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Meeting the Essential SRH Needs of Communities Affected by Landslides

2025

Wayanad, Kerala Response, India



Implementer Agency

Family Planning Association of India

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Kerala, India

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I. Background

On 30 July 2024, Wayanad was struck by devastating landslides following incessant heavy rains. A significant landslide occurred in the early hours of Tuesday, followed by multiple additional incidents throughout the day. The landslide started at Mundakkai, followed by three subsequent landslides within three hours. The government authorities set up 53 relief special service sessions in Wayanad for 6,759 displaced persons including 2,501 men, 2,677 women, 1,581 children, and 20 pregnant women^[1].

The landslides, triggered by unprecedented rainfall, claimed at least 231 lives, 212 body parts were recovered, with 119 people remained missing and 630 people injured. A total of 702 families were relocated. As of 24 August 2024, all relief camps in Wayanad were dispersed. In total 2,556 people were affected and scattered in different panchayats^[2] (source: Sphere India situational report)^[3].

In the initial period, Family Planning Association of India (FPAI) with SRPINT IPPF support conducted an emergency response. The response was led by FPAI's Trivandrum Branch, despite being located 460 km from the affected area. We had a discussion with Dr. Midhila Mallika, State Project Officer / State IAG Convenor Kerala State Disaster Management Authority (KSDMA) to seek their permission to initiate FPAI's humanitarian response in Wayanad. The branch staff visited Wayanad and held meetings with the District Collector, Deputy Collector, District Medical Officer, the Inter-Agency Working Group (IAG) Coordinator, Red Cross, and other local organizations to organize service sessions. During this initial visit, the IAG helpdesk was operational and supported efforts to gather information about the affected

population and their locations from the collectorate and allied departments.

By the last week of August, all relief camps in Wayanad were dispersed and the affected individuals were residing in government shelters or quarters, while some were staying in rental homes with the government covering the rent. Although the primary health centre offered general health services, sexual and reproductive health (SRH) services were not provided. To address this gap, FPAI identified service providers and established two mobile medical teams in Wayanad to deliver SRH services. Each mobile team consisted of a medical officer, a nurse, a lab technician, a counsellor, and two youth volunteers.

The teams were managed by the Branch Manager, a regular FPAI staff member, while the Project Coordinator (hired on a sessional basis for the Wayanad response project) coordinated the teams at the local level, organizing meetings with frontline workers and local volunteers to facilitate client mobilization for health service sessions. The Project Coordinator was responsible for overseeing meetings and health service sessions.

In collaboration with local authorities, orientation on the Minimum Initial Service Package (MISP) and Sexual and Gender-Based Violence (SGBV) was provided to the new response teams and local volunteers involved in the service sessions. The awareness sessions were organized for one and a half hours by the response teams in collaboration with the local service providers. The FPAI team worked closely with the Gram Panchayat^[4], local NGOs the health department, and the Kerala State Disaster Management Authority (KSDMA) to establish an

^[1] <https://reliefweb.int/report/india/local-situation-report-011-2024-landslide-kerala-august-05-2024>

^[2] Panchayat is the system of local self-government of villages in rural India.

^[3] https://www.sphereindia.org.in/sites/default/files/2024-08/SI_Sitrep-5_Wayanad_Landslide_26-08-2024.pdf

^[4] Gram Panchayat meaning "village council," is a basic governing institution in Indian villages, acting as the executive body of a village or group of villages, elected directly by the people, and part of the Panchayati Raj system (a system of local self-governance in rural India).

effective communication and coordination mechanism. This collaboration supported the setup of special service health sessions, waste management, the mobilization of the affected population through ASHA (Accredited Social Health Activist) workers and Kudumbashree^[5] worker.

