Cyclone Amphan made landfall on the West Bengal coastline on 20th May 2020. A multi sectoral joint rapid needs assessment was conducted by members of State IAG West Bengal.

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State Inter Agency Group
West Bengal
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Acknowledgment

This Joint Rapid Need Assessment (JRNA) would not have been possible without the cooperation and constant support of the team members, local member organizations of State Inter Agency Group, West Bengal and district officials 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.

However, we would like to acknowledge, with deep gratitude, the guidance, cooperation and support extended by the senior District and Block officials of Government of West Bengal. The team is especially thankful to all the sansad members, pradhans and local volunteers who helped us gain better understanding of the situation on ground.

The team also gratefully acknowledges the support from State Inter Agency Group Executive Committee members and NGOs / Donor Organizations and their partners in the state of West Bengal for providing valuable inputs and coordinating the assessment process and providing logistical support.

And, above all, the communities of affected areas of West Bengal, who, keeping aside their own problems, gave us a patient hearing and endeavoured to answer all the questions put to them, without any reservations.

This report is dedicated to all the families of Cyclone Amphan affected population and the returnee migrants in the state/ region who were strong through their sorrows, offered us warm hospitality and taught us to believe that there is always a new morning.

Convener
State Inter Agency Group
West Bengal
12 JUNE 2020
Reporting Team

The team consulted District Disaster Management Officer, Sub Division Disaster Management Officer, Block Development Officer, Block Disaster Management Officer, Block Sanitary Inspector, Engineer, Gram Panchayat Pradhan, School Teachers, ANM, ASHA, Doctors, Community Representatives, affected Community Members.

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Joint Rapid Need Assessment

As per State Inter Agency Group West Bengal Standard Operating Procedures, adapted to address the COVID-19 pandemic scenario prevailing in West Bengal, Joint Rapid Needs Assessment (JRNA) were conducted across the super cyclone affected districts of the state through field visits, sample survey, focus group discussions. Also, some information was collected remotely using smartphones. The aim was to gather information on Humanitarian Response initiatives, disseminate the information to other State, National and International level agencies, collation & analysis of the findings as well as recovery needs. This was truly an experience of Multiple Disaster with COVID-19 as a pandemic and on the top of it some parts of the state faced the Super Cyclone AMPHAN – completely new for all. However, the Humanitarian Response activities need to be seen with a different lens than conventional approach of Disaster Management activities.

Disclaimer

The interpretations, data, views and opinions expressed in this report are collected from various sources including Government of West Bengal, NDMA/Government of India, field assessments by the Partners of the State Inter Agency Group-West Bengal (IAG-WB), assessments of the Community Based Organisations (CBOs), other agencies took initiative in Humanitarian Assistance activities and from media sources. It does not necessarily carry the views and opinions of any humanitarian organisation or State IAG West Bengal (inter agency platform for agencies working in risk reduction and humanitarian response/recovery work and to promote GO-UN-NGO coordination in the state) as a collective directly or indirectly. It is interpreted only for assessment purpose.

Note

The report may be quoted, in part or full, by individuals or organisations for academic or lobbying and advocacy and capacity building purposes with due acknowledgements. The materials in this document should not be relied upon as a substitute for specialized, legal or professional advice in connection with any particular matter. The materials in this document should not be construed as legal advice and the user is solely responsible for any use or application of the materials in this document.
Executive Summary

As Regional Meteorological Centre Director G. K. Das described Cyclone AMPHAN (pronounced UM-PUN) is the “strongest cyclone to hit Kolkata in this century” in terms of wind speed and the second Super Cyclone since 1999. The cyclone, whose eye was about 30 kilometre in diameter, made landfall with gusting winds of up to 185 kmph and waves about 15 feet tall in the coastal areas of West Bengal. Wind speeds in Kolkata, Hooghly and Howrah ranged between 110 kmph and 120 kmph, gusting to 130 kmph. The cyclone made landfall on the coastal belt of West Bengal near Digha and completely disrupted essential services and livelihoods across the southern part of West Bengal and even in some of the northern districts of the state.

The cyclonic storm accompanied with heavy rain coincided with the astronomical tide, resulted in storm surges with waves up to 15 ft. in height and ravaged Kolkata and several parts of West Bengal as it left behind a trail of destruction by uprooting trees and electric posts, destroying thousands of houses and swamping low-lying areas of the State.

The main impact of the cyclone has been felt in 10 districts, including 3 coastal districts and the State Capital, Kolkata. It is estimated that about 13.6 million people were severely affected (including approximately 0.544 million boys and girls). Media sources pin the number of casualties at 86.

A snapshot of the numbers is given below:

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1 Average Family size being 5 and approximately 2 children per family

2 Source Press Release, GoWB, printed on AnandabazarPatrika (National Daily in Bengali,) dated 23rd May 2020
Introduction

Cyclone Amphan (pronounced UM-PUN)

Super Cyclonic Storm AMPHAN was a powerful and deadly tropical cyclone that caused widespread damage in West Bengal and Bangladesh in May 2020. It was the strongest tropical cyclone to strike the Gangetic Delta since SIDR in 2007 and the first super cyclonic storm to occur in the Bay of Bengal since the 1999 caused devastation in Odisha. Causing over US$13 billion of damage, AMPHAN is also the costliest cyclone ever recorded in the North Indian Ocean, surpassing the record held by Cyclone Nargis of 2008.

The cyclone, equivalent to a category-three hurricane, tore through thickly populated areas of Southern Bengal, making landfall on the coast across Sunderbans at sustained wind speeds of 170 km per hour, with gusts of up to 190 kmph and storm water surges of up to 16 feet. The plight of 28.56 lakhs houses who have lost their dwelling houses has been made worse in a situation when the COVID19 pandemic is raging across the region. The cyclone made landfall on the coastal belt of West Bengal near Digha and Sundarbans and completely disrupted essential services and livelihoods across the southern part of West Bengal and even in some of the northern districts of the state.

The combined effect of COVID 19 and AMPHAN has put a huge challenge in rescue work and made the situation even more complex.

Background/Context:

The cyclonic storm along with heavy rain coincided with the astronomical tide, resulted in storm surges with waves up to 15 ft. in height and ravaged Kolkata and several parts of West Bengal as it left behind a trail of destruction by uprooting trees and electric posts, destroying thousands of houses and swamping low-lying areas of the State. Cyclone AMPHAN, hit West Bengal on May 20 claiming 86 lives so far and affecting over 10 million people in the state of West Bengal. The powerful storm ripped through West Bengal and neighbouring Bangladesh.

The storm in West Bengal caused massive damage to standing crops, thousands of trees were uprooted, power and water supply was interrupted throughout the state including the State capital Kolkata. Many in the state have lost their assets like their houses, sheds of the kitchens, livestock, toilets, water sources, etc.

Measures to check the spread of COVID-19 pandemic has compounded efforts to keep people safe from cyclone AMPHAN at a time when migrant workers were returning back home from their work places.

Md. Ziaul Ahmed has fearful memories of howling winds blowing away tin-covers of houses when cyclone Amphan hit the eastern coast of India on May 20. The 35-year-old who lives in Kultali island of Sundarbans, the world’s largest mangrove ecosystem, considers himself lucky to have survived after having being shifted to a relief camp by a rescue team, hours before the disaster struck.
Cyclone AMPHAN made its landfall between Digha in West Bengal and Hatiya island in Bangladesh on the afternoon of May 20, as a very severe cyclonic storm with sustained wind speeds of 155-165 kilometres per hour spiralling up to 185 kilometres per hour. The coastal state of Odisha and the neighbouring country of Bangladesh were also impacted by the cyclone. Measures to check the spread of COVID-19 pandemic have compounded the challenge of keeping people safe from Cyclone Amphan even as migrant workers return home.

### Effect at a glance

<table>
<thead>
<tr>
<th>Affected Districts</th>
<th>10 districts affected, including 3 Coastal districts[^1]</th>
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<tbody>
<tr>
<td></td>
<td>- Kolkata</td>
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<tr>
<td></td>
<td>- South 24 Parganas</td>
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<tr>
<td></td>
<td>- North 24 Parganas</td>
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<tr>
<td></td>
<td>- East Midnapore</td>
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<tr>
<td></td>
<td>- West Midnapore</td>
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<td></td>
<td>- Howrah</td>
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<td></td>
<td>- Hooghly</td>
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<tr>
<td></td>
<td>- Nadia (Partly)</td>
</tr>
<tr>
<td></td>
<td>- East Burdwan (Partly)</td>
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<td>- Murshidabad (Partly)</td>
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<table>
<thead>
<tr>
<th>Damage Data</th>
<th>86 deaths</th>
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<td></td>
<td>384 blocks / municipal corporation / municipality affected</td>
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<tr>
<td></td>
<td>The West Bengal government estimates that 21,560 sq km of area has been affected in the cyclone impacting the lives of millions of people</td>
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<tr>
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<td>13.6 million people affected / 28.56 lakhs households affected</td>
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<tr>
<td></td>
<td>0.618 million people evacuated</td>
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<td>5136 relief camps</td>
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<td>1500 Gruel Kitchens</td>
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**Source Press Release, GoWB, printed on Anandabazar Patrika (National Daily in Bengali,) dated 23rd May 2020 (see : Annexure I)**

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<tr>
<th>Other Damages</th>
<th>Around 5 lakh trees have been uprooted</th>
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<td>There has been severe damage to education related infrastructure and 12678 ICDS Centers damaged.</td>
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<td>Around 17 lakhs hectares of agriculture land crop (including paddy and vegetables) loss reported from various districts mainly paddy and vegetables, betel vine</td>
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<tr>
<td></td>
<td>250556.17 hectares Betel vine, Litchi and Mango orchards lost</td>
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<td></td>
<td>Around 21.22 lakhs animal losts</td>
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<td>Fishing community have lost their boats and nets (to be quantified in detailed needs assessment)</td>
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<td></td>
<td>All electric poles have been uprooted in the severely affected districts</td>
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**Source Press Release, GoWB, printed on Anandabazar Patrika (National Daily in Bengali)**

[^1]: Red- worst affected, amber – moderately affected, green – partially affected
Joint Rapid Need Assessment

In this situation the State Inter Agency – West Bengal designed Joint Rapid Need Assessment of the damages caused by the super cyclone in the pandemic situation of COVID 19 in West Bengal in collaboration with all the organizations of the IAG-WB.

Objectives and processes

The objectives of the Joint Rapid Need Assessment (JRNA) are given below:
- Collect information related to humanitarian needs in the Cyclone Amphan affected districts from primary and secondary sources of data
- To estimate the damage caused by the super cyclone
- Provide an overview of the assessed districts in the state including the demographic and socio-economic profile of the community at risk
- To undertake sector wise assessment for the damage caused and the impact on general people
- To design intervention plan and reach out to the most marginalised
- To submit the report to Government departments for immediate response
- Provide recommendations for addressing the critical gaps in the Covid19 informed Cyclone Amphan response programming to support an informed decision making for the next phase

Methodology

The methodology included collection of primary and secondary data at all levels including the State, Districts, Blocks, Gram Panchayats and Village levels from the District IAG members as well as the Government Institutions. With the help of the Common Assessment Tool, Key Informant Interview (KII) and Focus Group Discussions (FGD), the primary data was collected from the Village, Gram Panchayats, Block and District levels. The steps used in the complete process have been outlined as below:
1. Orientation on JRNA process and tools by lead organization at each district.
2. Identification of worst affected blocks based on primary and secondary data in consultation with the district IAG Members.
3. Identification of worst affected Blocks/Panchayats/Village in consultation with District EOC/Disaster Management Officers/BDO/NGOs
4. Field assessment with FGD, Key Informant Interview (Maintaining the Physical Distancing protocols and all guidelines to prevent & protect from Corona Virus infection), Geo-tagging pictures.
5. The Joint Rapid Needs Assessment (JRNA) was carried out in 194 worst affected villages of 3(three) districts (South 24 Parganas and North 24 Parganas, East Medinipur) in West Bengal in joint collaboration with State IAG and its associated member Organizations those who are presently working in the above mentioned districts.
7. The JRNA includes first-hand information received through Situation Reports from our associate agencies working in the affected districts, Focused Group Discussion and secondary data from Government Sources.
8. Debriefing by the field assessment team
9. Data entry/compilation
10. Data analysis and Reporting by the lead organizations
11. Draft JRNA Sharing
12. Sharing of final JRNA Report

**DATA TYPE**

The assessment used the problem-oriented research method using quantitative and qualitative data collected from the primary and secondary sources. The assessment followed mixed methods broadly characterized as:
- Desk review of secondary sources
- Primary data collection through JRNA tools
- Data tabulation, synthesis and analysis

Available reports such as humanitarian agency reports, policies and institutional frameworks related to Disaster Risk Reduction, media reports and government notifications & publications were reviewed. Among the AMPHAN affected Districts, three districts (East Medinipur, North and South 24 Parganas) were selected based on the review of first-hand operational information from IAG Members and colleagues in the field, secondary information and the following indicators:
- High level devastation,
- Presence of very few humanitarian agencies for linking response and recovery to long term development (LRRD),
- Gaps in the ongoing relief operations

The data collected from various primary and secondary sources were analyzed and interpreted to arrive at conclusion in the light of need and possible intervention.

**LIST OF STAKEHOLDERS CONSULTED (following COVID – 19 Protocols)**

1. District, Block and Panchayat Raj Institution (PRI) Members of the selected areas
2. Local community including members form the marginalized and vulnerable community, widow, elderly, women, children, differently abled, etc.
3. Primary stakeholders
4. Teachers
5. Community leaders, religious leaders, key influencers in the community
6. Local organizations at different places

**LIMITATIONS AND CHALLENGES**

1. The assessment was carried out in different geographical locations across the districts
2. The damage and needs in each district may be different and unique
3. An attempt has been made to standardize and harmonize the findings of the needs emerging from assessed districts
4. Lack of time for detailed damage or needs assessment on field and COVID – 19 pandemic
5. Communication channels disrupted or non-functional in many of the affected areas therefore delayed or restricted inflow of information

### Timeline

- The Online Emergency Coordination meeting was held on 22.05.2020 with the district IAG members. Another meeting was conducted on 27th May 2020 where decision was taken by understanding the situation of the scope to conduct JRNA to understand the situation as well as the need of the affected population.
- The JRNA was conducted on 29th May 2020– 3rd June 2020 simultaneously in the worst affected districts by maintaining the protocol of COVID 19.
- Assessment team debriefed and conducted primary tabulation of findings, analyzed data and took the responsibility of drafting JRNA Report on 4th June 2020.

The first draft of JRNA report of AMPHAN was shared with the team members on 8th June 2020.
The major findings and analyses contributed to, by the members of State IAG West Bengal have been delineated below sector wise.

**Water, Sanitation and Hygiene Promotion**

**Findings and Analysis**

- Existing deep tube wells (approximately 800 to 1200 feet) with hand pumps, ponds (in badly affected villages), packaged drinking water (largely during the first week of emergency) and tankering are the sources of water supply. The aprons around the hand pumps are either damaged or poorly constructed.
- In North 24 Parganas and South 24 Parganas districts respectively 81% and 93% of the assessed HHs have toilets.
- In North 24 Parganas district out of the total number of the HHs with toilets mentioned above, 83% HHs toilets have either been fully or partially damaged and therefore there is no access. As a result, they are going for open defecation.
- As a cumulative in the studied areas 54% are now (post AMPHAN) goes for open defecation. 46% are using Households or community latrines.
- Average distance of water sources from toilets range between 25m in South 24 Parganas to 200m in North 24 Parganas.
- In North 24 Parganas& South 24 Parganas districts 30% and 60% of HHs are without access to safe drinking water respectively.
- 10% and 29% of the affected HHs have no water containers for safe storage of drinking water in North and South 24 Parganas respectively.
- Of the total affected HHs in North 24 Parganas, around 61% and 39% are dependent on pond and handpump for drinking water respectively.
- Fig 2 describes the sources of water contaminated or at risk of contamination. It depicts that 91% water is contaminated and the remaining 9% is at risk in the affected districts of West Bengal. Water sources are inundated due to the intrusion of storm surges inland, which led to the contamination of safe drinking water. Also due to power disruption and damages the water supply through the Public Health Engineering could not be restored for weeks.
- Fig 3. Depicts that 42% of the population had access to sufficient water for 1 week, 31% population had access to sufficient water for 2 weeks and 15% population had the availability of water for more
than 3 weeks and the left 12% population could not be reached. However, this is difficult to establish. May be what the survey team members wanted to capture could not be well interpreted. It's a fact that in no way 42% of the population in rural Bengal can store water for 1 week. Even if we consider the local fresh water ponds, not inundated by saline water. Those were all filled with leaves of Eucalyptus, Lambu, Mehagini, etc. and the entire water body got contaminated, fresh water fishes died and the water was not in a condition to touch even. Foul smell was there in the entire area for more than a week since AMPHAN. Due to the high tides and low tides, the affected coastal districts river water is rising thrice a day which is a big constraint to repair the embankments as well as to check intrusion of saline water to contaminate the sources of fresh water bodies.

The pie chart demonstrates the post disaster access of water to all (PWD/SC/ ST/ Minorities) at the affected districts of West Bengal. As we see, 48% population had access to water regardless of caste, colour, creed, religion, differently abled, etc. But due to the prevalence of the discrimination in the society still there is 43% population who were not allowed to have access to the water for the total population.

The pie chart depicts the status of water containers of appropriate size and type is available with the affected population for storing clean water for drinking, cooking, etc. 12% of the population have such suitable containers like water bottle, steel pot, plastic bucket, etc. for storage of water but due to the huge devastation of AMPHAN, there is nothing left which also includes home essentials and it has resulted in 88% population without having any containers to store water.

