



Punjab Floods

Joint Rapid Needs Assessment Report



September 2025

Acknowledgement

This Needs Assessment Report for the Punjab Floods has been made possible through the collective efforts and support of numerous institutions and individuals.

We are deeply grateful to Red Cross Punjab and ADRA India for their dedicated work in mobilizing volunteers. We also extend our sincere appreciation to the State and District stakeholders for their continued support, which greatly contributed to the successful completion of this report.

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Above all, we extend our heartfelt gratitude to the communities of the affected villages in Punjab. Despite facing significant challenges, they graciously shared their experiences and patiently responded to our questions. Their resilience, cooperation, and trust form the foundation of this assessment and inspire all our efforts.

Sphere India

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I. EXECUTIVE SUMMARY

The Joint Rapid Needs Assessment (JRNA) was conducted in two of the most affected districts of Punjab following the recent disaster, which displaced families, disrupted essential services, and damaged livelihoods. The assessment was carried out to capture the immediate humanitarian needs of affected populations, recognizing that it did not cover the entire province but provides valuable insight into conditions in the surveyed areas. Findings indicate that while emergency relief services were extended in some camps and communities, significant gaps persist across critical sectors, leaving vulnerable groups such as children, women, the elderly, and persons with disabilities at heightened risk. The assessment highlights the need for urgent, coordinated interventions to address immediate life-saving requirements while also setting the foundation for medium- and long-term recovery.

Sectoral Findings and Urgent Needs

Food Security & Nutrition

Food access varied across camps, with some families benefiting from organized arrangements while others relied on irregular support or their own means. The number of meals provided was not consistent, and targeted food assistance for vulnerable groups was present in some locations but absent in others. *Urgent needs include ensuring all families receive adequate daily meals and that children, pregnant and lactating women, and elderly persons are provided supplementary nutrition.*

Health

Health services were available in certain camps but absent or limited in others. Many families depended on basic first aid, while hospitals and clinics were difficult to access. Mental health issues such as stress and anxiety were common, yet psychosocial support was insufficient. Reproductive health services were inconsistently available. *Urgent needs include expanded mobile health services, adequate supply of medicines, psychosocial support, and strengthened reproductive health care.*

WASH

Water access was generally available, but some households reported insufficiency. Soap and hygiene materials were present in many camps but lacking in others. Bathing facilities were not universally available, raising privacy and safety concerns. Solid waste management systems were functional in some areas but absent in others, while menstrual hygiene products and disposal systems were not consistently provided. *Urgent needs include uninterrupted access to safe drinking water, hygiene kits, improved bathing spaces, and functional waste disposal systems.*

Shelter

Shelter conditions differed widely, with many families reporting lack of basic amenities and urgent needs for non-food items such as clothing, bedding, and cooking materials. While some shelters were weather-compatible, others were not. Families expressed diverse preferences for the long term, including returning home, upgrading current shelters, or relocating. *Urgent needs include*

emergency repair of shelters, provision of essential NFIs, and reinforcement of existing structures to ensure safety and dignity.

Livelihoods

Livelihoods were disrupted across affected households, with some reporting complete loss of income and others struggling to maintain limited activities. Livestock losses were common and posed a threat to both food security and income. Households emphasized the need for livestock support, cash assistance, and opportunities for employment and small business recovery. *Urgent needs include immediate cash assistance, veterinary and fodder support, and creation of short-term employment opportunities.*

Education

Children's education was severely disrupted by the disaster. Schools in affected areas were damaged or closed, and families cited financial barriers, safety issues, and lack of transport as additional obstacles. Child-friendly spaces were absent in many camps, limiting safe learning environments and psychosocial support. *Urgent needs include establishing temporary learning spaces, providing school supplies, and mobilizing teachers to ensure continuity of education.*

Protection

While the majority of households did not report immediate need for protection services, significant concerns were raised regarding children and women, particularly risks of family separation, lack of access to services, and heightened vulnerabilities. Families also reported challenges such as lack of awareness and trust in available protection services. Safety, sanitation, and protective measures were identified as urgent priorities, while permanent housing and livelihoods were viewed as critical to longer-term well-being. *Urgent needs include strengthening protection mechanisms in camps, establishing accessible protection desks, and ensuring dedicated services for vulnerable groups.*