Through coordination, the branch secured space at Nehru Yuva Kendras (NYK) – a youth organization to store commodities and furniture in Wayanad and received venues at the Gram Panchayats for conducting health sessions. Waste disposal was managed according to guidelines at Primary Health centre (PHCs), Community Health Centres (CHCs), and Family Health centre (FHCs), with support from the health department. Follow-up for referred clients, including the distribution of contraceptives, were carried out by ASHA workers and Junior Public Health Nurses (JPHNs).

The effective coordination enabled the branch to identify the target population and their living locations. Additionally, the branch conducted meetings with Panchayat officials to schedule the dates for health sessions.

The local Panchayat body of each location was briefed on the MISP (Minimum Initial Service) for SRH including referral pathways by FPAI staff. Panchayat ward members and Presidents of some area and other officials took part in the health sessions. The involvement of the ASHA workers, social leaders and ward members was effective in mobilizing the affected population to the sessions.

At the beginning of the health session, the FPAI staff conducted an awareness session on reproductive health, SGBV, STI/RTI /HIV, family planning methods, maternal and neonatal health (MNH) which includes the danger signs of pregnancy and newborn health. Apart from the SRH sessions, mental health issues such as stress, sleep issues and emotional imbalances were also discussed with the community members, encouraging them to share those

issues with the counsellors. Privacy and confidentiality were maintained by making counselling corners using tents, curtains, and maintaining adequate distance as per the space availability.

The affected population staying in dispersed locations made it challenging for the FPAI teams to reach a large number of people in a single health service/awareness session, taking much longer than expected to reach people in need of services. FPAI team conducted door-to-door visits to provide SRH services. Further, there was a local election on 13 November and before the election the activities were restricted. Given above, local government requested that FPAI provide services in extended period, and a no-cost extension for 2 months was approved and the response concluded on 28 February 2025.

^[5] A "Kudumbashree worker" refers to someone involved in the Kudumbashree mission, a Kerala government initiative focused on poverty eradication and women's empowerment, working within a community network to achieve these goals.

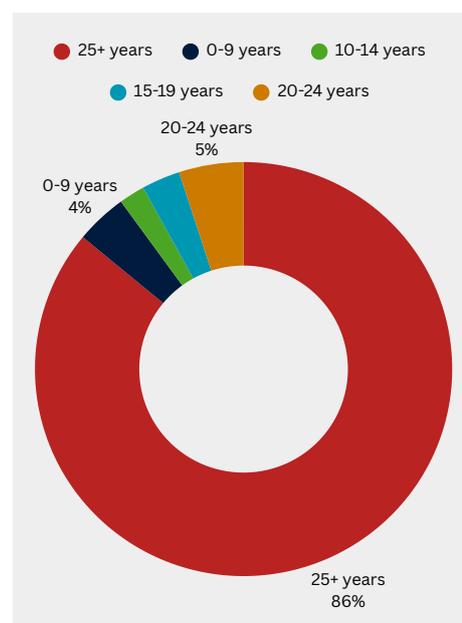
II. Summary of Achievements

Overall, FPAI reached 3,883 affected population i.e. 128% of target proposed (3,000), with SRH services and health information sessions. These include 2,640 women, 1,184 men and 9 non-binary persons. 59% (2,256) of the total beneficiaries were from various vulnerable groups including 1,741 persons with disability (PWD); 9 LGBTQ, 142 children (0-9 years); 347 young people (10-24 years); and 17 pregnant women and lactating mothers.

Health Service Sessions

In total 32 health service sessions were held against the proposed 27 sessions, reaching 3,559 clients including individuals from marginalized groups. Of the total of 2,421 women, 1,692 were women of reproductive age. Majority of the clients were from marginalized groups: 2,651 were BPL card^[6] holders; 1,741 were persons with disabilities; 352 from Scheduled Caste, Scheduled Tribes, Dalit Tribes or Nomadic Tribes; and 49 sex workers^[7]. Most clients were from the age group of 25+ years old (Figure 1). A total of 67,209 services were provided,

Figure 1: Number of clients by age group (n=3,559)



which includes 50,984 SRH services and 16,225 non-SRH services. All the clients received SRH services while 3,509 clients received non-SRH services (Table 1).