![Collection and Storing of Water Pouch](image-url)
Recommendations

- Provision of cotton masks and promotion of Physical distancing is the need of the hour in relief camps.
- Moreover where the people have not shifted they also lost their masks and neither they have the capacity to buy again, nor it’s their priority;
- Potable drinking water is required for the affected and displaced population
- Water Surveillance to ensure access to Safe Drinking Water and change of behavior;
- Ensuring provision of safe drinking water at household level maintaining WHO recommended household treatment & safe storage (HWTS).
- Provide water treatment kit to ensure access to Safe Drinking Water. Keeping in mind the socio-economic profiles of the people in the rural areas provisions should be for ‘easy-to-operate’ treatment systems to avoid dependency on electricity as well as on other types of fuel.
- Providing adequate and appropriate water storage containers to prevent the risk of contamination.
- Drinking water sources like open wells and hand pumps need to be cleaned, disinfected and restored for reuse.
- The damaged drinking water sources i.e. open wells and hand pumps need immediate repair. In Patharpratima block, South 24 Parganas district 15 PHE Pumps don’t work as there is no electricity. However, because of leakage in the pipelines people don’t use supply water for drinking as they have presence of worms in the supply water was common.
- Provision of bleaching powder for disinfection (of surrounding, drinking water sources commonly touched surfaces in relief camps, etc.)
- Integrated disease prevention and health promotion with focus on environmental sanitation and vector borne ailments
- Disinfectants and equipment for cleaning toilets, handpumps and open wells can be salvaged
- There is an urgent need for the medical team to organise measures to prevent from outbreak of health epidemic.
- Provide immediate, safe and private excreta disposal facilities, especially for women and adolescent girls.
- Construct appropriate/technically feasible emergency communal latrines (separate for men and women) for IDPs in self-settled camps residing on roadside, embankments and in villages. Provide hand-washing facilities next to the latrines.
- Provide support for reconstruction of superstructure over the toilets
- De-sludge the toilet wherever required
- Provide support for repair of toilets to prevent open defecation
- Construct appropriate bathing and washing places for women in the self-settled camps.
- Adequate provision of bleaching powder for areas where water has started to recede.
- Ensure stock and use of ORS in cases of diarrhoea.
- Ensure stock and use of water purification tablets and/or other water purifiers or dry wood for boiling water.
- Special community awareness programs on diarrheal diseases/ vector born disease-malaria need to be carried out for all communities Awareness programs need to be backed up with supply of ORS.
• Provide WASH NFI (hygiene kit, clothes, buckets, household water treatment kit, water disinfection tablets) as emergency support to help families to get back to normal ways of living and practice hygienic ways of handling drinking water and personal hygiene.
• Menstruating Girls and women need Sanitary Towels, which can be produced by the local SHGs and the producers will get an opportunity to earn;
• Mosquito Nets can be provided as people need to be saved from other vector borne diseases as well as from snake bites during the rainy season approaching soon;
• Soaps and detergents can be distributed as people need more for frequent hand wash and washing their cloths and utensils.
• Awareness on Domestic Waste Management like to address the disposal of plastic wrappers, carry bags, torch or pencil batteries, medicine strips, cottons/ swabs and making ECOBRICKS with the garbage can again leave a positive impact on environmental sanitation, this will also help preventing the drainage systems to choke and become hazardous. On the other hand, people can be given orientation for effective use of other wastes like aerobic composting instead of pit composts, so that they will be able to collect the leachate, which can be used as plant nutrients as well as bio-pest control.
• Awareness on Rain Water Harvesting and the impact of less use of Ground Water, this would have a long-term benefit in terms of mitigating increase of salinity in the ground water.
RIVER EROSION AT BASANTI AMRATA LA,
BASANTI BLOCK, SOUTH 24 PARGANAS
Food Security, Nutrition and Livelihood

Standing crops worth tens of millions have been destroyed in millions of hectare fields in Bengal, on the point of being harvested, especially ridge guard, bitter gourd, pointed guard, okra, elephant foot, arbi, cauliflower etc. Farmers are bearing huge losses as almost every vegetable field has been destroyed due to the cyclone. Managing to maintain physical distancing under such circumstances is even more difficult. The challenge of returning the amount of loan is continuously haunting farmers as they do not even have the money to sustain life. And the rising temperature is intensifying their problems.

- Paddy fields, vegetable gardens, betel vineyards, traditional paddy store houses have all been destroyed.
- Orchards like lemon, mango, jack fruit, litchi, jamuns are damaged very badly. Some big trees are uprooted, lemon orchard destroyed completely and other fruits like mango, jack fruit, jamun litchi, etc. which are cash crops are completely damaged. Farmers said 80% mango and litchi production has been completely destroyed and the people took those orchards on lease faced a huge economic loss, which were invested through loans from the informal sectors.
- The colour of leaves of palm trees, coconut trees, big tamarind trees etc, those with smaller leaf surface areas have turned red, giving a burnt look.
- It is exquisitely elaborated by the villagers that during the cyclone, there was a mist all around and the saline waters has been sprayed towards 3-4 km inland from the river/ocean side.
- The facts actually corroborated with the visual experience in G plot, Mousuni and Sagar.

Findings and Analysis

- A total of 1350 and 170 hectare of crop area was affected in the assessed areas of the 2 districts of North and South 24 Parganas respectively (data of studied areas)
- In North 24 Parganas and South 24 Parganas districts respectively 2200 and 3610 animals (including big, small and poultry) were affected (data of studied areas)
- Almost 88% of the assessed HHs in North 24 Parganas district and almost 71% of the assessed HHs in South 24 Parganas districts practice agriculture as a major source of livelihood
- Almost 40% of the assessed households in North 24 Parganas district and almost 8% of the assessed HHs in South 24 Parganas district work as daily wage labour for their livelihood
  - From North 24 Parganas district 20% of the assessed HHs informed that their livestock population, including the fresh water inland fisheries got severely damaged. Informants of the assessed HHs in South 24 Parganas district reported the loss was approximately 9%.
  - In North 24 Parganas district 60% of the assessed HHs reported at the time of assessment that they have food availability only for a week and 40% of the assessed HHs informed that they have food available for 1-3 weeks
  - While in South 24 Parganas district, almost all the HHs informed that they have food available for less than a week only
  - In North 24 Parganas district, none of the assessed HHs received any government support whereas in
South 24 parganas district 2% of the HHs reported that they received some government relief.

- Fig 1.in this section (Food availability in the affected area) represents that there is only 2% population have food available for a month or more than a month. As the most of the houses are fully damaged, food stored were also destroyed. The food availability for 1-3 weeks were only 19% and 81% of the population were without food after a week of the downfall of AMPHAN. Most of the families were at the multipurpose cyclone shelters, some with relatives and few started to return to their places.

- Fig 2. shows the significant changes in the total amount of food that children are consuming since the disaster, 16% of the children are getting the same amount of food they used to eat, 32% of children are lacking the same amount & quality food and rest 52% children information is not available due to the post effects of the cyclone, it could be reached. The large population of the children are not getting nutritious food that may result in malnutrition. As reported, many Anganwadi centres are also damaged in the cyclone. In many Blocks of South 24 Parganas and North 24 Parganas districts, the supplementary cooked food distribution has been temporarily stopped and due to COVID 19 situation some centers distributed dry ration, which do not ensure nutritional supplement and a very big impact on children's growth will take place, as another menace and such long term malnourishment will be another disaster coupled with COVID 19 & Cyclone AMPHAN if not addressed immediately.

- Fig 3. and Fig 4. depicts the significant changes in the total amount of food that both the Male and Female are eating since the disaster. In case of Female, 68% are not getting proper amount of food and nutrition which represents that many pregnant and lactating women who are also facing the same problem of lack of food & nutrition.

- In case of male, 60% are also not receiving the same amount of food after the devastation by AMPHAN.

- For the past 15 days, the people are consuming only dal, rice and potatoes, with no vegetables and fish. Nutritional content in food seems to be drastically missing. Prior to the cyclone, all the families have grown vegetables in the field and fishes in the ponds (note due to lock down deep sea fishing is not permitted). However the damage due to the saline water has reduced their consumption of vegetables and fish, per meal. As the supplementary nutrition (vegetables, eggs and khichidi), programme is not activated, the child's nutritional intake is also affected.

- East Medinipur, AMPHAN has brought to critical scenario on livelihood & food security of the people in the most affected blocks. According to field observation as well as Government information it has found that more than 15000 hector of crops has lost by the storm. People of those affected blocks are depending on agriculture & agri-allied activities like animal husbandry & pisciculture. Approximate 25% People has lost their summer crop & lost opportunity for monsoon crops. During the field observation it has also noted that 100% affected families significantly decreased food intake due to availability of food & fund crisis, important information has noted that most of the children are suffering their proper food. It has also noticed by the assessment team that some of children and mothers are suffering from food crisis at some most vulnerable areas. This disaster has been brought major crisis among the victimized people as they have lost their job by the lockdown due to outbreak of COVID 19.

**Recommendations**

- Dewatering of the ponds inundated due to saline water intrusion, as well as cleaning of inland freshwater fish ponds
- Distribution of fish seeds
- The food availability with most of the affected families is very less so may be food vouchers or provisions of age specific culturally appropriate food items
• Provision of agricultural and livelihood support who have lost their standing crops and productive assets for income generation
• Provision of repair of fishing boat and fishing nets for the affected fisherman families
• Promotion or distribution of fruit bearing plants (livelihood related) usually grown in the coastal areas having cyclone withstanding capacity
• Targeted livestock support especially for the marginalized families
• Provision of cash for work activities like agriculture, construction of shelter, cleaning of ponds, and their skilled labour at village level
• Provision of unconditional cash transfer support for families to help them meet their immediate priorities/needs after returning homes from relief camps
• Promotion of short-term emergency agricultural activities (distribution of seeds, livestock, agricultural input and tools, etc.)
• Saline tolerant paddy seeds should be encouraged.
• Farming with natural processes like compost, azolla, ‘dhainchi’ cultivation, spraying of cow urine and cow dung should be propagated.
• Community based seed preservation centres should be encouraged with the groups for local accumulation of seeds. This culture should again be revived to have self-sufficiency in seed production. Genetic diversity can be preserved by exchange of seeds between different groups from the various zones of Sundarban.
• Group wise/area wise, as per the soil and suitability of natural conditions, production must be oriented to look at the market need.
• Soil and climate suitability for horticulture must be taken into account.
• Special assistance should be given for betel vine production.
• Young entrepreneurs should be encouraged in fish production of the Indian Major Carp. Complete cycles from egg to spawn, fry and fingerlings for internal circulation within islands should be encouraged.
• Local indigenous species that naturally grow in the area like *Puntius puntius*, *Clarius magur*, *Mourola* (A. Mola) etc should be encouraged.

• Nursery development program need to be supported to grow seedlings of fruit bearing trees and other suitable timber wood plants, this will support afforestation in the area and at the same time give some scope for village women to generate their income.

• In the wake of more saline regions being created inside villages due to these repeated cyclones and allied saline inundations, Integrated mangrove Aquaculture, is the ultimate future for climate resilient livelihood in the area.

• As much solar inclusion in various machine operated livelihood augmentation schemes to be included, like solar pumps etc. with a close monitoring mechanism for operational procedures to ensure extraction of ground water is as minimum as possible.

• Awareness generation on species selection so that people can avoid planting *Khaya anthotheca* (local name: LAMBU), *Swietenia macrophylla* (local name: Mehogany), etc. varieties in cyclone prone areas as well as avoid planting *Eucalyptus* on the agricultural plot boundaries.

• Systemic Crop Intensification (SCI) program can be launched for more production with less water, fertilizer and pesticides.

• Nutrition Garden program can be supported to check malnutrition.

• Training on cotton mask and cotton sanitary towel making as income augmentation program for the women.

• Conduct damage assessment of your AWC and send the report to CDPO office as soon as possible.

• Clean, Dry & Sanitise the AWC completely before bringing the children back.

• Growth Monitoring of all the children should be conducted within 2 weeks of emergency.

• Use MUAC Tapes for rapid assessment of Nutritional status of children.
## Findings and Analysis

- Almost 24% of the houses are fully damaged in North 24 Parganas district and in South 24 Parganas district fully damaged houses are around 69%.
- East Medinipur, on the basis of block level data and discussion with different villagers it has observed that 23.69% (53932) of total affected households have fully lost their shelter & 31.90% (72587) of total households have partially lost their shelter in the most affected blocks and they have staying at Neighbor house. Most of the affected households lost their utensils due to cyclone.
- In terms of partial damage houses it’s 47% in North 24 Parganas district and 31% in South 24 Parganas district.
- Immediate shelter support needed for 17% affected HHs in North 24 Parganas district and 77% South 24 Parganas district.
- Population displaced and living in the congested relief camps (MPCS) in the North 24 Parganas district and South 24 Parganas district respectively are 14% and 3%.
- In fig I. it shows the percentage of the shelter (Toilets, rooms, kitchen, etc.) damage fully and partially. The consequences of the cyclone left with 31% fully damage and partially damage is 49% which is also not suitable to live and many of the local residents are trying to reconstruct a temporary shelter for now with the received tarpaulins from government and non-government institutions.
- The pie chart describes the immediate exposure elements that are of concern post disaster. Due to the breakdown of power, the relief camps did not have electricity and still work is on the process for complete electric supply to the interiors of the affected districts. Mostly the risk after assessment has been found from darkness, i.e., 25% which may lead to exposure of wild animals (5%), snakebite (16%), increase in the number of the insects, mosquito bite (19%), etc. Through field visits and as reported by the district IAG members, embankments are damaged and already there is risk and with downfall of rain, it may again cause damage to the reconstruction that they have started to start their new lives.
- The pie chart describes the availability of non food items with the affected household of the affected districts of West Bengal. As observed, 6% population have blankets, 7% with hygiene materials, 8% with fuel, 9% with bed sheets, 12% with Chula, 14% with kitchen utensils and 16% population have emergency kits (torch, solar charger, etc.) with them as a source of light. A large number of people are in the need of the Non food items that are essential in the daily lives. It should be highly prioritized and provide them with the non food items as immediate need.
LOSS OF SHELTER (Fisher communities), JUNPUT, EAST MEDINIPORE

FISHERMAN COMMUNITIES OF JUNPUT, EAST MEDINIPORE ARE NOW FACING SEVERE FINANCIAL CRISIS DUE TO COVID-19 AND AMPHAN
Recommendations

- Decongest the settlements where adequate distance between shelters has not been maintained. This will help minimize the risk of fire as well help in controlling spread of communicable diseases if there is an outbreak of epidemics.
- Support the communities to move towards transitional shelters by coming with appropriate designs and provide construction support involving the available local human resources and further build their capacities on the same.
- Support return by providing a package of material, tools and a small cash grant for construction of a durable house or repair of damaged house.
- Houses could be built under a self-help-built approach, whereby affected population not only make their own houses but also have some monetary benefits.
- Provide trade tool kits to various craftsmen and farmers. Seeds could also be provided along with tools.
- Contribute to formulation of rehabilitation strategy
- Construction of temporary shelters which be used as quarantine centres alternatively or separate temporary shelters and additional quarantines centres to be constructed
- Immediate support in terms of shelter items and NFI items such as tarpaulin, ground sheet, mat, bedsheets, blankets, mosquito nets, ropes, solar light and ground mats.
- There is a need of complete shelter as requested by the affected people those lost their complete house.
- Construction of temporary houses, if required
- Provision of household level shelter Non-Food Item (NFI) kit
- Interfacing options like market places or fairs where homeowners can skilled repair persons can interface– CASH programming will be advantageous proposition in this action.
- Advocacy with state government specially housing department for providing complete shelter.
- All mud houses should be replaced with brick houses.
- The toilets should be adjacent to the house, and the toilet roof also concretised.
- Construction of Model Low Cost Cyclone Resistant House so that people can adopt the technology for rebuilding their houses keeping into mind the impacts of flood, cyclone and earthquake.

Pictures showing how the toilets having asbestos or tinned roof has blown off.

- Use of asbestos should be totally banned considering its extremely harmful effect on the health of residents.
- Housing structures should be designed in a way so that it can withstand the high velocity winds, annual rainfall of 180-210 cm, and provide comfortable shelter to bear heat and humidity of the area. Local resources should be used as much to minimise environmental footprint. (Many such designs have been adopted by Bangladesh and Odisha and innovative housing strategies for cyclone prone low-lying areas are already in existence; it only have to be adapted in the situation specific context of Sundarban).

- Cyclone Shelters: Mouza specific population wise, distribution of cyclone shelters/allotment of school buildings should be made.

- All school buildings in Sundarban should have disaster mitigation infrastructural inputs and adapted accordingly.
Health

Disaster causes ill-health directly or through the disruption of health systems, facilities and services, leaving people without access to health care in times of emergency. Primary health care system plays a crucial role in building the local capacity, responding immediately when a disaster or public health emergency struck and making the communities more resilient to disasters. They also affect basic infrastructure such as water supplies and safe shelter, which are essential for health. The areas are far off places and difficult to reach. The medical teams from Government and NGOs are unable to access.

Findings and Analysis

- In Fig 1, 72% respondents mentioned that the health facilities are not functioning.
- In Fig 2, the reasons for non-functionality were lack of staffs (41%), supplies/medicines (8%) and medical equipment (9%) and others (29%). 13% people were unable to access the health facilities.
- In post disaster the health sub-centres are functional, doctors/medical in-charge, ANM/ASHAs are available and providing continuous service to the affected population. Very little increase was noticed in health camp/outreach as both the Govt./NGO started emergency medical camps. Availability of GNM and Nurses dropped in post disaster. The ANM and ASHA were working in the villages in post disaster period. Though there was a slight decrease of providing services by the informal service providers.
- Fig.4. indicates that people were suffering from both communicable (25%) and non-communicable (14%) disease after the disaster. 16% people were suffering from water borne diseases.
- 4% dead bodies were removed and 10% were injured due to destroying & damaging of homes, uprooting trees and electricity poles.

Recommendations

Immediate needs

- More doctors are required from other unaffected districts to support the Medical Camps. Some Medical Professionals posted as MO in the Swasthya Bhavan may be temporarily deputed in the AMPHAN affected areas to conduct essential Medical Outreach Camps.
- Try to start routine immunisation services as soon as possible post emergencies
- All pregnant mothers should also receive full ANC care along with TT injection if not given earlier
- IEC materials on safe health & hygiene practices need to be distributed among the affected population through relief & medical camps.
- Adequate mobility facilities (like boats and vehicles) need to be made available especially for the movement of medical teams in water logged areas.
- Sample of the IEC materials prepared by UNICEF should be distributed in the affected areas
- Grief and shock are normal in the immediate aftermath of a natural disaster; physiological counseling support is required
- Immediate restoration of Immunization and ANC/PNC services in the water logged areas
- Good basic personal hygiene and hand washing are critical to help prevent the spread of illness and disease. People are not in condition of taking bath. Many people are suffering from skin infection/diseases.
- Menstrual hygiene is often overlooked. Women/adolescent girls on their period are at greater risk. No access to clean cloth or sanitary napkins as absorbents of menstrual blood. Stuffed in a crowded relief camp is a nightmare on her period. Safe and easy access to sanitation, separate toilets for men and women, supply of water, free distribution of sanitary napkins/ culturally appropriate sanitary towels, privacy settings, locks and hooks on the washroom doors can mitigate the risk of sexual violence. Awareness campaign on menstrual hygiene during disaster plays a vital role.
- The contamination of water with faeces, silt and debris are likely to affect the areas, leading to raise the cases of diarrhoea, dysentery and other water-borne diseases. Vaccines are recommended for people, where poor sanitation and unsafe water are common. A chlorine based disinfectant recommended.
- Communicable and infectious diseases are most likely to rise. Water-logging is causing sudden increase in mosquito breeding and leads to outbreaks of vector-borne diseases like malaria, dengue etc. Initiatives should be taken by the local Panchayat/block authorities or health
Department that Larvicides can be used in mosquito breeding zones and insecticides should be applied to the walls or bed nets.