II. BACKGROUND

Situation Overview

Heavy rainfall and the release of water from dams have caused a severe flood situation across Punjab since 27 August 2025, impacting all 23 districts and 2,331 villages. As of 12 September 2025, the state has recorded 55 deaths, 34 injuries, and 04 people missing, with 3,88,098 residents affected. Around 23,206 people have been rescued or evacuated, and 7,292 houses (5,387 pucca and 1,905 kutcha) damaged. Floodwaters have inundated 1,95,551 hectares of agricultural land, while 219 relief camps shelter about 8,122 inmates. Border infrastructure has also suffered, with around 80 km of fencing damaged and multiple BSF border outposts either washed away or vacated.

The response involves coordinated efforts from central and state agencies. Six Indian Air Force helicopters, 41 Army columns with medical teams, and engineering task forces are working alongside CAPF and NDRF units. These teams have rescued thousands of stranded residents and recovered livestock and essential supplies, while continuous relief operations and damage assessments are underway in districts like Sultanpur Lodhi, Kapurthala, Amritsar, and Firozpur. On 9 September 2025, Prime Minister Narendra Modi visited affected areas, announcing a ₹1,600 crore relief package for Punjab and reviewing on-ground measures with state officials, the National Disaster Response Force, State Disaster Response Force, and local volunteers to accelerate recovery and long-term flood-mitigation planning.

The health sector has faced unprecedented destruction. According to the health minister, medical infrastructure worth ₹780 crore has been damaged, including machinery and medicines worth ₹130 crore. A total of 1,280 dispensaries and health and wellness centres, 101 community health centres, and 31 sub-divisional hospitals have been impacted. This disruption has severely strained healthcare delivery at a time when stagnant water and poor sanitation are heightening the risk of outbreaks such as dengue, cholera, typhoid, diarrhoea, and hepatitis. The risk of snakebites has also increased. Medical teams, including ASHA workers and Community Health Officers, are conducting door-to-door checks, distributing medicines, and providing anti-snake venom in flood-hit areas.

The education sector has been badly hit, with around 3,300 government and private schools damaged or inundated across the state. Schools were closed on 27 August due to the deluge, and though reopening began on 8–9 September, many remain shut in the worst-hit districts. Thirty schools in Fazilka and 36 in Ferozepur are still inundated, all schools in Ajnala and Lopoke (Amritsar) remain closed until 12 September, and dozens more in Gurdaspur, Pathankot, and Sangrur continue to be non-operational due to either structural damage or flooding from the Ghaggar river. This has disrupted learning for thousands of children, adding to the long-term recovery burden.

A total of 481 veterinary teams are providing animal care, while 23 NDRF teams, Army units, helicopters, and 144 boats have been deployed for rescue. Immediate relief worth ₹71 crore has been released.

Relief Measures and Stakeholder Response

Government Response

- The Punjab government has set up 219 relief camps, where over 5,400 people have been accommodated with essential facilities such as food, drinking water, medical care, and sanitation to provide immediate assistance to displaced families during the flood crisis.
- To address the severe impact on livestock, the government has deployed 481 veterinary teams that are actively providing treatment and arranging medicines for affected animals, with 22,534 animals receiving medical care so far.
- For effective coordination of relief efforts, 24x7 control rooms have been established at both the state headquarters and district offices, with the state-level contact number 0172 5086064, to ensure prompt response and management of emergencies.
- Rescue operations have been strengthened with the deployment of 23 teams from the National Disaster Response Force (NDRF), 22 Army units, and 144 boats, which are being used to navigate flooded areas and assist in evacuating stranded residents.
- In addition, over 30 helicopters from the Army and Air Force have been deployed to transport stranded residents and deliver essential resources during evacuation and relief missions.
- The Indian Air Force conducted more than 55 sorties using Mi-17 and Chinook helicopters to evacuate civilians stranded in inundated areas such as Dera Baba Nanak, Pathankot, and Akhnoor sectors.
- The Punjab Governor, flagged off three rescue boats to aid in flood relief operations and support rescue teams in affected regions.
- Prime Minister on Tuesday conducted an aerial survey of areas affected by floods, cloudbursts, and heavy rains in Punjab. He later held an official review meeting in Gurdaspur to assess damage and ongoing relief and rehabilitation measures. During the visit, PM Modi announced financial assistance of Rs. 1,600 crore for Punjab, in addition to the Rs. 12,000 crore already available with the state.
- To compensate farmers for crop losses, the Punjab government announced ₹20,000 per acre compensation for those whose crops were damaged by the floods, which is among the highest relief measures provided in such disasters.
- The government has granted a six-month deferment on loans for affected farmers to alleviate their financial burdens and provide them with breathing space to recover from the disaster.
- A special girdawari (damage assessment) has been ordered to evaluate the extent of losses and ensure proper facilitation of compensation to affected individuals and communities.
- The state's health minister has requested ₹20,000 crore in central aid to assist with healthcare recovery and rehabilitation efforts following extensive flood damage to health infrastructure.
- As a precautionary measure, educational institutions across the state were closed from August 27 to September 7, ensuring the safety of students and staff during the flood crisis.

