

**A Case Study on Eluru/Godavari Floods: Human story 1**  
**"Dignity at the Doorstep" – A Story of Locally-Led, Gender-Transformative Humanitarian Cash Transfers in Rudrakotam Village**

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## Background

Rudrakotam village, nestled in the Velapar Mandal of Eluru district, Andhra Pradesh, has grown used to its annual trials. Every year, from June to July, the rains come—and with them, the floods. In 2024, the situation was no different. Waterlogged homes, damaged livestock sheds, submerged fields—this was a recurring reality for the 380 households in the village. But something changed this year. The floods brought not just despair but also a sliver of hope—in the form of Humanitarian Cash Transfers (HCTs) announced by the government. Backed by additional resources from DBRC (Dalit Bahujan Resource Centre), these transfers were intended to bring urgent relief to the affected families.

Yet what truly set Rudrakotam apart this time was a local initiative—led by 74-year-old Prakashrao (name changed), a retired government employee, who mobilized a unique, community-driven response to ensure the aid reached the most vulnerable—especially women and those with medical conditions.

## Key Highlights from Rudrakotam's HCT Story

- ❖ Floods struck in June–July 2024, a recurrent event for the village.
- ❖ Government announced ₹3,000 as HCT, supported by DBRC funds.
- ❖ Confusion in cash received: some families got less, e.g., ₹1,000 per ration card holder.
- ❖ Prakashrao (name changed), 74, led local coordination with govt officials.
- ❖ Two youth volunteers, Kumar and Shobha, helped address women's specific needs.
- ❖ Prioritization of vulnerable households done via a lifecycle and medical needs lens.
- ❖ Door-to-door biometric verification conducted with local oversight.
- ❖ A rare case of *no political bias* or exclusion in HCT distribution.

## Challenges and Hardships

"We've seen this before," said *Annapurna* (name changed), a 48-year-old widow whose paddy crop was submerged under two feet of muddy floodwater. "But this time, my body gave up. My joints wouldn't allow me to stand for more than ten minutes. I didn't think I could survive this year."

Others echoed similar hardships. The floods cut off the main access road for nearly a month. Elderly residents had to be carried across waist-deep water by their younger family members. The anganwadi centre was briefly closed, leaving young children and lactating mothers without midday meals or health checkups.

## Government Response and Confusion

Soon after the floods, the government announced **Humanitarian Cash Transfers (HCTs)** of **₹3,000 per family**. But confusion reigned: some households received only ₹2,000 or ₹1,000, as the system seemingly tied the amount to the number of names listed on ration cards, capping aid at ₹1,000 per name. Households with only two members received ₹2,000, while larger families often got the full amount.

Some women, especially those from Scheduled Caste and OBC communities, expressed concern that earlier years had seen uneven distribution of relief. “Only those who knew someone in the panchayat office got what was due,” said *Shobha* (name changed), one of the volunteers.

“The moment we heard about the transfer, we also heard that some got the full ₹3,000, others only ₹2,000 because their ration card had two names. We didn’t know what to expect,” shared *Kumar* (name changed), 22, a local youth volunteer. The **lack of communication** and **complex eligibility interpretation** created uncertainty and frustration, especially among those with limited digital literacy or mobility.

Yet, in this context, what emerged was not merely grievance—but **community-led action**.

### Local Leadership Steps In

That’s when Prakashrao stepped in. A respected elder with a decades-long tenure in a government department, he still retained a deep understanding of how state processes work—and more importantly, how to work with them for the benefit of people.

Recognized for his understanding of governance systems and his deep community ties, Prakashrao mobilized a small but powerful group of local actors—including the **Village Revenue Officer (VRO)**, **Auxiliary Nurse Midwife (ANM)**, the **Sarpanch**, and two trained youth volunteers, **Kumar** and **Shobha**.

“We didn’t want this to become just another government list based on power and proximity,” said Prakashrao. “We wanted the process to *feel fair*—and to reflect the lived realities of our women, elderly, and people with disabilities.”

### A Local Survey, with Gender at the Centre

Kumar, a 22-year-old with ITI training, and Shobha, a 19-year-old from a Dalit SHG, undertook a door-to-door **mapping exercise**. They drew on their COVID-19 experience and created a **life-cycle approach for identifying vulnerable cohorts of women segmentation tool** for identifying and prioritizing vulnerable individuals. Their informal, community-curated understanding included:

- ✚ Pregnant and lactating women
- ✚ Women-headed households with no adult male earners
- ✚ Elderly individuals living alone
- ✚ Persons with chronic illness or disability
- ✚ Adolescent girls taking on caregiving responsibilities
- ✚ SC/ST households with malnourished children

✦ “When the biometric survey team came, we ensured they didn’t just go door-to-door,” said Prakashrao. “We accompanied them. The village revenue officer, the ANM (health worker), the Sarpanch, myself, and two of our youth volunteers—we were there every step of the way.” Shobha and Kumar worked with women’s SHGs to organize small group discussions. “We asked women—what do you need *most* right now?” Shobha recalled. “We sub-grouped them by life stage—pregnant women, widows, elderly women, and women with chronic illnesses like diabetes or arthritis.” This **unofficial community-segmentation of vulnerable households was then tactfully shared with the government survey team**, helping prioritize and validate the biometric entries being made for cash transfers.