- The treatments of non-communicable diseases take a major hit after this disaster due to disruptions in public health services. This leads to exacerbated illness and death due to ailments like hypertension, diabetes, cardiovascular disease, cancer etc.
- Sundarban is famous for its wild life – especially the crocodile, tiger and snakes. The AMPHAN caused dangerous condition for the people who live on the islands next to the forest. The poisonous snakes and scorpions are often seen in the temporary shelters/localities. The sufficient stock for anti-venom should be available in the health facilities.
- The Sabhapati, Patharpratima Panchayat Samiti had suggested that Preventive Health Care issues need to be launched & promoted

Mid-term needs (3-6 months)

- Communication strategy need to be developed for creating massive awareness among the public on safe health & hygiene practices during flood and other disaster periods. IEC materials need to be adequately distributed among the affected population.
- Inter-sectoral coordination and preparedness need to be strengthened for handling mass casualty and necessary arrangements for transportation of patients to health facilities

Long-term needs

- Health facilities/Institutions in flood/disaster prone areas need to be mapped and preparedness measures (constitution of medical teams, safe storage of medicines, preservation of Cold chain system etc.) further to be strengthened considering the inundation and impact on the health facilities experienced in the current flood.
- High flood level to be considered while constructing the health institutions in flood prone areas.
- Alternative arrangement for power supply (generator, fuel etc.) in Health facilities/ Institutions should be made
- Shock are normal in the immediate aftermath of disaster, which directly impact the health of the people resulting in physical trauma and emotional trauma. Loss of life, shelter and livelihoods has both short/long term mental health effect, which delay rehabilitation of affected areas and return to normalcy, especially that the COVID 19 is still a matter of grave concern. Services related to mental health like counselling support etc should be in health facilities.
- The morbidity and mortality associated with chronic disease and infectious disease through the impact on the health care system.
- Lack of or disrupted food supplies lead to long term food shortages and malnutrition, among the newborns, infants and elderly populations. This can raise mortality rates in the coming months as
a result of the indirect impact.

- There is a need to integrate and mainstream optimally emergency medical assistance within the primary health care system.
- Most of the health professionals have little or no training about disaster management. Capacity building of the health professionals is needed.
COVID19 and closure of education sector

COVID19 started its spread in India from the end of January and, states like Kerala, Maharashtra started reporting Corona positive cases. The situation became difficult from beginning of March when number of infected people increased across the states and sometime in the second week of March, state governments across the country began shutting down ICDS, schools and colleges temporarily as a measure to contain the spread of the novel coronavirus. Now two and a half months are over and still, proper guideline towards reopening of ICDS, school, college and university – are yet to come. This is a crucial time for the education sector when, thousands of ICDS centres and government schools are closed across the states and, we even do not know the real picture of those learners, used to come to these units after facing numbers of physical and social difficulties. Millions of children are not getting early childhood care and education and elementary education, as units are closed and, not even getting supplementary nutrition as well. Apart from that, board examinations, nursery school admissions, entrance tests of various universities and competitive examinations, among others, are all held during this period. As the days pass by with no immediate solution to stop the outbreak of COVID 19, closure of educational units will not only have a short-term impact on the continuity of learning for more than 285 million young learners in India but also endanger far-reaching economic and societal consequences. Apart from elementary and further higher education, ICDS the wing for early childhood development and education is also closed across the states and that means, crores of children, pregnant and lactating women will be deprived of supplementary nutrition and emergent literacy as well. The structure of schooling and learning, including teaching and assessment methodologies, was the first to be affected by these closures. Only a handful of private schools could adopt online teaching methods. Their low-income private and government school counterparts, on the other hand, have completely shut down for not having access to e-learning solutions. The students, in addition to the missed opportunities for learning, no longer have access to healthy meals during this time and are subject to economic and social stress.

During the COVID 19 pandemic West Bengal State Government declared closure of all ICDS, school, college and universities from 19th March onward and, till the date the sector remains closed. Board examination like Higher Secondary, CBSE & ICSE have also pending papers and very recently a declaration has come that, pending papers of all above board exams will be commenced from 29th June onward.
ICDS centres, primary-secondary and higher secondary schools will be reopened after these board exams accordingly. In between this lockdown, ration for supplementary nutrition and mid-day meal have been distributed through ICDS centres and government schools at the end of every month.

Findings and Analysis

- A large number of children are expected to drop out and they will be engaged in various kinds of labour, once the lockdown will be relaxed.
- Only 13 percent HHs have access to online learning. The lockdown has also created a learning vacuum where, the remaining children who will come to schools will be effected by learning loss, and in near future they will also compelled to leave their studies as well.

Recommendations:

We need to put all our effort towards reopening of ICDS & schools obviously considering the safety measures as well. In absence of immediate action, we may put our state back into illiteracy again. Followings are the recommendations towards running of education units as well:

- A joint rapid needs assessment and further study to be conducted to identify both the structural and learning loss caused by these dual crises
- Proper guideline for reopening of ICDS & schools need to be prepared and shared through government departments
- Tracking of children through district and block wise structures
- Initiation of bridge course towards filling up the learning loss
- Class or grade wise alternative school hour and lesson plan
- Comprehensive and child friendly evaluation system towards retention of children

Educational materials needs to be supplied to the children as their parents have lost income due to lock down and then lost their assets due to cyclone, so they are not in a position to meet the requirements of their children.
Child Protection

The major area of concern for any disaster is Child Protection. In the COVID19 situation, Amphan has added complexity. The schools are closed, socialising is not allowed, experiencing hostile environment at home for days’ effect on a child’s mental health. The reflections are manifold in the lives of the children.

Findings and Analysis

- Loss of shelter, the child becomes insecure at once, staying in temporary shelter adds insecurity in the child’s mind
- Lack of meals/ proper diet
- Loss of books, food grains other belongings causes distress situation in the child’s mind
- Loss of communication with friends create distress situation
- Domestic violence may increase resulting in injuries of the child
- Physical abuse due to domestic violence and other factors
- Children may suffer from neglect as the parents and care givers would be much more engrossed in arranging food, shelter and other basic minimum requirements for sustenance
- These compounded situations will result directly in Increased number of Child labour; Child trafficking; Getting children engaged in HH chores and other HH related activities posing as hindrances post disaster in joining schools/colleges; Sexual abuse; Other forms of abuse like exploitation and luring into social malpractices; Substance abuse; Adolescents may try to elope thinking to get rid of the situation and might fall in other unwanted dangerous traps of child trafficking, drug peddling, robbery etc.; Early marriage will increase, could be a form of trafficking; Increase in gender based violence; Adolescent girls are subject to particular risks and are not equally equipped with the knowledge, mobility, assets to get lifesaving help

Distress situation in child’s mental owing to lockdown situation and on added impact on cyclone: Distress within the families; Loss of education without internet connection, causing unrest in behaviour; Risk of being trafficked; Risk of being dropout from school; Adolescents getting involved in labour work to support families; Risk of early marriage; Risk of sexual abuse and other forms of abuse like neglect, exploitation, physical and psychological abuse; Increased evidences of mental irritability; Substance abuse; etc.

- 4% children have experienced caste based and gender based violence. The ill effects of caste based and gender based violence is reflected in may social norms like child labour, girls debarred from going to school, more involvement in house hold chores and the results are many. The number may sound very less, only 4%, but if we see the impact of violence, it's manifold. So this can be considered as one of the primary cause of early marriage, child labour, school dropout and elopement.
- 15% children have experienced sexual abuse; this is a major cause of concern. As per the study report on Sexual abuse, 2007, it came out that the neighbours and the family members are the perpetrators. So in this lockdown period, the children undergone sexual abuse continued to live with the perpetrators for long period.
• 26% children faced harmful traditional practices, which includes female genital mutilation (FGM); forced feeding of women; early marriage; the various taboos or practices which prevent women from controlling their own fertility; nutritional taboos and traditional birth practices; son preference and its implications for the status of the family. The harmful traditional practices are prevalent all over India but are contextual.
• Disaster gives rise to trafficking which was also seen post Aila, the cyclone which impacted Sundarban in 2009. If we consider the pie chart, 8% children are at risk of trafficking or have been trafficked. There are reports from the media as well on this. EiSamay a leading Bengali daily reported on this issue on 3rd June’2020.
• 12% children faced abuse and exploitation at home.

Recommendations

Immediate need:
• Robust awareness programmes in the locations through audio visual mediums
• Engage more with the children and youth of the area with different approaches and activities
• Empowering the VLCPC members on e-platform and make them aware on the contact points in distress situation
• Engage more with District Child Protection units and child line to establish strong reporting system
• Engagement with police and local authorities like block level officials and sensitise them on the emerging issues
• Steps to facilitate repairing the damaged HH through Panchayat / NGOs/ Individuals
• Government frontline workers are creating awareness, if we can ensure the safety measures are adopted, the rate of infection can be minimised as West Bengal is dealing with double disastrous situation, COVID 19 and AMPHAN both
• Empowerment of local Children and youth group members and orientation on sexual reproductive health issues, life skills etc.
• Parents do not know how to tackle the children. As schools and colleges are closed and the children are staying in small huts for days after days without much outdoor activities, it is crucial to educate the parents on positive parenting, counselling children and engage them in various innovative activities so they do not sit idle

Long-term need:
• It is being reported that domestic violence is increasing because idle men consuming spurious liquor and indulging into social malpractices like gambling
• There are small money lenders in the field area lending money at very high rate of interest
• Maximum people work in cities in different parts of India, they are jobless at the moment so creation for livelihood opportunities may be a long term need
• Educating the parents on psycho social support and translating some of the documents in vernacular, IEC development in vernacular should be continued and is a long term need as we are focussing on practice change which requires time.
BREAKAGE OF RIVER DIKE INUNDATED LARGE PARTS OF SUNDERBANS OF NORTH AND SOUTH 24 PARGANAS, (NAZAT, SANDESHKHALI I BLOCK)
Mangroves of Sunderbans

Mangroves are critical component of Sundarban ecosystem, on which the life and livelihood of the people of Sundarbans depend.

- Truly the sentinels of the coast – protect the fragile earthen embankments, the lifeline of people of Sundarbans.
- Mangroves are lush green on the river side, in contrast to the burnt look of terrestrial plants inside the village, in post AMPHAN situation.
- Mangrove trees above the water level have turned pale in some areas of Patharpratima block but are green on just the opposite bank of the river. It maybe that the side which received the first gust of the cyclonic wind from north-easterly side has been affected, but has not been uprooted.
- In Jharkhal areas, some root displacement of mangroves has been observed.
- Else, they stand like a fort – the first line of defence for the embankment.

Embankments – are the lifeline for people of Sundarbans, which protect the life and livelihoods of people of Sundarbans inside the villages, from daily high tides – twice a day.

- The brick/concrete embankments, with 2-3 layers of mangroves in front, are intact.
- However, in all the cases where breaching has occurred and saline inundation has happened, mangroves don’t exist as the first line of defence.
- There has been saline inundation over the embankment only in some areas in G-plot, Mousuni.
- Most of the saline inundations happened due to breaching of embankments, where the embankment was weak. Even ‘Aila bandh’ could not be completed in many areas due to inability to acquire land for the embankment purpose, hence the existing dyke continued to remain weakened.
Cyclone has scoured the embankment – Sumatinagar, DS-II, Sagar island
- North 24 Parganas has been worst affected in Bulbul, Aila and also this time; although Kumirmari, Amtoli, Satjelia, Bali islands under South 24 Parganas have not been badly affected due to saline intrusion; Gobindakathi GP, Dulduli, Sahebkhal, Sandeshkhali, Sitolia, Hatgacha of North 24 Pgs has been saline inundated due to complete absence of mangroves and conversion of land into illegal fisheries.
- Puinjali, Hetalbari, Rangabelia, parts of Ramchandra Khali under South 24 Parganas have inundated again due to breaching of embankments in Gosaba block.
- Jharkhali 1 no – Sukanta Pally, Thakurgheri, Parbatipur under Basanti block the embankment has breached.
- Harbhangi-Narayantala, Amratalo to Bottala – Uttar Mokamberia GP, Basanti Block embankment breaches have taken place.
- Bablatola, Harbhangi Mouza, Uttar Mokamberia GP again the embankments have breached.
- Kaikhali – Ashram – saline inundation near the lodge
- Along Matla river Bharatgarh (3 no., 4 no., 5 no Goranbose char), embankment breaching due to low height of the dyke. In Bharatgarh, the previous embankment was pitched, hence new mud overlaying was not possible.
- Sagar block– Kashtala, Shikarpur – Muriganga I GP the embankment has breached, being erosion prone area.
- Sumatinagar – DS II GP, Dholbar hat GP, to south-west of Kapil Muni Mandir, saline inundation has occurred after breaching of embankments
- Kawkwip block, Banstala 14 – Kamarhat gram- saline inundation
- Kaikhali – Ashram, Kultali Block– saline inundation near the lodge
- Deulbari-Debipur, Kultali block is still in very bad shape
- Sankjian colony on Nadipukur river– saline overflow in small stretches (3 m – 4 m)
- Paschim Dehipur/Uttar Dehipur /Dehi/Petkulchand/Shyamnagar– Kultali block – breaching occurred being erosion prone
- In Patharpratima block it’s reported by the Sabhapati, Patharpratima Panchayat Samiti that during Amphan storm surges were 8-10’ high. The Sabhapati also informed that the rain water was acidic. River embankment washed out in the following areas:
- Gopaldharpur GP – Uttar Gopaldharpur
- Shridharnagar GP – Bijay Ranjiter Ghat
- Brajaballavpur GP – Gobindapur Abad (Adibasi Para). In Rakkhashkhali Village no breaching but storm surge caused saline water intrusion
- Banashyamnagar GP – Gaganpur East & West
- Herambapur-Gopalpur GP – Kuemari Mouza

Hence, to summarise:

- Salinity intrusion over the embankments has happened in few places where the villages are exposed directly to Bay of Bengal. Hence, strategy for embankment strengthening needs to be developed. In case of G plot, there is a clear gradient of land that melts into the sea. Blocks to be pitched in phases over the gradient to dissuade the energy wave can be a solution and inside the block pitching 1-2 years matured mangrove plant specially reared for this purpose in tubs can be planted. *Excoecaria agallocha* can be a solution in this respect, as they have excellent lateral branching system.

An example of its binding capacity is illustrated in this figure.

*Excoecaria agallocha (genwa) binds bricks, blocks on the dykes; inclusion of such species will be effective in maintaining such pitching*

- Inundation due to salinity intrusion has also happened in the river faces, also with mangrove coverage, mostly due to low height of the embankments. Hence for these particular cases, considering the highest water level during new moon and full moon throughout the year, the dyke height can be increased and regular maintenance by the local Panchayats is critical.
- Mostly the breaching has occurred where the dykes are weak, erosion prone areas. In all these cases where the area is erosion prone, the dykes should be made 75-100 m inward from the existing line and mangroves planted in between. This proposal was also given after Aila, but as it started 2-3 years later, the experiences of Aila were getting slowly wiped out of memory, hence the response of giving away the land for Aila bandh was not spontaneous everywhere. However, this time the work should start immediately to have consensus building within the community.

Every panchayat should submit an Embankment Breach Report (EBR) and a Mangrove Watch Report (MWR) every month to the NREGA cell/District authorities.
LOSS OF TREES IS AN EMERGING CONCERN FOR ECOSYSTEM.
Recommendations

**Plantation:**

**Non-Mangrove:** The saline air splash has reddened/burnt the leaves of the trees. Banana orchards have blackened.

Hence, plantation strategy should adapt learning from the present conditions and NREGA to define a specific strategy for it. Especially the strategy for removal of invasive species (babla) have to be taken into account.

Large scale non mangrove nurseries can be maintained by groups, again a source of employment for the local people.

**Mangrove restoration** –

- Protection should be given to existing mangrove patches against construction of illegal fisheries, mostly by patronage of local political leaders.
- It has to be multi-species and community driven – nursery, plantation, monitoring to be done by the communities and part of the decision-making process.
- The Lat-Long and kml file can be easily generated for planted area, training can be imparted by expert agencies.
- In most of the cases, there is natural regeneration; hence waste of money should not be made for plantation, rather resources should be mobilised for monitoring of the plantation, mitigating risks for the reforestation like cattle grazing and finding solutions for it, thus generating long term employment opportunities through this.
- Surveillance for growth of mangroves, every three years, can again generate employment opportunities, and the protocols can be trained by expert agencies.
- On raised land areas or deforested areas, mangrove restoration can be carried out, to strengthen the dykes and ensure protection against tidal surges.
- Mangrove restoration Manual is being published as a joint venture with the Forest Department to make a common guide for restoration, afforestation.
- It is also interesting to note that in many areas of Patharpratima block like Purba Surendranagar, Sitarampur etc, people expressed that the lines of mangroves, followed by the brackish water berries had actually restricted the water from crossing the village dyke. Inclusion of mangroves, in these shrimp berries, for Integrated Mangrove Aquaculture will not only increase the mangrove cover but also infuse sustainable culture practices in these unsustainable, anti-biotic driven shrimp culture practice. It will help bring our famous Bengal shrimp species of *P monodon* back in the commercial chain.

**Cross-sectoral issues**

- **Shelter:** Construction of embankments is of paramount importance for improving the overall flood situation in the villages, particularly closer to the river banks. This will reduce vulnerability not only to the houses, but also to the water and environmental sanitation infrastructure like tube wells and toilets (reduction in physical damage).

- **Livelihood:** Use of local labour for clearing debris and implementing WASH infrastructure (water supply and excreta disposal) will provide additional livelihood options for the people, many of them are in the process of migration. Provision of water for cattle is another area of
concern. Though in many villages there are existing tube-wells, people do not have the cattle feeding containers, which have been damaged due to the floods. Flood water is highly saline (>14000 ppm), thereby unsuitable for cattle consumption.

**Food and nutrition:** Water containers are used for storing grains since the containers normally used for storing food stuff and grains have been washed away. It is important that the food and nutrition team addresses this aspect so that the water storage containers can be used for the purpose provided.

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*From WWF representative during the IAG meeting at Seva Kendra on 7th June 09 at Kolkata*
Way Forward

The GO-UN-NGO coordination promoted by the State IAG West Bengal in the aftermath of COVID 19 pandemic has been sustained in the preparedness and response phase for AMPHAN through the continued efforts of the members. The URS matrix gives a clear picture of the response operations led by the members across the state. The added complication of distancing and hygiene norms and lessened access to electricity and internet connectivity has made the work of getting the field data to the state headquarters a challenge that is being overcome through the sustained coordination among the members.