Table 1: Key Achievements

Key achievements	Women	Men	Non-binary	Total
No. of beneficiaries receiving direct clinical (SRH and non-SRH) services in camp settings	2,421	1,135	3	3,559
No. of SRH Beneficiaries	2,421	1,135	3	3,559
No. of SRH services provided	50,984			
No. of non-SRH Beneficiaries	2,395	1,111	3	3,509
No. of non-SRH services provided	16,225			
Total No. of beneficiaries reached including awareness sessions	2,640	1,184	9	3,833

^[6] BPL is one of the ration cards issued by a state government, qualifying households to buy food at subsidised rates. BPL cardholders mean that their economic status is low.

^[7] These categories are not mutually exclusive, i.e., there may have been some overlap between different categories, e.g., one individual may have been a person of disability, part of SC holding a BPL card.

Post-camp Community Visit

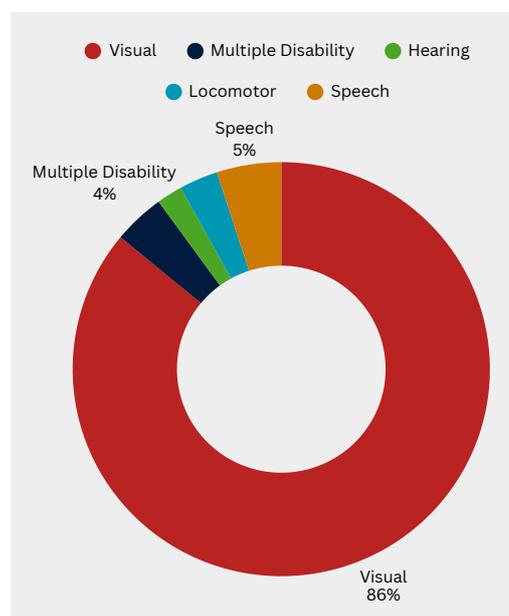
Each camp prioritized SRH sessions, while the medical teams visited the camp sites and the homes of individuals who were unable to attend the SRH sessions for disability and/or age. This proactive approach enabled the teams to reach out to 1,737 clients with various types of disability, particularly visual or physical disabilities (Figure 2).

Health Awareness Sessions

A total of 202 awareness sessions were conducted, reaching 3,833 beneficiaries. The session was conducted through discussion, IEC materials, videos, presentations, discussions and demonstrations of how to use the commodities especially the contraceptives (how to use condom, etc.). Each session lasted one and half hours and was facilitated by local volunteers, ASHA workers, Kudumbashree workers and peer volunteers from the affected population.

The response to the sessions was overwhelmingly positive, with more attendees than anticipated, indicating a strong demand for health services in these villages. During the sessions, participants were informed about the upcoming SRH camp the following day and available services.

Figure 2: Number of clients by type of disability (n=1,737)



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Table 2: Impact indicators^[8]

Impact	Impact indicators	Achievement
Demographic impacts	Unintended pregnancies averted	13
	Live births averted	2
	Abortions averted	10
Health impacts	Maternal deaths averted	0
	Child deaths averted	0
Economic impacts	Direct healthcare costs saved (AUD)	1,124
Couple Years of Protection (CYPs)	Total CYPs provided	39

^[8] The impacts reported in the table are estimates that are calculated with the MSI Impact Calculator (<https://www.msichoices.org/who-we-are/our-technical-expertise/impact-2/>) which uses country-specific data and the number/type of family planning services provided to estimate the impact of the response.