✦ Young people like us just need a space to help. This year, we were given that space.” — *Kumar* (name changed), 22, youth volunteer.

Unlike many past episodes, this **unwritten convergence between formal and informal actors** helped ensure **minimum duplication, greater fairness**, and **no visible political manipulation**. Crucially, this approach was *proactive*, not reactive.

✦ “This is what governance looks like—when people and systems work together.” — *Prakashrao* (name changed), 74, retired government worker and local coordinator.

### The Role of Civil Society: DBRC's Timely Support

At a time when government transfers were still being processed, **Dalit Bahujan Resource Centre (DBRC)** stepped in with **₹4,000 cash support** to **200 highly vulnerable families**, based on the community’s vulnerability mapping.

DBRC did not run a parallel identification process; instead, it **trusted and used the locally developed listing framework** spearheaded by the Prakashrao-led team.

The **flexibility and responsiveness** of DBRC’s intervention—delivered without complex paperwork or political filters—helped communities meet urgent needs:

- ✦ Tarpaulin sheets
- ✦ Medical treatment for chronic illness
- ✦ Repair of water-damaged structures or cattle sheds

This created a **layered relief ecosystem**, where **civil society filled the temporal and procedural gaps** in government response, allowing the most vulnerable to survive the crisis with dignity and a measure of control.

### Women at the Heart of intervention - Usage of the Assistance

**The most powerful impact of this HCT response was not simply material. It was restorative of dignity, especially for women who are often last in line during times of crisis.**

✦ “I’ve seen many floods, but this is the first time I saw dignity in how we were treated,” — *Annapurna* (name changed), flood survivor, Rudrakotam.

✦ For Annapurna, the ₹3,000 made a critical difference. “I used ₹1,000 to buy groceries for the next 15 days. Another ₹1,000 went for my medicines. And the last ₹1,000? I gave it to my son to repair the boundary wall that collapsed.”

✦ “I didn’t have to beg this time. They came to my door and asked what I needed,” — *Venkamma* (name changed), 81, elderly woman

✦ “Nobody laughed at me for taking the lead. I was heard, even by officials,” — *Shobha* (name changed), 19, youth volunteer and SHG member

✦ “This time I got the full amount. We didn’t have to rely on anyone’s favour,” — *Madhuri* (name changed), 28, mother of two.

Others used the money for children’s school supplies, temporary repairs to damaged homes, or repayment of local loans taken during the flood week. “No one misused it. Everyone had urgent needs,” said Prakashrao. “But the point is—they got it. That’s what mattered most.”

## Why This Matters: Reflections for Locally-Led, Gender-Transformative HCTs

The Rudrakotam experience offers **valuable lessons for rethinking humanitarian architecture**, especially in climate-prone, socially stratified rural settings:

✦ **Local leadership works best when backed by trust and experience**, not just authority or title. When community elders and volunteers accompany officials, the process becomes participatory and transparent.

✦ **Gender responsiveness isn’t accidental—it must be planned. Gender-responsive segmentation tools**—even informal ones—can **dramatically improve targeting and impact**, ensuring resources reach those most in need, at the right time. By listening to women’s voices and segmenting needs across age and health cohorts, the aid reached the right hands.

✦ **Depoliticized delivery is possible when people feel ownership**. The absence of political interference in DBRC’s and the government’s process, aided by community leadership, is replicable example of a “win-win” governance model. **Political neutrality builds trust**. “For once,” said Annapurna, “it didn’t matter who you voted for. Everyone got what they deserved.”

✦ **Civil society organizations can bridge procedural delays and complement state efforts**, reducing reliance on ad hoc relief and enabling faster recovery.

✦ **Humanitarian action that centers dignity and listening** can seed deeper social trust and resilience—especially when communities themselves decide the “how” of who gets helped.

✦ **Avoid blanket formulas**. The confusion over amounts shows the need for clearer communication and consistency in HCT amounts per person vs. per household

## Conclusion: From Relief to Resilience

Rudrakotam's flood response story is not perfect. Not every household received the ideal amount, and some still fell through the cracks. But what sets this case apart is the **spirit of convergence**—between local knowledge and formal systems, between gender awareness and administrative efficiency, and between **urgency and equity**.

In times of crisis, when communities lead and actors collaborate, **humanitarian aid becomes not just a safety net, but a platform for social transformation**. Rudrakotam shows us that **when local people are involved—genuinely and meaningfully—exclusion shrinks, politicization drops, and dignity rises**.

This is not just a story of cash. It is a story of **trust, care, and shared governance**—and a pathway worth learning from.

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