This document is expected to inform the ongoing response operations and shape the recovery plans in the coming months keeping in view the long term needs as analysed by the member representatives and sectoral leads for the Joint Multi-sectoral Needs Assessment.
### Annexure I: Damage Report Extract, Govt. of West Bengal

#### SUPER CYCLONE AMPHAN: DAMAGE REPORT EXTRACT

<table>
<thead>
<tr>
<th>Sector</th>
<th>Extent of assessed damage so far</th>
<th>Quantum of Damages (INR Crores)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dwelling Houses</td>
<td>28.56 lakhs houses damaged</td>
<td>28,560</td>
</tr>
<tr>
<td>2. Agriculture</td>
<td>17 lakh hectares agriculture land Crops - Boro paddy/Moong/Til/Jute / Groundnut/sugarcane/maize /cotton</td>
<td>15,860</td>
</tr>
<tr>
<td>3. Horticulture</td>
<td>Area - 250556.17 Ha Betel vine, Litchi, Mango etc</td>
<td>6,581</td>
</tr>
<tr>
<td>4. Fisheries</td>
<td>Boats- 8007, Huts-1.48 Lakh</td>
<td>2,000</td>
</tr>
<tr>
<td>5. ARD</td>
<td>Animals lost -21.22 lakhs</td>
<td>452</td>
</tr>
<tr>
<td>6. Drinking Water</td>
<td>Piped Water Schemes affected 1192</td>
<td>2,060</td>
</tr>
<tr>
<td>7. Roads including rural roads and culverts/bridges</td>
<td>Roads - 2148.22 Km, Bridge &amp; Culverts - 355, Rural Road – 10091.17 Km</td>
<td>2,237</td>
</tr>
<tr>
<td>8. Irrigation canals / Ponds</td>
<td>Embankments -244.73Kms, Sea Dykes – 3.6 Km</td>
<td>2,944</td>
</tr>
<tr>
<td>10. Forest</td>
<td>Forest area affected 1.58 lakh hectares</td>
<td>1,033</td>
</tr>
<tr>
<td>11. Education infrastructure</td>
<td>14,640 schools, 301 colleges</td>
<td>793</td>
</tr>
<tr>
<td>13. Anganwadi infrastructure</td>
<td>ICDS Centre damaged - 12678</td>
<td>342</td>
</tr>
<tr>
<td>14. Urban Infrastructure</td>
<td>Municipal Roads, Street Lighting, Underground Sewerage system, storm, Water drainage, Water supply schemes, roads etc.</td>
<td>6,750</td>
</tr>
<tr>
<td>15. Industries including MSME</td>
<td>Industrial ware house/raw material / Industrial Infrastructure/sheds</td>
<td>26,790</td>
</tr>
<tr>
<td>16. Miscellaneous</td>
<td>Transport, Fire &amp; Emergency Infrastructure, Godowns, Housing, Correctional Homes, BCW etc.</td>
<td>1,540</td>
</tr>
</tbody>
</table>

**TOTAL LOSSES:** 1,02,442
Annexure I1: District Profile

DISTRICT PROFILE - NORTH 24 PARGANAS

North 24 Parganas is a district in southern West Bengal, of eastern India. North 24 Parganas extends in the tropical zone from latitude 22° 11’ 6” north to 23° 15’ 2” north and from longitude 88°20’ east to 89°5’ east. It is bordered to Nadia by north, to Bangladesh (Khulna Division) by north and east, to South 24 Parganas and Kolkata by south and to Kolkata, Howrah and Hooghly by west. Barasat is the district headquarters of North 24 Parganas. North 24 Parganas is West Bengal’s most populous district and also the second most populated district in the whole of India. It is the tenth-largest district in the State by area. The district lies within the Ganges–Brahmaputra delta. The river Ganges flows along the western border of the district. There are many other rivers, which include the Ichhamati, Jamuna, and Bidyadhari.

Groundwater arsenic contamination: North 24 Parganas is one of the nine severely arsenic affected district in West Bengal. On the basis of updated survey conducted by School of Environmental Studies (SOES), Jadavpur University, out of total 22 administrative blocks in 22, 21 and 16 blocks arsenic above the 10 µg /L (WHO Recommended value of arsenic in drinking water), 50 µg/L (Indian standard value of arsenic in drinking water) and 300 µg/L (the concentration predicting overt arsenical skin lesions) was noted respectively. The maximum arsenic contamination level found in this district is 2830 µg/L in the Baduria block.

Climate: The climate is tropical, like the rest of the Gangetic West Bengal. It is also characterized by the Monsoon, which lasts from early June to mid-September. The weather remains dry during the winter (mid-November to mid-February) and humid during summer. Temperature ranges from 41 °C in May and 10 °C in January while relative humidity ranges between 50% in March & 90% in July. The average annual rainfall is 1,579mm.

Economy: People are mainly engaged in farming, fishing and other agricultural activities. The average size of agricultural landholdings is about 3.2 Bighas. North 24 Parganas is one of the less economically backward districts of West Bengal, but there is chronic poverty in the southern half of the District (the Sundarbans area). The information technology hub of Kolkata is at this district, which is the center of some of the notable IT/ITES Indian and multinational companies. Approximately 1,500 companies have their offices in Sector V. Majority of the corporate offices are situated in Sector V and Sector III. Around 3.5 Lakh (by 2017) people are employed in Salt Lake City.

Administrative subdivisions: The district comprises five subdivisions: Barrackpore, Barasat Sadar, Basirhat, Bongaon and Bidhannagar.
- Barrackpore Subdivision consists of 16 municipalities
- Barasat Sadar Subdivision consists of 6 municipalities
- Bongaon Subdivision, consists of Bongaon municipality and 3 community development blocks
- Basirhat Subdivision consists of 3 municipalities and ten community development blocks,
- Bidhannagar Subdivision consists of Bidhannagar Municipal Corporation and one community development blocks.

Barasat is the district headquarters. There are 35 police stations, 22 development blocks, 27 municipalities, 200 gram panchayats and 1599 villages in this district.

Demographics: According to the 2011 census North 24 Parganas district has a population of 10,009,781, roughly equal to the nation of Bolivia or the US state of Michigan. This gave it a ranking of 2nd in India and 1st in its state. However, in 2014 the Thane district (in Maharashtra), which had been ranked 1st in India in 2011, was divided into two, thus promoting North 24 Parganas District to 1st in India. The district has a population density of 2,463 inhabitants per square kilometer.
Its population growth rate over the decade 2001–2011 was 12.86%. North Twenty Four Parganas has a sex ratio of 949 females for every 1000 males, and a literacy rate of 84.95%.

- Population Density: 2959 per square km
- Sex ratio: 982 females per 1000 males
- Growth Rate (1991–2000): 24.64% (approximately 2.5% per annum)
- Literacy rate (excluding 0–6 age group), in percentage: 87.66 (highest in West Bengal) - Male: 93.14; Female: 81.81
- SC population: 21.7%
- ST population: 2.6%
- Muslim Population: 24.2%

Flora and fauna: In 1984 North 24 Parganas district became home to Sundarbans National Park, which has an area of 1,330 km2 (513.5 sq. mi). It shares the park with South 24 Parganas district. It is also home to the Bibhutibhushan Wildlife Sanctuary, which was established in 1985 and has an area of 0.6 km2 (0.2 sq. mi).

Health facilities:
- District Hospitals: 10 with 2500 beds
- Sub Divisional Hospitals: 14 with 1870 beds
- State General Hospitals: 18 with 1870 beds
- ESI Hospital: 01 with 200 beds
- Rural Hospitals: 07 with 228 beds
- Block Primary Health Centres: 15

DISTRICT PROFILE- SOUTH 24 PARGANAS

South 24 Parganas is a district in the Indian State of West Bengal, headquartered in Alipore. It is the largest district of West Bengal state by area and second largest by population. It is the sixth most populous district in India. On one side is the urban fringe of Kolkata and on the other, the remote riverine villages in the Sundarbans.

Administrative subdivisions: Other than the municipality areas, each subdivision contains community development blocks which in turn are divided into rural areas and census towns. In total there are 118 urban units: 7 municipalities and 111 census towns. The district comprises five subdivisions: Barrackpore, Barasat Sadar, Basirhat, Bangaon and Bidhannagar.
- **Alipore Sadar Subdivision** consists of 3 municipalities 5 community development blocks
- **Baruipur Subdivision** consists of 3 municipalities and 7 community development blocks
- **Canning Subdivision**, consists of 4 community development blocks
- **Diamond harbour Subdivision** consists of 1 municipality and 9 community development blocks,
- **Kakdwip Subdivision** consists of 4 community development blocks.

Alipore is the district headquarters. There are 33 police stations, 29 community development blocks, 7 municipalities and 312 gram panchayats in the district.[6][7] The Sunderbans area is covered by 12 CD blocks, viz. Sagar, Namkhana, Kakdwip, Patharpratima, Kultali, Mathurapur I, Mathurapur II, Jaynagar II, Canning I, Canning II, Basanti and Gosaba. The district contains 37 islands.

Demographics: According to the 2011 census of India, South 24 Parganas district had a total population of 8,161,961, roughly equal to the nation of Honduras or the US state of Virginia. This made in the 6th most populous district in India out of a total of 640. The district had a population density of 819 inhabitants per square kilometer (2,120/sq. mile). Its population growth rate over the decade 2001-2011 was 18.05%. South24 Parganas had a sex ratio of 949 females for every 1000 males, and a literacy rate of 78.57%.
- Population Density: 2120 per square km
- Sex ratio: 949 females per 1000 males
- Growth Rate (1991–2000): 18.05%
- Literacy rate (excluding 0–6 age group), in percentage: 78.57%
- Rural population: 84%
- Schedule Caste: 39%
- BPL families: 37.21%

Flora and fauna: In 1984, South 24 Parganas district became home to Sundarbans National Park, which has an area of 1,330 km² (513.5 sq mi). It shares the park with North 24 Parganas district and is also home to four wildlife sanctuaries: Haliday Island, Lothian Island, Narendrapur, and Sajnekhali.

The Sundarbans, the largest mangrove forests on earth, are spread over thirteen of the twenty-nine development blocks in the district. Due to its peculiar geographical location and the dictates of geography, the means of transport and communication in this region are not well developed, with all the attendant consequences. Lack of irrigation has meant mono-cropped agriculture. Breaches in earthen embankments and cyclonic storms mean loss of life and destruction of crops and property on a regular basis.

- Sundarbans, formerly Sunderbunds, is a vast tract of forest and saltwater swamp forming the lower part of the Ganges Delta and extending about 260 kilometers (160 mi) along the Bay of Bengal from the Hooghly River Estuary in the north to the Meghna River Estuary in Bangladesh in the east. The whole tract reaches inland for 100 to 130 kilometers (60– to 80 miles).

- A network of estuaries, tidal rivers, and creeks intersected by numerous channels, it encloses flat, marshy islands covered with dense forests. The name Sundarbans is perhaps derived from the word meaning "forest of sundari," a reference to the large mangrove tree that provides valuable fuel. Along the coast the forest passes into a mangrove swamp; the southern region, with numerous wild animals and crocodile-infested estuaries, is virtually uninhabited. It is one of the last preserves of the Royal Bengal tiger and the site of a tiger preservation project. The cultivated northern area yields rice, sugarcane, timber, and betel nuts.

Health facilities:
- Hospitals: 4
- Rural Hospitals: 21
- Block Primary Health Centres: 9
- Primary Health Centres: 59
- NGO/ Private Nursing Homes: 217
- Total number of hospital beds: 4090

DISTRICT PROFILE- KOLKATA

Kolkata (formerly known as Calcutta) is the capital of West Bengal, and is one of India’s largest urban areas. Historically, the city was the trading and commercial capital of India and is located on the eastern bank of the river Hoogly, a distributor of the river Ganges. The Kolkata City area is situated between 23°03’N - 23°03’7”N latitude and 88°01’8”E - 88°02’3”E longitude. Calcutta was established and developed as a city from 1690 onwards and was the erstwhile Capital of the British Indian Empire. As per the 2011 census, the city which is managed by the Kolkata Municipal Corporation (KMC) has a population of 4.5 million and covers an area of 200.71 square km (divided into 16 boroughs comprising 144 wards). Kolkata Municipal Corporation is the local authority to provide the basic services for the citizens such as supply of drinking water, sewerage, drainage, solid waste management, road maintenance, street lighting, slum development works, etc. Kolkata is an unplanned city striving with the challenging issues like traffic-transportation, congested roads, presence of large scale informal activities along the major road junctions, growing pressure of population, growth of slums etc.

Climate: During early summer, dusty squalls followed by spells of thunderstorm and heavy rains lash the city, bringing relief from the humid heat. These thunderstorms are convective in nature, and are locally known as Kal Baisakhi. Humidity averages 78%. The wetlands surrounding the city in west and south-west
are now mostly filled up by urban expansion. The climate of Kolkata is humid during winter months of December – January up to 100 on an average. Monsoon stays from June to mid-October. The humidity varies from 65% to 85% during the year, it rises in summer and lowers in winter.

**Economy:** Kolkata is one of the biggest contributors to the state's GDP. The state is the largest producer of rice and second largest producer of potatoes in India. Kolkata’s major industries cover a wide range of sectors, including information technology (IT), jute, leather, textiles, agriculture, metals and minerals, and tourism to name a few. Kolkata’s position as one of India’s preeminent economic centres is rooted in its manufacturing industries, its financial and trade activities, and its role as a major port; it is also a major centre for printing, publishing, and newspaper circulation, as well as for recreation and entertainment. Among the products of Kolkata’s hinterland have been coal, iron, manganese, mica, petroleum, tea, and jute. Unemployment, however, has been a continuing and growing problem since the 1950s.

**Administration:** The Kolkata Municipal Corporation looks after and manages civic infrastructure of 15 boroughs in the city, which encompasses 144 wards. Every ward elects a councillor who is responsible for managing infrastructure and administration in that ward. Each borough also has a committee of councillors through which KMC undertakes critical urban planning and maintains government-aided schools, roads, hospitals, and municipal markets. It is Kolkata’s apex administrative body that discharges functions through the Mayor-in-Council, which encompasses a mayor, deputy mayor and 10 elected members of the corporation. The functions of Kolkata Municipal Corporation include drainage and sewerage, water supply, solid waste management, sanitation, building regulation, and street lighting. The key services of Kolkata Municipal Corporation encompass:

- Water supply and purification
- Solid waste management
- Sewage disposal and treatment
- Street cleanliness and garbage disposal
- Disease control, including immunization
- Maintenance of open spaces and parks
- Building and maintaining streets, roads and flyovers
- Cemeteries and crematoriums
- Public municipal schools
- Conservation of heritage sites
- Registering births and deaths
- Street lighting

Kolkata Police Force is responsible for policing metropolitan area of Kolkata as defined under the Calcutta Police Act, 1866 and the Calcutta Suburban Police Act, 1866. Commissioner of Police is the highest administrative officer in KP department. Currently, it has 8 divisions covering 65 police stations. There are 8 battalions of Armed Police and other specialized branches like Detective Department, Special Branch, Traffic Police, Reserve Force, Wireless Branch, Enforcement Branch and Security Control Organization. Administration of KP is vested on Commissioner of Police.

**Demographics:** According to the 2011 census, Kolkata district occupies an area of 185 km² (71 sq mi) with a population of 4,496,694; its population density is 24,252/km² (62,810/sq mi). This represents a decline of 1.88% during the decade 2001–11. The sex ratio is 899 females per 1000 males—lower than the national average. The ratio is depressed by the influx of working males from surrounding rural areas, from the rest of West Bengal; these men commonly leave their families behind. Kolkata’s literacy rate of 87.14% exceeds the national average of 74%. The final population totals of census 2011 stated the population of city as 4,496,694. The urban agglomeration had a population of 14,112,536 in 2011.

- Population Density: 24,252 per square km
- Sex ratio: 899 females per 1000 males
- Growth Rate (2001–2011): 7.6%
- Literacy rate (excluding 0–6 age group), in percentage: 87.14%
- SC population: 5.38%
- ST population: 0.24%
- Muslim Population: 20.60%

Flora and Fauna: Kolkata is home to numerous species of animals and plants. Due to rapid urbanization, there is huge loss of green cover and change in homes of many animals, birds and insects. In spite of all the pressures of the urban growth, there is still 20 species of mammals, 107 kinds of birds, 1 amphibian species, 8 local varieties of fish, 64 butterfly species, 35 species of flies, 10 species of ants, 13 species of insects, 2 species of snails and 35 spider species. There are also some 667 different species of plants in Kolkata including 96 medicinal plants, 161 species of shrubs, 229 flowering species, 68 climbers. The Eco Park, Maidan Area and Rabindra Sarovar contribute to conservation of large number of flora and fauna in the urban Kolkata.

Health facilities:
- Government Hospitals: 48
- Private Hospitals: 366
- Hospital Beds: 61 Hospital Beds for 10000 people.
- Medical Colleges: 10
- Home Health Care and N.R.I. Services: 8
- Tertiary and specialized hospitals: 22
- Super-Specialty Hospitals: 38

District Profile - Purba Medinipur

Purba Medinipur district is an administrative unit in the Indian state of West Bengal. It is the southernmost district of Medinipur division – one of the five administrative divisions of West Bengal. The headquarters is in Tamluk. It was formed on 1 January 2002 after the Partition of Medinipur into Purba Medinipur and Paschim Medinipur which lie at the northern and western border of it. The state of Odisha is at the southwest border; the Bay of Bengal lies in the south; the Hooghly river and South 24 Parganas district to the east; and Howrah district to the north-east. Purba Medinipur is formed of the sub-divisions of Tamluk, Contai and Haldia of erstwhile Medinipur district. Another sub-division, Egra has been created out of the erstwhile Contai sub-division during the partition of Medinipur.

In 2011, the state government has proposed to rename the district as Tamralipta district after the ancient port city of Tamralipta which used to lie near the modern district headquarters. Purba Medinipur saw many political movements during the British Raj. A parallel government named the Tamralipta Jatiya Sarkar was formed during the Quit India Movement in Tamluk. In 2007, Purba Medinipur witnessed the Nandigram violence, an incident of police firing that killed 14 farmers.

Economy: In 2006 the Ministry of Panchayati Raj named Purba Medinipur one of the country’s 250 most backward districts (out of a total of 640). It is one of the 11 districts in West Bengal receiving funds from the Backward Regions Grant Fund Programme (BRGF).

Administrative Sub Divisions: The district comprises four subdivisions: Tamluk, Haldia, Egra and Contai.

- **Tamluk subdivision** consists of Tamluk municipality, Panskura municipality and seven community development blocks: Nandakumar, Mayna, Tamluk, Shahid Matangini, Panskura–I, Panskura–II and Chandipur (Nadigram–III).
- **Haldia subdivision** consists of Haldia municipality and five community development blocks: Mahisadal, Nandigram–I, Nandigram–II, Sutahata and Haldia.

Tamluk is the district headquarters. There are 21 police stations, 25 development blocks, 5 municipalities and 223 gram panchayats in this district. Other than municipality area, each subdivision contains community development blocks which in turn are divided into rural areas and census towns. In total
there are 10 urban units: 5 municipalities and 5 census towns. Panskura municipality was established in 2001.

**Demography:** An official Census 2011 detail of Purba Medinipur (East Midnapore), a district of West Bengal has been released by Directorate of Census Operations in West Bengal. Enumeration of key persons was also done by census officials in Purba Medinipur District of West Bengal. In 2011, Purba Medinipur had population of 5,095,875 of which male and female were 2,629,834 and 2,466,041 respectively. In 2001 census, Purba Medinipur had a population of 4,417,377 of which males were 2,268,322 and remaining 2,149,055 were females. Purba Medinipur District population constituted 5.58 percent of total Maharashtra population. In 2001 census, this figure for Purba Medinipur District was at 5.51 percent of Maharashtra population.

The initial provisional data released by census India 2011, shows that density of Purba Medinipur district for 2011 is 1,081 people per sq. km. In 2001, Purba Medinipur district density was at 933 people per sq. km. Purba Medinipur district administers 4,713 square kilometers of areas.

With regards to Sex Ratio in Purba Medinipur, it stood at 938 per 1000 male compared to 2001 census figure of 947. The average national sex ratio in India is 940 as per latest reports of Census 2011 Directorate. In 2011 census, child sex ratio is 946 girls per 1000 boys compared to figure of 951 girls per 1000 boys of 2001 census data. According to the 2011 census, the district has a literacy rate of 87.66 up from 80.20% of 2001 census. As per 2001 census, this district had a male literacy rate of 89.1% and female literacy rate was 70.7%. Education Index of this district is 0.74 and the district is ranked 1st position in literacy rate in comparison to other districts of West Bengal.

**Health services:**
Meeting the needs of the district population by making the health delivery system more pro-poor, gender sensitive and client friendly and by responding to the high burden of preventable diseases among the poor, women, socially disadvantaged groups such as S.C.s, S.T.s and minorities.