III. Achievements Against the MISP

MISP Objective 1

Identify an agency to lead the implementation of the MISP

In this response, FPAI held 41 in-person meetings with government and other NGOs at different levels, including state and district levels to conduct an effective response. Apart from the local government, FPAI Trivandrum team leveraged the existing partnerships with other local NGOs over the years while working on SRH, especially HIV/AIDS issues through their Targeted Intervention project which is supported by the Government of India. Partnership with 5 local NGOs and 1 CSR agency of Wayanad supported the response as follows:

- *Indian Red Cross Society*^[9]: Supported client registration, general health checkups, provided HIV screening kits and mobilised the clients.
- *Nebru Yuva Kendras (NYK) for youth volunteers*^[10]: Provided safe spaces for storage of commodities.
- *FLAME Kerala (Forum for Learning Action Monitoring and Evaluation)*^[11]: Supported client registration and mobilizing clients.

- *Rural Area Development Society (RADS - local CSO)*: Assisted to provide information on the local stakeholders and locations of the area where the affected population relocated.
- *Shreyas Service Organization*: Supported the branch in mobilising the clients, arranged the venue, the volunteers helped in registration and basic screening.
- *Harrisons Malayalam Limited (HML)*^[12]: Provided their dispensary for conducting the health sessions.

At the local level, meetings were held with Panchayat Officials, Health Officials, Peer Leaders of the affected population and the ASHA workers before planning the health service session. The ASHA workers in various panchayats helped the branch in community mobilization, identification of a venue for the camps, referral of clients, follow-ups, distribution of dignity kits etc. FPAI staff also met officials of Sphere India and IAG to understand the situation in Wayanad and to identify the location of the affected communities.

Table 3: Coordination meetings attended by FPAI

Number of Cluster / Coordination Meetings Attended	Local (District) Level	Local (Province) Level	National Level
SRH Sub-Cluster / Coordination	1	2	NA
SGBV Sub-Cluster / Coordination	1	2	NA
Other Coordination Meeting ^[13]	1	2	NA
Total	3	6	

^[9] <https://www.indianredcross.org/ircs/southzone>

^[10] <https://nyks.nic.in/>

^[11] A non-governmental development organization working in southern India for the uplift of marginalized society with a focus on sustainable development, since 2012

^[12] The second largest producer of tea in South India. Affected areas include where the affected populations are working in tea estate.

^[13] Including coordination meetings with the head of the health service to coordinate the provision of reproductive health information in school environments in the provincial and district areas, coordination meetings with stakeholders in village areas for service and awareness activities in affected village environments, coordination with the Head of the disability community, etc.

MISP Objective 2

Prevent sexual violence and respond to the needs of survivors.

In health awareness sessions, topics discussed included SGBV among others. IEC materials were distributed to attendees, and the communities were provided with a list of organizations offering services for GBV survivors, such as legal assistance, psychosocial counselling, and income generation programs. In health service sessions, after client

registration and basic screening, clients in need were provided with information on SGBV and psychosocial support. While the team was equipped to provide emergency contraceptive pills, it was not possible to provide PEP, which was only available at government-run centres. FPAI established an effective referral system for PEP. The SGBV services provided are summarised in Table 4.

Table 4: SGBV services

SGBV services	Women	Men	Non-binary	Total
Psychological / emotional abuse	73	5	1	79
Sexual Assault	3	0	1	4
Physical assault	11	0	0	11
Forced marriage	8	1	0	9
Psychosocial counselling	2,338	1,028	3	3,369
Denial of resources	2	0	0	2
GBV Counselling	84	5	1	90
Safety Plan	29	0	0	29

In this response, out of the 35 staff and volunteers involved, the majority (77%) were women. Of these staff and volunteers, all of them were trained in SGBV prior to the response.

MISP Objective 3

Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs

At the start of the camp, HIV/STI awareness sessions

were held for the communities, with IEC materials distributed and displayed. The teams provided both syndromic and etiological management of STIs. FPAI distributed 3,120 male condoms to 312 clients (Male-224, Female-85, Others- 3). None of the clients tested positive for HIV or VDRL.

