designated camps (particularly schools) are provided with resources/support towards cleanliness post closure of the camps	With 20 days of closure	
26	Post closure review meeting conducted to understand challenges, gaps and areas of improvement in camp management	Within 30 days of closure	
27	All related documents (needed for compliance) are properly managed		
28	Departments are instructed to conduct internal debriefing on lessons learnt		