- Focus on efficiency and improving efforts by emphasizing quality and accountability of health services in the Government health system as well as private sector.
- Promote decentralization of decision-making and collaboration with the Panchayati Raj institutions, urban local bodies and civil society organizations as well as develop inter-sector collaboration with other governments. Much emphasis for improvement in nutrition, education, water and sanitation programs has been laid as well as integration of the various health programs and mainstreaming of activities within the different branches of the health system.

There is a District Hospital, there are 3 no. of sub divisional hospitals, 1 state general hospital in Digha, 3 no. of rural hospitals, 22 no. of Block Primary Health Centres, 51 No. of Primary Health Centres, 597 no. of Sub-Centres, 8 no. of Leprosy Control Units, 29 no. of Homeopathy Units, 7 no. of Ayurvedic Units, 8 no. of Dental Surgeons, 189 no. of doctors, 518 no. of Nursing Staffs.

**District Profile- Howrah**

**Howrah** is a municipality and a large district in the state of West Bengal, India. Its population exceeds 5 million people. This is one of the most eastern parts of the country known for its specific flora and fauna, plenty of places of interest and soft climate. Latitude and longitude coordinates are: 22.595770, 88.263641. The gps coordinates of 22° 35' 44.7720" N and 88° 15' 49.1076" E.

**Climate:** Howrah has a Tropical wet-and-dry climate (Köppen climate classification Aw). The summers here have a good deal of rainfall, while the winters have very little. The temperature averages 26.3 °C. Precipitation averages 1744 mm.

**Economy:** Often termed as Sheffield of the East, Howrah is known as an engineering hub, mainly in the area of light engineering industry. In 1823, Bishop Reginald Heber described Howrah as the place "chiefly inhabited by shipbuilders". There are small engineering firms all over Howrah, particularly around Beilios
Road area near Howrah station. However, these businesses are declining in the 21st century. There are many foundries in Liluah area. Burn Standard Company, a major company in heavy engineering industry, has its oldest manufacturing unit located in Howrah. The Howrah plant of Shalimar Paints (established in 1902) was the first large-scale paint manufacturing plant to be set up not only in India but in entire South East Asia. The jute industry suffered during the Partition of Bengal (1947), when the larger jute production area became part of East Pakistan (now Bangladesh). The foundry industry saw a decline in demand due to growth in steel industry.

**Administrative Sub Divisions:** Howrah District is split into the Howrah Sadar subdivision and the Uluberia subdivision.

- **Howrah Sadar subdivision** has 1 municipal corporation and 5 community development (CD) blocks.
- **Uluberia subdivision** has 1 municipality and 9 community development blocks.

Each block consists of a rural area divided into gram panchayats along with census towns. The district has 11 police stations, 157 gram panchayats and 50 census towns.

**Demography:** According to the 2011 census Howrah district has a population of 4,850,029, roughly equal to the nation of Singapore or the US state of Alabama. This gives it a ranking of 23rd in India (out of a total of 640). The district has a population density of 3,300 inhabitants per square kilometre (8,500/sq. mi). Its population growth rate over the decade 2001-2011 was 13.31%. Haora has a sex ratio of 935 females for every 1000 males and a literacy rate of 83.85%. Total area in Howrah District is 1467 km². Total population is 4,273,099 as per census 2001 records. 57.91% of the population live in Howrah Sadar subdivision and rest 42.09% live in Uluberia subdivision. Population Density: 2913 per km².

**Health Services:** There is a district hospital, there is 1 SD hospital in Uluberia, and SHG hospital in Udaynarayanpur, there is 1 sub divisional hospital in Uluberia, there are total 14 no. of RH/BPHC in Amta-I, Amta-II, Bagnan-I, Bagnan-II, Bally Jagacha, Domjur, Jagatballavpur, Panchila, Sankrail, Shyampur – I, Shyampur – II, U. N. Pur, Uluberia – I & Uluberia – II.

**District Profile - Hooghly**

**Hooghly** is a district, which became a separate Collectorate in the year 1822 with Mr. W.H. Belli being the first Collector. The present Collectorate Building was constructed between 1827 and 1829 to accommodate the British troops. The headquarter of Hoogly is Chinsurah. There are about 29,500 residents living in the town. It is a part of Kolkata metropolitan area, and this is the main factor why the town is developing and getting larger, as a part of the large city's conglomeration. Latitude and longitude coordinates are: 22.900000, 88.389999. The gps coordinates of 22° 53' 60.0000'' N and 88° 23' 23.9964'' E.

**Climate:** Hooghly has a tropical savannah climate. The annual mean temperature is 26.8°C, although monthly mean temperatures range from 16°C to 33°C and maximum temperatures in Hooghly often exceed 38°C. The main seasonal influence upon the climate is the monsoon. Maximum rainfall occurs during the monsoon in August and the average annual total is above 1,500mm. Moderate north-westerly to northeasterly winds prevails for most of the year with a high frequency of calms. Summer is dominated by strong southwesterly monsoon winds. Winters are comfortable with temperatures lying between 11 to 17°C.

**Economy:** Hooghly is one of the most economically developed districts in West Bengal. It is the main jute cultivation, jute industry, and jute trade hub in the state. The jute mills are along the banks of the river Hooghly in Tribeni, Bhadreswar, Champdani and Sreerampur. There are a number of industrial complexes including one of the largest car manufacturing plants in India, the Hindustan Motors plant in Uttarpara. It was also home to the Singur Tata Nano controversy. Hindustan Motors plant was closed in 2014. Bandel Thermal power plant and tribeni tissue plant (ITC) are running smoothly.
Administrative Sub Divisions: The district comprises 4 sub divisions- sadar sub division, chandannagar sub division, srirampore sub division & arambagh sub division.

- **Sadar sub division**- there are 52 wards, 2 municipalities, 5 blocks, 69 GPs.
- **Chandannagar sub division**- there are 1 corporation, 92 wards, 3 municipalities, 3 blocks, 41 GPs.
- **Srirampore sub division**- there are 140 wards, 6 municipalities, 4 blocks, 34 GPs.
- **Arambagh sub division**- there are 19 wards, 1 municipality, 6 blocks, 63 GPs.

**Demography:** In 2011, Hugli had population of 5,519,145 of which male and female were 2,814,653 and 2,704,492 respectively. In 2001 census, Hugli had a population of 5,041,976 of which males were 2,589,625 and remaining 2,452,351 were females. Hugli District population constituted 6.05 percent of total Maharashtra population. In 2001 census, this figure for Hugli District was at 6.29 percent of Maharashtra population. There was change of 9.46 percent in the population compared to population asper 2001. In the previous census of India 2001, Hugli District recorded increase of 15.77 percent to its population compared to 1991.

In census enumeration, data regarding child under 0-6 age were also collected for all districts including Hugli. There were total 533,210 children under age of 0-6 against 603,258 of 2001 census. Of total 533,210 male and female were 273,116 and 260,094 respectively. Child Sex Ratio as per census 2011 was 952 compared to 951 of census 2001. In 2011, Children under 0-6 formed 9.66 percent of Hugli District compared to 11.96 percent of 2001. There was net change of -2.3 percent in this compared to previous census of India.

**Health Services:** There are total 30 no. of H.M.Os, there is total 6 H.M.Os attached to S.H.D. there are total 24 no. of H.M.Os attached to B.P.H.C.In rural hospital there are 7 no. of Ayurvedic Medical Officer, 7 no. of Dental Surgeons, 41 no. of Allopathic Medical Officers, in Block Primary Health Centers there are 7 no. of Ayurvedic Medical Officer, 8 no. of Dental Surgeons, 25 no. of Allopathic Medical Officers, in Primary Health Centers there are 76 no. of medical officers.
Annexure III: Map depicting Cyclone affected districts in West Bengal
# Annexure IV: Abbreviations

## Abbreviations of Organizations

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<td>BMCDM</td>
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<td>164</td>
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<td>North 24 Parganas</td>
<td>Hingalganj</td>
<td>Malekanghumti</td>
<td>Ramasorpur</td>
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<td>Madhabkati</td>
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<td>Jogeshganj</td>
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<td>Gobindakati</td>
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<td>Hingalganj</td>
<td>Jogeshganj</td>
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<td>Gobindakati</td>
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<td>North 24 Parganas</td>
<td>Hingalganj</td>
<td>Gobindakati</td>
<td>xiv</td>
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<td>171</td>
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<td>North 24 Parganas</td>
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<td>Dulduli</td>
<td>iii, iv</td>
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<td>Hingalganj</td>
<td>Hingalganj</td>
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<td>North 24 Parganas</td>
<td>Hingalganj</td>
<td>Sandelerbil</td>
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<td>Sandaskhal-1</td>
<td>Nazat-1</td>
<td>Bawniya Abad</td>
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<td>District</td>
<td>PS No.</td>
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<td>Baltinityanondokati</td>
<td>Natyanondokati</td>
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<td>Kaijuri</td>
<td>Gavorda</td>
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<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Kaijuri</td>
<td>Bhaduri</td>
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<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Kaijuri</td>
<td>Dobila</td>
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<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Gobindopur</td>
<td>Gobindopur</td>
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<tr>
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<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Sarapul Nirman</td>
<td>Katabagan</td>
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<tr>
<td>No</td>
<td>State</td>
<td>District</td>
<td>Block</td>
<td>GP Count</td>
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<td>191</td>
<td>West Bengal</td>
<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Sarapul Nirman Nirman</td>
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<td>192</td>
<td>West Bengal</td>
<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Tapulmirzapur Madia</td>
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<td>193</td>
<td>West Bengal</td>
<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Tapulmirzapur Tapul</td>
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</tr>
<tr>
<td>194</td>
<td>West Bengal</td>
<td>North 24 Parganas</td>
<td>Swarupnagar</td>
<td>Tapulmirzapur Mirzapur</td>
<td></td>
</tr>
<tr>
<td>195</td>
<td>West Bengal</td>
<td>East Medinipur</td>
<td>10 Coastal Blocks</td>
<td>76 GPs</td>
<td></td>
</tr>
</tbody>
</table>
### Annexure VI: Indian Sunderbans

<table>
<thead>
<tr>
<th>Indian Sunderbans</th>
<th>Sq. Kms</th>
<th>Remarks</th>
</tr>
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<tbody>
<tr>
<td>Sundarban National Park</td>
<td>1330</td>
<td>2585 sq. km. Sundarban Tiger Reserve</td>
</tr>
<tr>
<td>Sundarban Wildlife Sanctuary</td>
<td>362</td>
<td></td>
</tr>
<tr>
<td>Sundarban Buffer Area</td>
<td>893</td>
<td></td>
</tr>
<tr>
<td>Lothian Wildlife Sanctuary</td>
<td>38</td>
<td>1679 sq. km. South 24 Parganas Forest Division</td>
</tr>
<tr>
<td>Haliday Wildlife Sanctuary</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Other areas of 24 Parganas</td>
<td>1635</td>
<td></td>
</tr>
<tr>
<td><strong>Total Area</strong></td>
<td><strong>4264</strong></td>
<td><strong>4264 sq. kms</strong></td>
</tr>
</tbody>
</table>

- **Uniqueness of Sundarbans:**
  - a. World's largest delta
  - b. World's largest Mangrove Forests
  - c. Highly productive ecosystem
  - d. Natural fish nursery
  - e. Highest population of tiger in the world
  - f. Recognized World Heritage Site by UNESCO, 1987

- **Main river:** Raimongal, Harinbhanga, Gowasaba, Matla, Thakuran, Saptamukhi, Murigana, Hoogli

- **Total embankment:** 3500 kms

- **Total island:** 102, 48 in Forest island and 54 in locality

- **Maximum islands Block wise:** Patharpratima (13), Gosaba (9), Nankhana (5), Sandeshkhali (6), Haroa (5)

- **Total population:** 50 lakhs +

- **Gender ratio:** Approx. 945 women per 1000 men in Sundarbans

- **Below Poverty Line population:** SC (65%), ST (38%)

- **Natural calamities in Sundarbans:**
  - a. **From 1558 to 1897 (339 years):** The fragile ecosystem sustained 18 disasters of which 15 were cyclone (2 coupled with earthquake and 2 coupled with flood), 4 earthquakes
  - b. **From 1900 to 2010 (110 years):** 23 cyclones (1 coupled with earthquake, 1 with tsunami and 1 with flood)

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Tourist Guidebook of Sundarbans by Joydeb Das, 2015
## Annexure VIII: Containment Zones

### North 24 Parganas

#### FINAL CONTAINMENT ZONES IN NORTH 24 PARGANAS (LAST UPDATED ON 18.05.2020)

<table>
<thead>
<tr>
<th>SN</th>
<th>Municipality / Block</th>
<th>Ward / GP</th>
<th>Locality</th>
<th>Police Station</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ashoknagar-Kalyangarh</td>
<td>5</td>
<td>18 Kath Pole Kachua</td>
<td>Ashoknagar</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>20</td>
<td>Near Ashoknagar Police Station</td>
<td>Ashoknagar</td>
</tr>
<tr>
<td>3</td>
<td>Baranagar</td>
<td>4</td>
<td>BSF Camp, Alambazar</td>
<td>Baranagar</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>8</td>
<td>Deshbandhu Road (West)</td>
<td>Baranagar</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>13</td>
<td>Gopal Lal Thakur Road, Baranagar</td>
<td>Baranagar</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>14</td>
<td>Banhoogly, Rabindranagar</td>
<td>Baranagar</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>17</td>
<td>Nabin Chandra Das Road, Sreepalli</td>
<td>Baranagar</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>18</td>
<td>A K Mukherjee Road</td>
<td>Baranagar</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>21</td>
<td>BirAnantaramMondal Lane</td>
<td>Baranagar</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>23</td>
<td>B K Maitra road, Ram Chand Mukherjee Lane</td>
<td>Baranagar</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>25</td>
<td>JogendraBasak Road, Baranagar</td>
<td>Baranagar</td>
</tr>
<tr>
<td>12</td>
<td>Barasat</td>
<td>3</td>
<td>Shrinikatan, Barasat (opposite Lali Cinema)</td>
<td>Barasat</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>15</td>
<td>BijoynagarKazipara</td>
<td>Barasat</td>
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<td>14</td>
<td></td>
<td>31</td>
<td>Hridaypur</td>
<td>Barasat</td>
</tr>
<tr>
<td>16</td>
<td>Barrackpore</td>
<td>5</td>
<td>Sadhu Mukherjee Road.</td>
<td>Titagarh</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>18</td>
<td>Ali Hayder Road, Math Para</td>
<td>Titagarh</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>19</td>
<td>Gandhi more near Mother Teresa Hospital</td>
<td>Titagarh</td>
</tr>
<tr>
<td>19</td>
<td>Bhatpara</td>
<td>8</td>
<td>BI No. 5, Holding No. 6/2, Ps - Kakinara, Bhatpara Municipality</td>
<td>Bhatpara</td>
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<tr>
<td>20</td>
<td></td>
<td>12</td>
<td>KelabaganBakar Mahalla, Bhatpara</td>
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<tr>
<td>21</td>
<td></td>
<td>13</td>
<td>Kankinara</td>
<td>Bhatpara</td>
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<td>22</td>
<td></td>
<td>19</td>
<td>Rajpukurpath, Authpur, Jagaddal</td>
<td>Jagaddal</td>
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<tr>
<td>23</td>
<td></td>
<td>33</td>
<td>Uttar Panpur, Bhatpara, Jagaddal</td>
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<tr>
<td>SN</td>
<td>Sub-Division</td>
<td>Name of Block/ Municipality</td>
<td>Containment Area Zone-A</td>
<td>Name of GP/Ward</td>
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<tr>
<td>1</td>
<td>Alipore Sadar</td>
<td>Bishnupur-I</td>
<td>DaikshinKazirhat</td>
<td>Paschimbishnupur</td>
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<tr>
<td>2</td>
<td>Alipore Sadar</td>
<td>Bishnupur II</td>
<td>Rong Para, Mondal Para, Daluipara, Malik Para of Khagramuri Village</td>
<td>Khagramuri</td>
</tr>
<tr>
<td>3</td>
<td>Alipore Sadar</td>
<td>Bishnupur II</td>
<td>Khuripole&amp;Gazipara of Paraswar Village</td>
<td>Nahazari</td>
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<td>4</td>
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<td>Budge Budge-I</td>
<td>DaulatpurChingripota Road Towards Mishapukur</td>
<td>Chingripota GP</td>
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<td>5</td>
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<td>Budge Budge-II</td>
<td>Alampurjele Para</td>
<td>KashipurAlampur</td>
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<tr>
<td>6</td>
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<td>ThakurpukurMaheshtala</td>
<td>ChattaMolla Para</td>
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<tr>
<td>7</td>
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<td>ThakurpukurMaheshtala</td>
<td>ChattaPuratan Roy Para</td>
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<td>ThakurpukurMaheshtala</td>
<td>Beg Para Masjid Area</td>
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<td>ThakurpukurMaheshtala</td>
<td>Jagannathpur Plaza</td>
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<td>Pranik Park 2nd Lane</td>
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<td>Dakhnee Housing Estate</td>
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<td>New Santoshpur Road</td>
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<td>Maheshtala Municipality</td>
<td>Jinjira Bazar area connecting Maheshtala Municipality</td>
<td>Ward-12</td>
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<td>15</td>
<td>Baruipur</td>
<td>Baruipur-Municipity</td>
<td>Baisnabpara (i) from house of Anil Sardar to House of SishirNaskar ii Bedepara rail gate to Subhash Builder) under Ward no 10,</td>
<td>Ward no 10</td>
</tr>
<tr>
<td>16</td>
<td>Baruipur</td>
<td>Rajpur- Sonarpur Municipality</td>
<td>Nandan Colony, Block - D (from the house of Rajb Chandra to the house of Subhadiy)</td>
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<td>17</td>
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<td>Rajpur- Sonarpur Municipality</td>
<td>Gadi Para, Khudiram Colony (from house of Amal Sarkar to house of Haru Roy)</td>
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<tr>
<td>No.</td>
<td>Location</td>
<td>Area of Interest</td>
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<tr>
<td></td>
<td></td>
<td>From Mega City to Khandakarpura Shanti Sangha at the left, then upto Tarafdarpara New Jubok Sangha at the right. Darir Road.</td>
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<td>24, 25 Raghabpur, Katyanitalaupto Bile's Grossary Store Sonarpur</td>
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<td>Rajpur-Sonarpur Municipality</td>
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<tr>
<td></td>
<td></td>
<td>Pearabagan, from the house of BimanChakraborty to the house of NemaiSaha including one blind lane leading to the house of Mirtunjoy Das</td>
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<tr>
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<td>RSM Ward No. 31 UjjwalSangha Club area, Milan Sangha Club area near Auto Stand, Auto Stand Narendrapur</td>
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<td>20</td>
<td>Baruipur</td>
<td>Rajpur-Sonarpur Municipality</td>
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<tr>
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<td>Panchpota Shibtala from the house of Joyram Kanjilal to the house of Durba Chakraborty</td>
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<td>RSM Ward No. 3 SabujSangha 'D' Block Shantinagar Narendrapur</td>
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<td>Rajpur-Sonarpur Municipality</td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>Boalia Natunpara [from Saha Kali Bari, Boalia Main Road to Natunpara Main Road]</td>
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</tr>
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<td></td>
<td>RSM Ward No. 6 Boalia Yuba Sangha area, Boalia Natunpara, Gazipara, Kuntal Furniture Goli, Boalia Bazar Narendrapur</td>
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<td></td>
</tr>
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<td>22</td>
<td>Baruipur</td>
<td>Rajpur-Sonarpur Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1. Ashirbad Green Valley Residency, Garia Main Road 2. Satyajit Roy Park Panchanantala (Total area)</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>RSM Ward No. 34, 33 Kalabagan, Rakshitirmore, Shib Mandirpara, Boral Lake Pally Badamtala, Gitanjali Park, Steam Laundry More, Premier Factory More, Kalimandir Narendrapur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Baruipur</td>
<td>Kheadaha - II G.P.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Radha Housing area at Aathghara from Daspara More Bypass Villa to the corner of fish market.</td>
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<tr>
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<td></td>
<td>Kheadaha - II G.P. Shanti Park Daspara More Aathghara Narendrapur</td>
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<td></td>
</tr>
<tr>
<td>24</td>
<td>Baruipur</td>
<td>Baruipur</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sardar Para of Panchghara, Das Para (from Ripon's house to Subhash Das's house)</td>
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<td>Mallickpur GP Mallickpur GP, 13 Baruipur</td>
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<td>25</td>
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<td>I) Kazipara, Mallickpur II) From Van Stad to Uttam's Houses Of Mallickpur Station Road.</td>
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<td>MallickpurGp MallickpurGp, Hariharpur Baruipur</td>
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<td>Punri, Uttar Punri, Fulubi, Madhabpur, Chitrashali Purba Para</td>
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<td>BegampurGp BegampurGp, Ramnagar-I Gp Baruipur</td>
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<td>Ramchandrakhali Jomadar Para Basanti PS</td>
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<td>Basanti Launch Ghat to Basanti BDO Road to Basanti Bridge Point</td>
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<td>Ramchandrakhali Nojibur Para Basanti PS</td>
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<td>29</td>
<td>Diamond harbor</td>
<td>Mandirbazar</td>
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<td>31</td>
<td>Diamond harbor, Mathurapur I</td>
<td>Uttar Durgapur Village (Surrounding houses of Jagadish Mandal, Deibipur, Satghora, Khotir Bazar) Deibipur GP Bireswarupur, Krishnapur, Hatkholo Bazar, Joynagar, Tulsighat Bazar, Uttar Gangadharpur, Mirzapur, Rajapur, Tentulberia Bhabudpur</td>
<td>Mathurapur PS</td>
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<td>Diamond harbor, Joydebpur Village</td>
<td>Parulia Village Parulia Village Parulia Costal PS</td>
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<td>33</td>
<td>Diamond harbor, Magrahata II</td>
<td>Byaspur &amp; Nainan Nainan GP Dodalia &amp; Kuldia Magrahata PS</td>
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<td>Diamond harbor, Pailan Para</td>
<td>Dhamua South GP Golabari Magrahata PS</td>
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<td>35</td>
<td>Diamond harbor, Magrahata I</td>
<td>1. Locality on both side of the road from Andharmanik to Baneswarpur. 2. Baneswarpor Bazar 3. Gholar more and 4. Usthi bazar Hariharup GP Sirakol, Sherpur &amp; Utkirkusum Usthi PS</td>
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*Zone A: Guidelines of area containment will be strictly maintained*