Table 5: STI/HIV services

Indicator	Gender			Age		Total
	Men	Women	NB	<=24yrs	25+ yrs	
# of clients treated for STI through syndromic approach	5	704	0	32	677	288
# HIV Rapid test	41	247	0	24	264	1,460
# VDRL test (Syphilis)	420	1,038	2	179	1,281	

MISP Objective 4

Prevent excess maternal and newborn morbidity and mortality

The health awareness sessions covered topics on maternal and neonatal health, stressing the importance of skilled birth attendance. Additionally, a list of hospitals providing emergency obstetrics and neonatal care was shared. IEC materials on danger signs of pregnancy, and newborn complications were displayed. In this response, one pregnant woman was referred for obstetric complications.

MISP Objective 5

Prevent unintended pregnancies

The response teams provided short-acting reversible

contraceptives (SARCs) which were preferred methods than long-acting reversible contraceptives (LARCs) in the area due to concerns around possible side effects. Those who were interested in LARCs and permanent methods were referred to government hospitals. Majority of the clients were migrants from neighbouring states who frequently travel to different locations for unskilled work. With this background, coupled with their partners' opposition for LARCs, most clients preferred SARCs (Table 6).

Table 6: Contraceptive services

Contraceptive Clients	First Time Users			Returning Clients			Total
	10-19 Years	20-24 Years	25+ Years	10-19 Years	20-24 Years	25+ Years	
Oral Contraceptive Pill	0	0	0	0	8	79	87
Male Condom for Contraception				19	86	207	312
Emergency Contraception				0	2	8	10

Table 7: Contraceptive supplies provided

Contraceptive Consumption	Value	Unit
Oral contraceptive pill	184	Strips / Cycles
Male Condom	3,120	Piece
Emergency Contraception Pill	10	Cycle

MISP Objective 6

Plan for comprehensive reproductive health services integrated into primary health care

An exit plan has been developed. At the start of the Wayanad response, the branch trained two partner organizations on MISP for SRH, including NYK, the Indian Red Cross Society, local service providers, and youth volunteers. A total of 12 participants attended a one-day orientation program (8 women, 4 men). Additionally, the branch held two review meetings with partners and the response team to identify gaps and activities for capacity strengthening. One meeting took place in January, led by the Branch Manager, with 18 partners attending, and another in February, led by Humanitarian focal point from FPAI headquarters.

Referral systems have been established for the future delivery of comprehensive SRH services, with three sites: the General Hospital in Kalpatta, Wayanad Medical College, and the Mepadi Family Health Centre.

Challenges include the long distance to the referral centres and the lack of public transport in some areas, making it difficult for clients to reach the centres.

Priority Area

Ensure safe abortion care is available to the full context of the law in health centers and hospitals.

The branch established a referral system for safe abortion care services at nearby government hospitals, including PHC and Wayanad Medical College, and provided information on safe abortion services.

Although abortion is legal in India, access to safe abortion remains a challenge. Since all health service sessions were held in outreach areas, and it is legally required to provide abortion services only in registered facilities, only referral services related to abortion were provided to clients, as below.

Table 8: Abortion services

Indicator	Clients
# of clients who received pre-abortion counselling	9
# of clients who received post-abortion counselling	14
# of clients referred for abortion services	9
# of clients who have adopted a post-abortion contraceptive method	1

OTHER

Treatment of other SRH-related and general health conditions

The target areas were not part of FPAI's usual operational zone, and the local population was not familiar with the core mandate of FPAI. As a result, clients sought non-SRH services as well, which FPAI teams had to address alongside SRH services, as the Indian Red Cross Society were not providing non-SRH services to the general population with their focus being primarily on first aid and sex worker project.

437 women and 6 men who were found anaemic, FPAI provided iron tablets during the camp.