*Zone B: Medical survey and testing to be done as per the instructions*
<table>
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<tr>
<th>SL No</th>
<th>Sub Division</th>
<th>Block/ Municipality</th>
<th>Containment Area Zone -A</th>
<th>Name of GP/Ward</th>
<th>Police Station</th>
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<tr>
<td>1</td>
<td>Serampore</td>
<td>Konnagar</td>
<td>BanchharamMitra Lane of ward no 11 of Konnagar municipality under</td>
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<td>Rishra</td>
<td>Bari masjid lane of ward and GT Road adjacent to Bari Masjid Lane</td>
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<td>Goalapara Road (G.T. Road to 4no Rail gate) Gokhana housing complex beside R.K Road of ward no 2 of Rishrampur municipality.</td>
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<td>Jodhan Singh Road of ward no 3 of Rishra municipality</td>
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<td>Serampore</td>
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<td>SimlaSatghara Road, Pravasnagar of ward no 18 of Rishra municipality, (SS Road extension to Entry point of Pravasnagar of Serampore 29 no ward)</td>
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<td>Shivaji Bag, N.S. Road, Seoraphuli of ward no 9 of Baidyabati municipality</td>
<td>Ward- 9</td>
<td>Serampore P.S. (Seoraphuli Outpost)</td>
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<td>Ramsita Lane, (labour quarters of line no 9 of Indian Jutemill) of ward no 12 of Serampore municipality</td>
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<td>11/4/6 RAJA MANINDRA ROAD, KOLKATA 37, 8, 6, 7, 10, 11, 12, 13, 14 Raja Manindra Road, Rami Harishchandra Road, Chandra Nath Sinha Lane</td>
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<td>20/21 Khojiram Bose sarani, Belghachia Road, Kolka 37, Belghachia Road, 20 Belghachia Road, Srikanta Chowdhury Lane, Nilniso Mitra Road, Rama Chatterjee Lane, Tanik Bose Lane, Raja Bhowmik, Rasabihari Chatterjee Lane, Shyamsunder Mukherjee Lane.</td>
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<td>37, BELGACHIA RD, BELGACHIA PS - TALA, KOL 37, BELGA</td>
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<td>21</td>
<td>5/D GUPTA LANE PS SHYAMPUR KOLKATA 700050</td>
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<td>22</td>
<td>521, RABINDRA SARANI KOLKATA-700003</td>
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<tr>
<td>23</td>
<td>Kripiniseth Dutta Rd, GhoshBagan, Loket Gaste</td>
<td>6</td>
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<tr>
<td>24</td>
<td>1 to 48 Ponmariyul Park Street, 3 to 9 Kosal Krishna, SurStrer, 8 to 16 Biswanath Mallick Lane,2/3A Narayan Sur Street, Natal pal Lane, Nepal V轿ic Street, 17 17 Urbanskop Roy Lane, 27 to 40 Balsam Mahunder Street, 17A Gopik Roy Lane, 1 to 15 Goshpara Lane, 16 Kripiniseth Lane</td>
<td>9</td>
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<tr>
<td>25</td>
<td>17,21,33,45,50,55 SHRI AUTOMOBINDO SARANI,50,51,52 Mahendra Mohan Avenue,152,150,148,146,144 B.kapal rd</td>
<td>0</td>
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<tr>
<td>26</td>
<td>28B Smpurukur Street &amp; Nabamiram Rana Lane, Kolkata700004</td>
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<td>27</td>
<td>26 NALIN SARKAR STREET, PO-SHUBHAMAZAR, PESHSHYAMPUR, Nalind sarani srsteti sst, st, ganendra mitra lane,shyampur sarani</td>
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<tr>
<td>28</td>
<td>7, Bhabanath Sen Street, Kolkata 700004, Bhaban sarani,Bhaban Sath sen st, Dakshin sen ln, mahamali st, Debnarayan das lane, R G sar road, 170, PALL STREET</td>
<td>12</td>
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<td>23/A, APC ROAD, PO-SHYAMBUZAR, PS-ULTALANDA, 221 TO 228/2 APC ROAD, NILAMBAR MUKHERJEE STREET, RAMATANGAN BOLE, LALITA MITRA LANE</td>
<td>12</td>
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<tr>
<td>30</td>
<td>23 Camaii West Road, Maniktala, Kollata, Canal west road, vivekananda road, munshi para in, kalmudin in, kal top berth in, POLICE BARRACK, MANI KHALA, POLICE STATION</td>
<td>15</td>
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<tr>
<td>31</td>
<td>48, SIMLA ROAD, MANI KHALA, KOLKATA-700006,Chamandhir st munshi para in, Hari Zadakia in, R D st</td>
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<td>32</td>
<td>105 - 1A RAJENDRA STREET, VINAYAK TOWER, FLAT 3B, KOL - 6, RAJENDRA STREET, LALA BAGAN NIKOD BIHARI STREET, APC ROAD</td>
<td>15</td>
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<tr>
<td>33</td>
<td>9/4 Hari Ghosh Street, Brij Ghosh Lane, Kali Bose Lane &amp; Ram Narayan Bhattacharya Lane, Kolkata 700006, 9/4 BARI GHOSH STREET BEADON STREET KOLKATA WESTBENGAL</td>
<td>17</td>
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<tr>
<td>34</td>
<td>37/A Durgesh Charan Mitra Street, Kolkata 0, Durgesh charanmitra st, chidam modi lane,shaquas square</td>
<td>17</td>
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<td>35</td>
<td>456A Rabindra Sarani, Rabindra Sarani, B K Paul Avenue Garamchha Street, Sonagachi Lane, 38/A, GARAN HATTASTREET, MINERVA THEATRE, KOL - 6</td>
<td>18</td>
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<tr>
<td>No.</td>
<td>Address</td>
<td>City</td>
<td>District</td>
<td>State</td>
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<tr>
<td>1</td>
<td>1/1 IMAM BOSE LANE PO BEADON STREET, P.S.-EUROTOLL, Imam buss In, Nil monlimra st,Fakir chakraborty in , DCM road</td>
<td>KOLKATA</td>
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<td>WEST</td>
<td>700001</td>
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<td>2</td>
<td>47A JAVHITRA STREET, KOLKATA 700003, JOY MITRA STREET, TARA CHAKRABORTY LANE, MASID BARI STREET, ABINUS KARIA STREET</td>
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<td>8,2 NILMONI MITRA STREET, BENATOLA, KOL700006, NILMONI MITRA STREET, RAM CHANDRA GHOSH LANE, ZARIFF LANE, Beadonstreet, Jamindra mohan st.</td>
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<td>4</td>
<td>50/1, MANIK BOSE GHAT STREET, JORABAGAN KOL-6, MANIK BOSE GHAT STREET</td>
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<td>5</td>
<td>19A Gopi Krishna Dal Lane, MATHUR SEN GARDEN LANE, KALI PROSONO NO BANERJEE ROAD, BK PAUL AVENUE</td>
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<tr>
<td>6</td>
<td>106, M.D Road</td>
<td>KOLKATA</td>
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<td>10, DALIMTALA LANE, BEADON STREET, KOLKATA-9, Dalimtala Lane, Raja sal krishna st, khudiram bose st</td>
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<tr>
<td>8</td>
<td>106, A.PC ROAD, BEADON STREET, KOL-6, APC ROAD, MOY MOHAN BOSE STREET, MASHN DAY LANE</td>
<td>KOLKATA</td>
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<td>WEST</td>
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<tr>
<td>9</td>
<td>Jorabagan Traffic Guard, Jorabagan, Kolkata 700005, JORABAGAN TRAFFIC GUARD, SOVABAZAR STREET, RASINDRA SARANI, BAROVIRATA LANE</td>
<td>KOLKATA</td>
<td>KOLKATA</td>
<td>WEST</td>
<td>700007</td>
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<tr>
<td>10</td>
<td>RASINDRA SARANI, Ahsirika, Behar, Kolkata, West Bengal 700007, RASINDRA SARANI, NIMU GOSWAMI, SKINDA BANERJEE STREET, NITIMTLA LN, Babu ram ghosh in</td>
<td>KOLKATA</td>
<td>KOLKATA</td>
<td>WEST</td>
<td>700007</td>
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<tr>
<td>11</td>
<td>19/9/2 CANAL WEST ROAD-PS SHYAMBazar PS ULTADANGA PIN-700004, 15/7 ULTADANGA ROAD, 239 to 246 APC road, lag mota lane</td>
<td>KOLKATA</td>
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<td>12</td>
<td>106/88 BIDHAN SARANI, KOLKATA, bidhan sarani, baldasgachioch street, padma rash lane, Maharam Hamarni kumari st, Chowdhury ln, Nayarita ln, Mommasa Bhanagiriya ln</td>
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<td>KOLKATA</td>
<td>WEST</td>
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<tr>
<td>13</td>
<td>Goshaghat st, lane, bussen, elum, sahayi pariksh st,allimtala lane</td>
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<td>WEST</td>
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<tr>
<td>14</td>
<td>Bidhan sarani,Raja Sal krisna road, Roy bagan,tevar mill lane</td>
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<tr>
<td>15</td>
<td>6 CAMPATI SARANI LANE, CAMPATIAPPARTMENT, PO &amp; PS - ULTADANGA, KOL-69</td>
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<tr>
<td>16</td>
<td>32/12 Biplab Basu ghosh Sarani, P.O. Ultadanga, P.S. Maniktala, Kolkata 700007</td>
<td>KOLKATA</td>
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<td>WEST</td>
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<tr>
<td>17</td>
<td>11/16/6 Kasth bussen, 1st Lane, 2nd Lane, Cross Lane, Patuapara Lane, Kaliapur bhubi, Kolkata</td>
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<td>WEST</td>
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<tr>
<td>18</td>
<td>3/8 Narkeldanga Main Road</td>
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<td>PO44A CIT ROAD, SCHEME No. 54, CIT ROAD, PHOOLBAGAN AREA, 106 to 128, Narkeldanga Main Road, Phoolbagan, Kolkata</td>
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<td>20</td>
<td>MOTILAL BASL LANE, PHOOLBAGAN,KOLKATA, JOCODHYAN</td>
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<tr>
<td>21</td>
<td>32 Ramkrushna samadhni Road, Kadsara, Phoolagan, Kolkata, 700054, 133 to 828 CITSRs, Scheme VI-A, Kankurgachi</td>
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<td>100A Manickata Main Road, Kolkata 700054</td>
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<td>23</td>
<td>57 BEILAGHATA MAIN ROAD, (ID &amp; SCHOOL CAMPUS QTRs)</td>
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<td>24</td>
<td>95/15 Kabi Sukanta Sarani, Kolkata 85, Kabi Sukanta Sarani</td>
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<td>25</td>
<td>31 NO. BARORI ROAD, KOLKATA 70003, BARORI TALA ROAD, SOUTH KULIA ROAD, DEELEGHATA 700010</td>
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<td>55/4 SASTITALA ROAD, NARKELDANGA,KOLKATA - 700011, 84 to 90 NarkeldangaNorth Road, Kolkata 11 (Ward 39)</td>
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<td>4 WARD, MANIKRAN COMPLEX, RAMMOHAN MALLIK GARDEN LANE, KOLKATA</td>
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<td>135, BEILAGHATA MAIN ROAD, Suchat Surobor Park, Phoolagan, Beelaghat, Kolkata, West Bengal 700010</td>
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<td>77/1, NARKELDANGA MAIN ROAD, Phoolagan, Beelaghat,Kolkata, West Bengal 700001</td>
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<td>14/20 SIB KRISTO DAW PS- PHOOLBAGAN PIN-700004</td>
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<td>8/175, BEILAGHATA MAIN ROAD PO-K.G.BOSE SARANI, P.S.-NANDI HOUSE PIN-700065</td>
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<td>18/15 MANIKTALA MAIN ROAD-7000064</td>
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<td>102 RAJENDRA LAL MITRA ROAD KOL. 85, 102/3 Raile Raichadra Lal Mitra Road of Ward 35</td>
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<td>36</td>
<td>12 to 15, Atir Road, Road 67</td>
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<td>37</td>
<td>91/84, 94, 95, Ballaghata Main Road, Kolkata (Lebogola Bussen)</td>
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<td>38</td>
<td>10 to 34, Beelaghat Main Road, Kolkata</td>
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<td>BLOCK - K FLAT - K, MANIKTALA HSG ESTATE CIT SCHEMEVIUM, KANKURGACHI, KOLKATA - 700004</td>
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<td>2A Suresh East Beelaghat Kolkata 700010</td>
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<td>No.</td>
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<td>Region</td>
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<tr>
<td>1</td>
<td>10, Mondal Street, Jorabagan, Kolkata, Sujendra Seth Lane</td>
<td>700009</td>
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<td>2</td>
<td>51/4 Strand Road, Kolkata 700007, STRANDBANK ROAD</td>
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<td>2NO. NIRDHOAR GHAT STREET, BARRABAZAR, SONAPATTI,KOLKATA 700007, 2 No.</td>
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<td>Nirdhoar Ghat Street and Netali Subhas Road, Strand Road, Netali Sroth</td>
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<td>80 Biswa Sarani, Barrakpur, Kolkata 700007, HARI RAM STREET, DURBAR</td>
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<td>JAIN TEMPLE ROAD, RAM KUMAR RAHAT STREET, HARI RAM GOENKA STREET</td>
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<td>6</td>
<td>15 No PK Tagore Street, Jorabagan, P.O. Beadon Street, Kolkata 700006</td>
<td>700006</td>
<td>P K Tagore Street</td>
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<td>11 E, Ashtaya Dutta Lane, Beadon &amp; Jorabagan Kolkata 700007, Nitmala</td>
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<td>Ghosh Street, Rabindra Seth Lane</td>
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<td>BEADON STREET, JORABAGAN, KOLKATA, Ramesh Dutta Street, Ramntrinathsa</td>
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<td>Bagchi Lane</td>
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<td>27, SETHBAGAN LANE, GHIRISH PARK COL-6, NANDA MOLLIK LANE, PEARI DAS</td>
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<td>LANE</td>
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<td>10</td>
<td>7 RAIDHAB RAMANLAVY LANE, BUDON STREET, JORABAGAN, HALABAGAN LANE, KAILASH</td>
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<td>BOSE STREET, BINAD SAHA LANE, GHOSH LANE</td>
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<td>28/4, 655 RAJABAZAR DUDKHOTHI, KOLKATA, 700009, 28/4/55 RAJABAZAR</td>
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<td>DUDKHOTHI, Raja Raja Nandy Street, Raja Dinesh Street</td>
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<td>25, Harinath Dey Road, Narkeldanga, Kolkata 700009</td>
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<td>26#C RABINDRA SARANI, KOLKATA, BARABAZAR, KOLKATA 700007, KALI KRISHNA</td>
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<td>TAGORE STREET, RAY LANE, RAJA BRAHMAN LANE, 16, SIXDAR PARA STREET</td>
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<td>Adhikari bazar, Kalasiar D, Raja Brahmendra st</td>
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<td>15</td>
<td>3 &amp; 12 HANSPUKAR 1ST LANE, BARABAZAR, KOLKATA 70007, 47/1, Sri Harinam</td>
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<td>Ghosh Lane, Rabindra Sarani</td>
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<td>24/4, BEGUH CHATTER JEE STREET, AHMERST STREET, HERAMBO DAS LANE, BROJANATH LAM LANE</td>
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<td>17</td>
<td>150A MM Burman Street, Kolkata 700007, MM Burman street, Shambhu</td>
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<td></td>
<td>Chatrajeee Street, Mitra Lane</td>
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<td>18</td>
<td>164/A Mukteswar Babu Street, Mukteswar Babu 2nd Lane &amp; Mitra Lane,</td>
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<td></td>
<td>Jorasanko, Kolkata 700007</td>
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<tr>
<td>19</td>
<td>18/1A Bakk Dutta Lane, Barabazar, Jorasanko, Kolkata 7, Marcus Square</td>
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<td>20</td>
<td>6/5 ADVA SHRIADHNA GHAT ROAD BORBARABAZAR KOLKATA, MAHARSHI DEENDRA</td>
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<td></td>
<td>ROAD, NIMTALA GHAT STREET, DHARMA TALA LANE</td>
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<td>21</td>
<td>23, 2ND FLOOR, MAHARSHI DEENDRA ROAD, JORABAGAN, Stand bank rd. 1,</td>
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<td></td>
<td>Nabab lane</td>
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<td>22</td>
<td>160, TAGORE CASTLE STREET, KOLKATA – 700006</td>
<td>700007</td>
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<td>23</td>
<td>14/1, RAMESH DUTTA STREET, KOL – 6, 45, 49 RAMESH DUTTA STREET, UMESH</td>
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<td>DUTTA STREET, RAJA GURUDAS STREET</td>
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<td>24</td>
<td>74, Pathuriaghata street, Beadon St, Jorabagan, Kolkata 700006</td>
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<td>12B, RAMANTU BOSE LANE, KOL-6, MAHENDRA GOSWAMI LANE, SUDHER CHATTER JEE</td>
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<td></td>
<td>STREET, VIVEKANANDA ROAD, CHANDRA PUR LANE, WOCHESTER STREET, Ramntrinath</td>
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<td>Mitra, Adhikari bazar, Malipada Dutta lane, Bethu RD, Bibhata Sarani</td>
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<td>13, SIRASH ST, KOLKATA-09, MAHENDRA SARANI, APC ROAD, MANIKTA L,</td>
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<td>MANIKTA STREET, MANIKTA BAZAR</td>
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<td>66/5A Beadon Street, Kolkata 700006, BEADON STREET, BEADON ROW, LATU</td>
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<td>BABU LANE, KEDAR DUTTA STREET</td>
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<td>65 AMHERST ROW 63, AMHERST ROW, BAKER LANE, RAMANANDA CHATTER JEE, RAMOF</td>
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<td>SANOBI, RANKABAZAR, KOLKATA-06, HARPER ROAD, RAJA RAJABAZAR STREET,</td>
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<td>RAMOHAN RAY ROAD</td>
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<td>29</td>
<td>6/17 TARAS PRAMANIK ROAD, GIRISH PARK, KOL-06, Kasto das lane, Buban</td>
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<td>satkar lane, C.R.AVE.Vivekananda rd</td>
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<td>MR BIRENDRA KR JAYWAL, M- 6996, BIDHAN SARANI, KOLKATA-70006</td>
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<td>29/C, DR. DHIREN SEN SARANI, BUDON STREET, KOL-6</td>
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<td>3-B, GANJULI LANE, KOLKATA-7</td>
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<td>33</td>
<td>64, Maharshil Deendran rd, Rangamayan chakor st, Radunandan Goswami lane</td>
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<td></td>
<td>, Radulal mollick rd, 1, Netbal Haldar st, Anukul MUKHERJEE rd,</td>
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<td>Kalankabazar st</td>
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<td>34</td>
<td>15/3, Sovaram Basak st, Gour das Basak lane, Kalka st, Basak lane,</td>
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<td>Rampah Narayan st, Jagmohan mollick lane, Mitra Mitra</td>
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<td>14/1 Dinhia pulin das st, Kalkas singhi lane, Baddur bagan st, Pahar</td>
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<td>bagan lane, Panchanan ghosh lane, Fakir chand mitra</td>
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<td>36</td>
<td>Jogen Dutta lane, Kallash kobiraj lane, Atul mollick lane, Manikta lane,</td>
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<td></td>
<td>Nanda mollick lane</td>
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<td>37</td>
<td>112, Keshab chavan st, Raja Ramohana sarani</td>
<td>700006</td>
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<td>38</td>
<td>Railway Qtr 247/C, C.forest Colony, Kolkata 700004, Kalka Street</td>
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<td>39</td>
<td>7 No Patwar Bagan Lane, P.S. Ahmest Street, Kolkata700009</td>
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<td>116</td>
<td>213 C, M.G ROAD</td>
<td>73</td>
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<td>117</td>
<td>SURYASEN STREET</td>
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<td>118</td>
<td>17/4, Surenchandra Pratap Sarani, B.B. Bazar, Kolkata 700012, Radhanath Molllick Lane, Sree Gopal Molllick Lane, Pratapchatterjee Jee</td>
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<td>119</td>
<td>12/2 Harish Sikker Path, B.Bazar, Kolkata 700002, Arbulpur Lane</td>
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<td>88, COLLEGE STREET, MEDICAL COLLEGE, KOL-70, NABIN KUNDU LANE, BANJYATALA LANE, KASHAB CH SEN STREET</td>
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<td>52/2 B SREE GOPAL MALLICK SAMANT LANE, KOLKATA 12, Modhu Gopal Lane, Gobinda Sen lane, Ram Ranjit Lane</td>
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<td>122</td>
<td>114 Bipin Bihari Ganguly street, Saltlake, Kolkata Mukhrapara, NABIN CHAND EORAL STREET, FOUR DE LANE, DURGA PICTURE LANE</td>
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<td>123</td>
<td>22 College Street, Kolkata 700076, BANERJEE LANE</td>
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<td>38, Amarnath Street, B.B. Bazar, Kolkata 700004, 38 Amarnath Street, Gobinda Chand Dhar Lane, Armournium Street</td>
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<td>9a, Rashtrabanda Lane</td>
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<td>60 Phani Lane, B.Bazar, West Bengal, Kolkata 72, Sagara Dutta Lane, Debendra Nath Mallick Street</td>
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<td>128</td>
<td>60 Gol colormap Street, Kolkata 700072</td>
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<td>129</td>
<td>27 SCOTT LANE, AMHERST STREET, KOLKATA 700009, DR AMAL RAY LANE, BB GANGULY STREET, 167, BB gangulay st, Mallickpur, B.Bazar, Kolkata, 12A, 12B, 12C GANGULY STREET, 12AB BATHANGANA ROAD</td>
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<td>MUCHIPARA KOLKATA, REFUGE LANE, NATIBAR DUTTA ROW, SERPENTINE LANE, SASHI BHUSHAN DEY STREET, SONTAPAGADIRA SQUARE</td>
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<td>132</td>
<td>88, CHATA GALI, TAHIDI LANE, SUN YAT SEN STREETS, BB GANGULY STREET</td>
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<td>116/5 M.G ROAD, KOLKATA 700007, NILAMBUR BAZAR LANE</td>
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<td>134</td>
<td>Medical college BC Roy Students Hostel, Kolkata 12, C.R.Avenues</td>
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<td>1/7 RAVINDRA SARANI, BHUMIKPUR, KOLKATA 7</td>
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<td>34/1A, BENTIATOLA LANE, KOLKATA-700009, Potua tolal lane, M.G. ROAD</td>
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<td>137</td>
<td>18, Mohendra Sarat Street, Ward-50, Flat Mukherpura, KOL 12</td>
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<td>138</td>
<td>161 B.B. GANGULY STREET, SEALDAHKOLE MARKET, ENTALLY</td>
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<td>139</td>
<td>170, KASHAB CHANDRA SEN STREET, AMHERST STREET, KOLKATA</td>
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<td>24/1/2, A P C ROAD, KOLKATA 700004</td>
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<td>141</td>
<td>5, Prin. Lane, C.R. Avenue, Bipin Bihari Ganguly St. Beverley Lane, C.R. Avenue</td>
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<td>142</td>
<td>20, Mallick St. Haranium Lane, M.G. Road, Coton St.</td>
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<td>143</td>
<td>Rana Rammohan Sarani, Nital bari lane, Akshila mistreet lane Rasani gupta Row, Rai cheson lane, Jay naryan ch. lane</td>
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<td>144</td>
<td>1, New Bubazar Lane, Kolkata 11, Gigi Bose Lane, B B Ganguly Street, Niralma Chandra Street, C R Avenue, Fakir Dey Lane, Halder Lane, Das Lane, Jatin Dey Dey Road, Kensing Line</td>
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<td>39, Eden Hospital Lane, MCH Service Qr, Block B, Room No 331, Kolkata 73, EDEN HOSPITAL ROAD, BB GANGULY STREET, GANAA DHARIBABU LANE, GHIR BABU LANE, C.R. AVENUE</td>
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<td>15 RAJA SUBODH MULLICK SARANI, MALIPARA, KOL-33, RAMANATH KABI RAJ LANE, B K ROSELANE</td>
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<td>147</td>
<td>49/1 N Banerjee Road, PS Taltala, Kolkata 14, 49 N Banerjee Road, Taltala Road, Smudh Lane, Block Man Street</td>
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<td>74, D.R. LALMOHAN BHATTACHARJEE ROAD, PO 7 PENTALLY, KOLKATA</td>
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<td>188 AIC Bose Road, Entally, Kolkata 700014, AIC BOSE ROAD, NRS QTR, CANAL STREET, GHATU BABU LANE, DEB LANE, DEI ENTALLY</td>
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<td>P-15 CIT Road, Kolkata 700007, CIT ROAD, PAPER BAZAR, ANANDA PALIT</td>
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<td>7/8/11, Haribagan Road, North Kolkata, Near CIT Photo Sagara, PS Beniapukur, KOL - 14</td>
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<td>11 HARE KISHOR KONAR ROAD, PS-BENIAPUKUR, KOLKATA - 700014</td>
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<td>37/10, JANNAWAR ROAD, BENIAPUKUR, KOLKATA, kimbir street, ostager lane, Sundri Mohan Avenue crematorium street, JAANNAWAR ROAD</td>
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<td>7/3 Manali Dutta Road Entally, Beniapukur, Anjanman Road, AIC Bose Road, Camptown Lane, Tanil Banagan, Moishful Islam Lane, Wallinton Street</td>
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<td>196, Gorachand Lane, PO-Entally, Beniapukur, Kolkata 700094, Gorachand Lane, Kasaal Para</td>
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<td>156</td>
<td>13/4 Gorachand Lane</td>
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<td>157</td>
<td>33 H/O Gora Chand Road, Kolkata 700014</td>
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<td>158</td>
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<td>87/H/O. KASAI PARA LANE, 3RD FLR, P.O. CIRCUS AVENUE, P.S. BENIPUKUR, WEST BENGAL. KOLKATA 700017, KASA PARA LANE, GORACHAND LANE, SUNDOWNAVENUE, PARK STREET</td>
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<td>160</td>
<td>76 Linton Street, Kolkata 700004, CREMATORIUM STREET</td>
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<td>161</td>
<td>30 Nasirudd Street, Park Street, Kolkata 700017, PARK STREET</td>
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<td>35/35/2B, AJC BOSE ROAD, PO CIRCUS AVENUE, P.S. - PARK STREET, KOL. AJC BOSE ROAD, BENIPUKUR LANE, BULI ROAD</td>
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<td>163</td>
<td>38 Alimuddin Street, 12/1/1 Aga Mehdidi Street, P.O. Park Street, P.S. Taltala, Kolkata</td>
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<td>35/3 Alimuddin Street, Kolkata 16, 24/5 Sharif Lane, Nizam Abdul Latif Street, Alimuddin Street, Aga Mehdidi Street</td>
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<td>46 METCALF STREET, KOLKATA-700016, METCALF STREET; GRANTI LANE, BOW STREET, KHAHU PLACE, METCALF LANE, MOTILAL STREET, BRITISH INDIA STREET, WESTERN STREET</td>
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<td>21, Market street, New Market, Kolkata 700007, MARKET STREET, COLLIN STREET</td>
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<td>5 NO UMA DAS LANE, NEW MARKET, KOL.UMA DAS LANE, Rani Rashmoni Road</td>
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<td>29, TALTALA BAZAR STREET, KOLKATA-700014, TALTALA BAZAR</td>
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<td>AMITY PARK, FLAT 33, 21 DEE LANE, ENTAILLY, KOL-14</td>
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<td>170</td>
<td>2 TANTI BAGAN LANE, KOL-14, TANTI BAGAN LANE, NOOR ALI LANE</td>
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<td>171</td>
<td>156 ELLIOT ROAD, KOLKATA-700016 WESTBENGAL, Elliot road AJC Bose road, Ryod Street, RAK Road</td>
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<td>172</td>
<td>32, JAMAD ALI LANE, Janbazar, Taltala, 700016</td>
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<td>173</td>
<td>28 Nilmoni Halder Lane, Dharamtala, NewMarket, Kolkata 13, NILMONI HALDER LANE</td>
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<td>174</td>
<td>FLAT-3 GROUND FLOOR, 36 C AVENUE, KOL-12, CR AVENUE, KHERTA DAS LANE, KAPALITALA LANE, SAMBHU DAS LANE, GANESH CHANDRA AVENUE</td>
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<td>32/1, DOCTOR'S LANE, KOL-14, DOCTOR'S LANE, DURGA CHARAN ROAD, TALITLAL, ENTALLY, KOL-14, DURGA CHARAN ROAD</td>
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<td>18/1/1 Chatus babu Lane, Entally, Kolkata, CHATU BABU LANE, 20/6/6 Chatus Babu Lane, BECHU LAL ROAD, CRISTIPHER ROAD</td>
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<td>8, ISMAIL STREET, ENTAILLY, KOL-14</td>
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<td>3, SARAT GHOOSH STREET, Dhakuria, Halda, Kolkata, West Bengal 700081, SARAT GHOOSH STREET, OC BOSE ROAD, PAN BAGAN LANE, KAPALAS DAS LANE</td>
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<td>2, WALUOOLAH LANE, KOLKATA 700016, WALUOOLAH LANE, TALTALA LANE, HAJI MD MOHSIN SQUARE, RAPI AHMED RINWAI ROAD</td>
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<td>PRINCEP STREET, LENIN SARANI, NIRMAL CHANDRA STREET, BIPLABANI ANUKUL STREET</td>
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<td>181</td>
<td>1/2 Rani Rashmoni Gorden Lane, P.O. - Tangra, Kolkata 700015, Rani Rashmoni Garden Lane, 44/4 DEY ROAD, TANGRA, KOL-15, SN; PACILADANGA RD</td>
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<td>1/1 Canal South Road, Tangra, PS Entally, Kolkata 15, 1/64 Canal South Road</td>
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<td>183</td>
<td>16/2/H/A Shiblala Lane, Kolkata 15, Gulra para, 12/1 Bellaghat Road</td>
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<td>70A Purboyan, Chitrakappar, Canal South Road, Kolkata 700005</td>
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<td>26, P-4, Tangra Street, 3rd Floor, Kolkata 6, Tangra Road, 35/5/1 PULIN KHATIC ROAD, PS TANGRA KOLKATA 700015, 31/A PULIN KHATIC ROAD, PS ENTALLY, PSTANGRA, KOLKATA 700015</td>
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<td>67, DC DEY Road, Tangra, Kolkata 13, DC DEY ROAD MUSLIM CUMP BUSTEE, 66 D C DEY ROAD, TANGRA, KOLKATA 700015</td>
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<td>51/A Tilikra Road, Dapagata Buzee Topola, ABINASHCHANDRA LANE (Included in Dapagata bustee)</td>
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<td>BRIDABAN GARDENS BUILDING, 21, FLOOR 3, FLAT 1, 98 CHRISTOPHER ROAD, GOBINDA KHATICK ROAD, KOLKATA 700046</td>
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<td>6, Karim Hussein Lane, Circus Avenue, Kolkata - 700017, KARIM HUSSIN LANE, SP SARANI, MEHER ALI ROAD</td>
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<td>4, DR. A MO. GHAM ROAD, KOLKATA, WEST BENGAL, DR AMO GHAM ROAD, NEW PARK STREET, SUED AMIR ALI AVENUE</td>
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<td>4/2, Convent Lane, Hothee Buree</td>
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<td>150/2B Debendra Chandra Dey Road, Entally, Kolkata 15, DC DEY ROAD, R.N. Road</td>
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<td>26/1 Rashanath Chowdhury Road, TangraKolktka 15, Rashanath Chowdhury Road</td>
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197. 11, GOBINDA KHATIK ROAD, ENTALLY, KOLKATA - 12
198. 1A, MOTILAL LANE, ENTALLY, KOLKATA, CONVENT LANE
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201. 246, Bright Street, JHALA TALA, KARYANA, KOL-17, 1000 KARAYA ROAD, 106/95, Karmoy Road, B. S. Karaya, Kolsatta - 700017, 105/95, Karaya Road, B. S. Karaya, Kolkata - 700017
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203. 55/5 Bright Street
204. 29 A 46 Palm Avenue, Ballygunge, Karaya, Kolsatta, 19 Palm Avenue, Ballygunge, Karaya
205. 9A Tilisha Lane, Kolsatta 19, Tilisha Lane
206. Nursing Hostel SS Chatterjee Heart Clinic, DR BIRESH GUHA STREET
207. 3/1 CH LANE, CIRCUS AVENUE, KOLKATA, 17/1CK LANE, TILJALA LANE, MO LANE
208. 6 MIYAJAN OSTAGAR LANE, PARK CIRCUS, MO LANE, SANSUL HUDA ROAD, BRIGHT STREET, DR BIRESH GUHA STREET
209. 63 J TOPSIA ROAD, KOLKATA, 62, Topsia Road
210. 47 COLAM JALANI KHAN ROAD, TILJALA, KOLKATA - 39
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213. 30/04 Roy Charan Gosh Lane, Tilisha, Kolkata
214. 253 Nareesh Apartment, 55 02. Khan Road, Kolkata - 700039
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216. 11/1A TOPSIA ROAD, KOLKATA
217. 5, KUSTIA MASJID BARI LANE, TILJALA, KOLKATA - 700089, KUSTIA MASJID BARI LANE
218. E-367 ANANDAPUR, TOPSIA, KOL-73
219. 2 No. Hazagachia, Dhipa, P.S. Pragatibidhan, Kolkata - 700103, 1 & 3 HATACHIA ROAD
220. 12, GOBINDO KHATIK ROAD, TANGRA, 12 & 14 GOBINDA KHATIK ROAD
221. 95 Collin Lane, Park St, Kolkata - 17
222. 1/3C, JOHWTALA, 3RD FLOOR, P.S. KARYANA, KOL - 17, JOHWTALA LANE, SAMSULHUDBAR ROAD
223. MASJID BARI LANE, TILJALA, KOL - 39, tiljalamasjid bari lane, tilisha rd
224. 13/3, B. B. CHATTERJEE ROAD, KOL-42, BB CHATTERJEE ROAD
225. 20 K. N. SUN ROAD, KOLKATA 700042
226. Bodla Danga 2nd lane
227. 11/C, TILJALA SHERPALA LANE, KOLKATA 700089
228. 33 Tilisha Road, Picnic Garden Road
229. 91 Picnic Garden Road, Free Dhan Roy Road
230. 32/7 M Ballygunge Place, Kolkata 19, Ballygunge Place 33, Anil Mitra Road, Rash Bihari Avenue, Jamini Lane, Ballygunge Place East, Ballygunge Garden, Ekdalia Road, Crowns Road, Srin Ho Street
231. 18/1 & 4F Ahiripukur 2nd Lane & 1st Lane & Ahiripukur Road, P.O. Ballygunge, P.S. Karaya
232. 1001 Karunya Road, Ballygunge, Kolsatta 19, Lower Range, Karunya Road, Tank Datta Road, Beck Bagan Row, Col Biswas Road, Parvesh Sardar Sardar
233. 47A Hazra Road Ballygunge, Kolsatta, 47A, 48, 49, 51 Hazra Road, Ballygunge Circular Road, Doodar Street
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<th>No.</th>
<th>Area/Block</th>
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<th>Area/Road</th>
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<td>258, PANCHANTALA, RABINDRA SAROBAR, KOL-29, 38K, 22, 24, 21, 22 PACHANANTOLA ROAD ENTIRE BUSTEE, AMRI Hospitals, P - 65, CIT Scheme, LAXMI, Block A, Gariahat Rd, Dhakuria, KOL-700029</td>
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<td>SIA, PANDITITVA PLACE, GARIHAT, KOL - 29, 1-38 PANDITITVA TERRACE, 5, 9/1 PANDITITVARoad ENTIRE BUSTEE, 6/C Pandititva Road</td>
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<td>2 NO. LAKE CAMP, PO - SARAT ROSE RD, KOL - 29, 2NO LAKE CAMP ENTIRE BUSTEE</td>
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<td>54/1 TOLLYGUNJE ROAD AND KOLHAT F 9-TOLLYGUNJE PIN-700026</td>
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<td>34/1 HINDUSTAN ROAD, DOVER LANE KOLKATA</td>
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<td>28/1 JUDGES COURT ROAD, KOLKATA/700007, AFTAR MOSQUE LANE, GOPAL NAGAR ROAD, NARAYAN LANE</td>
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<td>QTN No. F5, Rental Housing, Georges Gate Road, Hastings, Kolkota, QTN No. F5, Rental Housing, 55 Georges Gate Road, 55 Georges Tce, Hastings KOL-22, Mess No 1 INS Netaji Subhash, Khidderpore, Commissionerat Road, Leonard Road, Middle Road, Clyde Road, 6 Railway Street, Nov Brand Road</td>
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<td>15/H/4 Mohan Chand Road, Kolkata, Padmapoush East Lane, Part of Wattrup Street, Nazir Lane</td>
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<td>247</td>
<td>8/H/52 EN PAL ROAD, EKBALPUR, KOLKATA 25, JOY KRISHNA PAL ROAD, BISWU BASTU LANE</td>
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| 248 | 28/8/7 Mominpur Road, Khidderpore, Kolkata/700023, Mominpur Road, Kollupur Kol-20, 20 to 27/2, Rabha Ali Lane, Mominpur, Kolkata 23 (Ward 78) | 28/8/7 | 75 *
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<td>275 6 Bill Shibuela 2nd Lane, Fk Patuli</td>
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<td>N267, FLAT NO. 7, SHRavan BB TOWNSHIP, P.S. PATULI, KOLKATA- 700044, M.N BLOCK, BPTS</td>
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<td>ANANDA PALLY PURA PUTURY KOLKATA-700058</td>
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<td>8/6, Samadpur, Amritapuri, Kolkata, West Bengal 700075, AJANTA ROAD &amp; JANATA ROAD</td>
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<td>Rajat Park, Thanur Para, West Bengal -700090, THAKUR PARA, BABU PARA</td>
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<td>Atabagan C.D. F, block, Saral main Road</td>
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<td>18, JHEEL ROAD, 4th Model jail, Garo main road</td>
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<td>18, A P C, PARK, BAGHAJATIN, PS-PATULIKOLKATAPIN-700086</td>
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<td>30, MADURADA HOUSING CO. OP, KOLKATA 700017, MADURADHA</td>
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<td>Peerless Nursing Home, Kolkata-700009</td>
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<td>2, 15, 7, ANANDAPUR, TOSHA, KOL-73</td>
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<td>102, ASHOLANAGAR KOLKATA-700099, ASHOLANAGAR</td>
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<td>306</td>
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<td>311</td>
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<td>312</td>
<td>123, ASHOLANAGAR KOLKATA-700099, ASHOLANAGAR</td>
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<td>314</td>
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<tr>
<td>No</td>
<td>Address</td>
<td>PIN Code</td>
</tr>
<tr>
<td>----</td>
<td>---------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>316</td>
<td>S/76 Cotton Mill Lane, Metaburbuz, Kolkata 44, Rabindra Road, Halder Para Marry Road, Cotton Mill Lane,</td>
<td>700008</td>
</tr>
<tr>
<td>317</td>
<td>2-6/19/87 B P ROAD, AYUB NAGAR, BADARPUR, KOLKATA - 700044, AYUB NAGAR, B.P ROAD,</td>
<td>700044</td>
</tr>
<tr>
<td>318</td>
<td>2-6/100/21, DR. AK ROAD, BADARPUR, KOLKATA - 700044, NAYA BUSTEE, MG ROAD, JP ROAD, DR AK ROAD</td>
<td>700044</td>
</tr>
<tr>
<td>319</td>
<td>GREE, WEST BENGAL, KOLKATA, PIN CODE - 700 004, 3RD ROAD, RAMNAGAR LANE, KOLKATA 24, SARDAR PARA, RAJNAGAR PARA, MATHUR PARA, RAMNAGAR LANE</td>
<td>700004</td>
</tr>
<tr>
<td>320</td>
<td>B-50, Iron Gate Road, Garden Reach, Kolkata 24, BICHALI GHAT, IRON GATE ROAD</td>
<td>700004</td>
</tr>
<tr>
<td>321</td>
<td>5/17 FATEHPUR 2ND LANE GARDEN REACH GARDEN REACH PS- METABURZ PIN-700004, DEWAN BAGAN LANE,</td>
<td>700004</td>
</tr>
<tr>
<td>322</td>
<td>SATGARA BYE LANE, RAJABAGAN, KOLKATA, PIN CODE - 700044, SATGARA ROAD, SATGARA BYE LANE</td>
<td>700044</td>
</tr>
<tr>
<td>323</td>
<td>T-45/2 DR AK Road, Bartaka, Garden Reach, Kolkata 15, DR AK ROAD, PP ROAD,</td>
<td>700024</td>
</tr>
<tr>
<td>324</td>
<td>T-46/2 DR AK ROAD, BADARPUR, KOLKATA-44, DR AK ROAD, PP ROAD</td>
<td>700044</td>
</tr>
<tr>
<td>325</td>
<td>2/0/155 ABDUL KABIR ROAD, KOL- 44, DR AK ROAD</td>
<td>700044</td>
</tr>
<tr>
<td>326</td>
<td>T-155/5A MURRAY ROAD, PS-RAJABAGAN, KOLKATA-700018, MURRY ROAD, MITHAT LAM LANE</td>
<td>700018</td>
</tr>
<tr>
<td>327</td>
<td>J-45, Fatepur Village Road, Ward 134, Garden Reach, Kolkata 24, FATEPUR VILLAGE ROAD, SHAHASTHABAL</td>
<td>700024</td>
</tr>
<tr>
<td>328</td>
<td>G/26 BONGA BASTI GARDEN REACH KOLKATA-700024, BONGA BUSTEE</td>
<td>700024</td>
</tr>
<tr>
<td>329</td>
<td>28, S A PAROOQUE RD, BHALA, KOL- 28, KHANCHUKLI, KARVALA ROAD</td>
<td>700024</td>
</tr>
<tr>
<td>330</td>
<td>G/25 ALIF NAGAR PIN-700029</td>
<td>700029</td>
</tr>
<tr>
<td>331</td>
<td>MOLABAGAN</td>
<td>700029</td>
</tr>
<tr>
<td>332</td>
<td>MANGRA TALAB</td>
<td>700029</td>
</tr>
<tr>
<td>333</td>
<td>TIKLA PARA, KHANSAMMA PARA, LIDI PARA, MUDIALI 1ST LANE, MUDIALI ROAD</td>
<td>700004</td>
</tr>
<tr>
<td>334</td>
<td>KARHALA ROAD, AKRA ROAD</td>
<td>700029</td>
</tr>
<tr>
<td>335</td>
<td>V-210, KANTHAL BERTA ROAD, KOL-44</td>
<td>700044</td>
</tr>
<tr>
<td>336</td>
<td>15/4 BROJOMONI DIBOYA ROAD, KOLKATA 700061, BROJOMONI DEBOYA ROAD, SUBANA PARA, NARAYANA ROAD, KN ROAD, D.H. ROAD</td>
<td>700061</td>
</tr>
<tr>
<td>337</td>
<td>CHANDI CHARAN GHOSH PAR/PARA</td>
<td>700004</td>
</tr>
<tr>
<td>338</td>
<td>CRISTIAN PATHWAY, H ROAD, BURWA PARA, BANGA NATHPUR, SITALA LANE</td>
<td>700004</td>
</tr>
</tbody>
</table>