IV. Accountability to Affected Populations

	SPRINT M&E Framework Indicators	Achievement
1	Percentage of beneficiaries satisfied with services	97%
2	Percentage of marginalised persons reported access to SRH services under SPRINT response	59% (2,256: 1,741 PWD; 9 LGBTQ; 142 children; 347 young people; 17 pregnant women)
3	Number of beneficiaries with a disability reached	1,741
4	Percentage of female members in response teams	75%
5	Community feedback mechanism in place (e.g. exit interview, FGDs, etc.) to provide feedback	Write up shared below on client exit interview

Client-exit interviews were conducted with total 164 clients from 32 health service sessions. Most of the respondents were women and girls (75%). Analysis of client-exit interviews indicates that 97% of the clients were overall satisfied with the services. All the respondents received the services for which they came for. The respondents were asked to rate how satisfied with various aspects related to the service provision in a scale of 1 to 10, and 95% rated between 7-10 for the services received on that day. The male clients gave a suggestion to depute male doctors for the camp. The clients were satisfied with the respect accorded by the staff specifically Staff Nurse or Medical Doctor. Some of the aspects liked by the respondents included: counselling which gave them relief services received at free of cost; one-on-one counselling services; non-judgmental attitude of staff; supportive and good communication of staff; awareness session prior to receiving services; and privacy during medical check-up and examination. Some of the suggestions for improving services included: organising more service sessions;

including awareness /counselling session for youth awareness on cancer/testing; including a thyroid test facility in the session; more doctors since it takes time for consultation and there were long ques, more awareness sessions, provision of drinking water to the beneficiaries, and provision of more medicines especially for chronic diseases.

In addition, feedback / suggestions about service session were gathered from the key persons from the community, local NGOs and Panchayat. Some of the suggestions include requests to conduct more service sessions in different areas of the district, more cervical cancer screening, and similar follow-up camps/visits providing comprehensive SRH services to reach more clients.

V. Challenges and Lessons Learnt

There were numerous challenges encountered during the response, including the following:

- The affected population was spread out across multiple locations, taking long time for response teams to travel from one area to another. Travel options were limited because of damaged roads.
- The community was largely unaware of the available sexual and reproductive health services. In this context, it was important to engage the local service providers, other partners and local communities in the areas.
- Misinformation or stigmas around contraception discouraged individuals from seeking services. Response teams organized health information sessions before the service sessions to sensitize the population and to generate demand. The use of IEC materials and visual aid in local language proved particularly effective.
- Raising awareness on various SRH topics such as SGBV, contraceptives, abortion, etc. was risky for outreach team and service providers in some areas due to local religious and cultural beliefs. In some cases, decisions regarding contraception were male-dominated, leading to a lack of autonomy for women. In these cases, only the female clients entered the consultation room where the donor and the counsellor interacted with them privately. FPAI maintained low profile and provided one to one counselling for the female clients on these sensitive topics, stressing the health benefits of contraceptives for women and the entire family.

A few other highlights are as follows:

- Youth members played an active role in the success of the camps, demonstrating effective teamwork and time management throughout the initiative. Their support was vital in the registration process, directing clients to the service sessions, managing the crowd, transporting commodities to support the services, and setting up the tents, among other tasks.
- The Madurai Branch of the FPAI supported the Trivandrum Branch in organizing awareness sessions and providing SRH services in Wayanad.

Appendix: Images



Clients receive vital health check-ups during registration at Chooralmala health camp.



One to one counselling of the clients on FP, SGBV, STIs, SRH and overall wellbeing at a mobile health camp in Chooralmala, Wayanad landslide response, India



At the doctor's consultation corner of the mobile health camp in Chooralmala, clients get check -ups and referrals for further medical examination

Clients at the Chooralmala mobile health camp, set up for the tea garden workers affected by the landslide in Wayanad, Kerala, India





Registration

Doctors
Consultations



Medicine
Distribution

Awareness
Sessions





Counseling session_ SRH Tent



Location of the camp setting

Stock taking and separating the commodities by the staff



Counseling in Shelter Home through Outreach

Orientation Session on MISP for SRH and other topics delivered to the Response Team and partner organization staff