Annexure VIII: Sectoral Focal Points and Lead Organisations Contributed in this assessment

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Lead Organisations / Major Contributors in Report Preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>OXFAM</td>
</tr>
<tr>
<td>Food Security, Nutrition and Livelihood</td>
<td>CASA, NEWS, UNICEF</td>
</tr>
<tr>
<td>Shelter</td>
<td>CASA, NEWS</td>
</tr>
<tr>
<td>Health</td>
<td>WBVHA</td>
</tr>
<tr>
<td>Education</td>
<td>SAVE THE CHILDREN</td>
</tr>
<tr>
<td>Child Protection</td>
<td>SAVE THE CHILDREN</td>
</tr>
<tr>
<td>Overall Compilation</td>
<td>SAVE THE CHILDREN, PRISM, CASA</td>
</tr>
</tbody>
</table>
# Annexure IX: Sansad Level Assessment Form

## INDIA – RAPID Needs Assessment Format

**Phase 1 – Initial Days**

(1-25 days in the immediate aftermath of a disaster)

**Sansad Level Assessment Format**

An India Humanitarian Collective Action

<table>
<thead>
<tr>
<th>A. SPECIFIC LOCATION OF AFFECTED POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>7. GPS</td>
</tr>
<tr>
<td>8. Total number of Hamlets?</td>
</tr>
<tr>
<td>9. Number of affected Hamlets?</td>
</tr>
<tr>
<td>10. Estimated HH affected?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>15. Location of displaced people</td>
</tr>
<tr>
<td>[ ] Public building</td>
</tr>
</tbody>
</table>

16. Please provide the disaggregated data in numbers for the affected population (if possible- based on Secondary data etc)

<table>
<thead>
<tr>
<th>Children upto 14 years</th>
<th>Women</th>
<th>Men</th>
<th>P/Cwd</th>
<th>Women Pregnant and nursing (0-6 months)</th>
<th>Minorities (Plz ask in the end)</th>
<th>SC/ST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. How high is the water logging (current situation)

[ ] 1-3 ft  [ ] above 3 ft

18. Accessibility to village

[ ] Yes  [ ] No

- Comments/ Suggestions/ Additional Information:

6 People / Children with disabilities
## B. WASH

19. Approximate number of HH in the Village without access to safe drinking water due to disaster?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inf. unavailable</td>
</tr>
</tbody>
</table>

20. Access to water for all people including disabilities/ST/SC/Minorities (Post disaster)?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inf. unavailable</td>
</tr>
</tbody>
</table>

21. Is the water available at the source enough for short-term and longer-term needs for all groups in the population?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient for Short term (for 1 weeks)</td>
<td>Partly (for 2 weeks)</td>
<td>Long term sufficiency (beyond 3 weeks)</td>
</tr>
</tbody>
</table>

22. Do people have enough water containers for storage?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

23. What are the excreta disposal practices?

<table>
<thead>
<tr>
<th>Pre disaster</th>
<th>Post disaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Areas</td>
<td>Household/Community Latrines</td>
</tr>
<tr>
<td>Open Areas</td>
<td>Household/Community Latrines</td>
</tr>
</tbody>
</table>

24. Is the water source contaminated or at risk of contamination

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

25. What was the practice on menstrual hygiene pre disaster? and do they still have access to them (ask women and girls/ANM/AWW/ASHA worker)?

<p>| | | |</p>
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<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Cloth</td>
<td>Sanitary Napkins</td>
<td>Any other</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Any Other</td>
</tr>
</tbody>
</table>

Pls give your suggestion/ recommendation or additional information

## C. SHELTER

26. Total number of Shelter Damage (approx.)

<table>
<thead>
<tr>
<th>Fully</th>
<th>Partially</th>
<th>No Damage</th>
</tr>
</thead>
</table>

29. Are the relief camps accessible to Person with Disability?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Inf. unavailable</td>
</tr>
</tbody>
</table>

30. Number of HH in need of immediate shelter?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Rains/Snow</td>
<td>Cold</td>
<td>Mosquitos</td>
</tr>
<tr>
<td>Snakebites</td>
<td>Wild Animals</td>
<td>Any other (specify)</td>
</tr>
</tbody>
</table>

31. What is the immediate exposure elements weather wise that concern you?

| Kitchen Utensils | hygiene materials | Cloths |
| Kitchen Utensils | fuel | Blankets |
| Stove | Torch Lights and lighting solutions |
| Bedsheets | Any other(specific) |

Comments/ Suggestions/ Additional Information:
### D. FOOD, NUTRITION AND LIVELIHOODS

33. What is the food availability at HHs in the affected area?
   - [ ] less than a week
   - [ ] 1-3 weeks
   - [ ] 1 month
   - [ ] more than a month

34. Are there significant changes in the total amount of food that people are eating since the disaster, on average?
   - Female
     - [ ] Amount decreased
     - [ ] Amount same
     - [ ] Inf. unavailable
   - Male
     - [ ] Amount decreased
     - [ ] Amount same
     - [ ] Inf. unavailable
   - Children
     - [ ] Amount decreased
     - [ ] Amount same
     - [ ] Inf. unavailable

35. Do people have access to Govt. programs on food and nutrition (post disaster)? Name them if any
   - [ ] AWC
   - [ ] PDS
   - [ ] Any other

36. Are markets in the affected area functioning and accessible?
   - [ ] Fully
   - [ ] Party
   - [ ] Not functioning
   - [ ] Inf. Unavailable

37. Approximate number of HH whose livestock are affected
   - [ ] less than a week
   - [ ] 1-3 weeks
   - [ ] 1 month
   - [ ] more than a month

38. What is the availability of fodder in the affected area?
   - [ ] less than a week
   - [ ] 1-3 weeks
   - [ ] 1 month
   - [ ] more than a month

39. Which livelihoods are likely to be most affected? (If others, please specify)
   - For female
   - For male

Comments/ Suggestions/ Additional Information:

### E. EDUCATION

40. Are children going to school/ educational institutional post disaster?
   - [ ] Yes
   - [ ] No

41. If No pls specify the reason (tick all that apply)
   - [ ] No teachers
   - [ ] No students
   - [ ] Infrastructure damage
   - [ ] No Midday Meal
   - [ ] Study materials damaged
   - [ ] School not accessible
   - [ ] Schools used as shelter
   - [ ] Inf. Unavailable
   - [ ] Any other

42. How soon will the schools become functional?
   - [ ] within 15 days
   - [ ] within 30 days
   - [ ] Beyond 30 days

Comments/ Suggestions/ Additional Information:
### F. HEALTH

<table>
<thead>
<tr>
<th>43. Medical/health facilities/services providers in the Village are functional?</th>
<th>Pre disaster</th>
<th>Post disaster</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sub-Centers (HSC)</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Primary Health Centers (PHC)</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Health camps</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Doctors/Medical In-charge</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Nurses (GNM)</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>ANM/ASHA</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Informal providers</td>
<td>□ Yes □ No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>43. What are the main reasons for health facilities not functioning post disaster? (If other, please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Shortage of staffs</td>
</tr>
<tr>
<td>□ Damage to building</td>
</tr>
<tr>
<td>□ Lack of Supplies/medicine</td>
</tr>
<tr>
<td>□ Fully functional</td>
</tr>
<tr>
<td>□ Medical equipment/ instruments</td>
</tr>
<tr>
<td>□ Location if not accessible</td>
</tr>
<tr>
<td>□ Others (please specify)…………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>44. Do people have access to the following health services post disaster?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Outpatient consultations</td>
</tr>
<tr>
<td>□ Antenatal/post natal check ups</td>
</tr>
<tr>
<td>□ Routine Immunization</td>
</tr>
<tr>
<td>□ Basic essential obstetric care</td>
</tr>
<tr>
<td>□ Emergency essential obstetric care/Institutional delivery</td>
</tr>
<tr>
<td>□ Don’t know</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>45. Are there any health concerns as a result of the disaster? (If other, please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ People injured</td>
</tr>
<tr>
<td>□ Dead bodies (people/animals)</td>
</tr>
<tr>
<td>□ Communicable disease</td>
</tr>
<tr>
<td>□ Ante-natal Care</td>
</tr>
<tr>
<td>□ Psycho social</td>
</tr>
<tr>
<td>□ Other …………………………………………………………………</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>46. No of pregnant women in 7-8th month of pregnancy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments/Suggestions/Additional Information:</td>
</tr>
</tbody>
</table>

### G. PROTECTION

<table>
<thead>
<tr>
<th>47. Are there major protection concerns (post disaster) (select all that apply) Note: (Inf. NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) What are the risks?</td>
</tr>
<tr>
<td>□ Sexual abuse</td>
</tr>
<tr>
<td>□ No domestic violence</td>
</tr>
<tr>
<td>□ Harmful traditional practices</td>
</tr>
<tr>
<td>□ Trafficking</td>
</tr>
<tr>
<td>□ Child abuse and exploitation</td>
</tr>
<tr>
<td>□ Discrimination (Caste based, related to HIV, gender etc.)</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>b) Breakdown of law and order (looting crime, theft)</td>
</tr>
<tr>
<td>c) Presence of armed non-state actors</td>
</tr>
<tr>
<td>d) Violence(s) between members of displaced community and/or host community</td>
</tr>
<tr>
<td>e) Threat from host community</td>
</tr>
<tr>
<td>f) Unaccompanied children (registration, family tracing?)</td>
</tr>
<tr>
<td>g) Loss of legal documents(s)</td>
</tr>
<tr>
<td>h) Are the persons with special needs more at risk. (i.e. disabilities, elderly, single-headed household, single women)</td>
</tr>
<tr>
<td>i) No arrangements for the remains of the deceased/carcasses</td>
</tr>
<tr>
<td>j) Are Safe and private facilities available for women and girls</td>
</tr>
<tr>
<td>k) Whether people have freedom of movement or are forced to stay in danger zones</td>
</tr>
</tbody>
</table>

Comments/ Suggestions/ Additional Information:

H. INFORMATION SOURCES
(please indicate the sources of information used in compiling this report)

<table>
<thead>
<tr>
<th>Please tick all that apply</th>
<th>Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Affected community respondent (male)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Affected community respondent (female)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Affected community respondent (PWD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Village Parishad Chairman</td>
<td></td>
<td></td>
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<tr>
<td>☐ Village / GP Secretary</td>
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<td>☐ Ward Member</td>
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<tr>
<td>☐ Anganwadi Worker</td>
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<tr>
<td>☐ INGOs (please name organization)</td>
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<td>☐ Direct Observations of assessment team</td>
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<tr>
<td>☐ Philanthropists (please name agency/ Group)</td>
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<td>☐ Other……………………………</td>
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48. Name of Interviewer | | | ☐ Female Contact |

7 Ration card, voter id, land documents, insurance, immunization cards, ANC cards, health cards (birth registration, marriage, etc.)
<p>| | | | |</p>
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<tbody>
<tr>
<td>49. Interviewer Organization</td>
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<td>50. Date and time of Interview</td>
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<td>51. Choose Interview type</td>
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<td>52. Type of Community</td>
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<td>53. Number of Volunteers available in village</td>
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<td>54. Task Force available in village</td>
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Suggestions and recommendation of Interviewer
For communication

Write us

iagwestbengal@gmail.com

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5, Russell Street
Kolkata 700 071