- The Punjab government announced a comprehensive relief package that includes ₹20,000 per acre compensation for farmers, ₹4 lakh ex gratia compensation for families of deceased persons, and permission for landowners to remove and sell sand deposited in their fields by floodwaters.
- The state government has urged the central government to announce an additional ₹20,000 crore relief package for Punjab during Prime Minister Narendra Modi's visit to assist the flood-hit areas.
- In an interim report, the government estimated the total financial loss caused by the floods at ₹14,000 crore and requested an immediate release of funds from the National Disaster Relief Fund (NDRF) to mitigate hardships faced by affected communities.
- So far, ₹71 crore has been released as emergency relief, with ₹35.50 crore disbursed across all districts in the first phase and an additional ₹35.50 crore sanctioned specifically for the 12 worst-affected districts to support ongoing relief efforts.
- The Delhi government contributed ₹5 crore to Punjab's relief efforts, showcasing regional cooperation and solidarity during the crisis.
- The government has ramped up healthcare support by forming medical teams composed of ASHA workers, Community Health Officers (CHOs), and medical officers, who are conducting door-to-door health checkups to prevent disease outbreaks in flood-affected areas.
- Anti-snake venom has been made available across all health institutions, including community health centers, to treat snakebite incidents that commonly occur during floods.
- Under the 'Jisda Khet, Usdi Ret' scheme, the government has allowed farmers to extract and sell sand deposited by floodwaters from their fields until November 15 without requiring official permission, thereby enabling them to recover resources from the disaster.

Humanitarian Response

- **The Indian Red Cross Society**, Punjab State Branch, responded to the floods by sending 9 trucks with tents, blankets, household items, and 100 tonnes of animal fodder to affected districts. In Amritsar, 45,000 water bottles and over 17,000 food packets were distributed, with additional support from Jalgaon, Maharashtra, worth ₹8 lakh, aiding communities and livestock.
- **United Way Mumbai** is working closely with local NGOs to coordinate relief efforts and is currently awaiting proposals from these organizations. Once finalized, its assistance will focus on providing immediate relief in multiple locations across Punjab.
- **Plan India** is actively working in Ferozepur, Hoshiarpur, and Gurdaspur, where it is focusing on delivering immediate relief to communities impacted by the floods.
- **Humane World for Animals** India is prioritizing animal welfare by providing support through self-funded initiatives. The organization is focusing on caring for and sustaining animals affected by the floods.
- **Humanitarian Aid International (HAI)** is operating in Jalandhar and Firozpur, where it has provided 500 blankets, 200 tarpaulin sheets, 4,000 sanitary pads, 1,000 odomos, and 50 mosquito nets to local administration offices. Its relief efforts target both immediate human needs and animal feed requirements, with assistance funded through HAI's Emergency Pooled Fund, amounting to ₹500,000.
- **ADRA India** has deployed its team to Amritsar to conduct an assessment of flood-affected areas and identify immediate needs.

- **SEEDS India** has started its response with 843 families in District Fazilka (Panjab) and with 621 families in Samba (J&K) and expanding to support more families also planning to recovery work in shelter.
- **Eco Pahadi** is actively supporting flood response efforts in Punjab by training volunteers and strengthening community preparedness. they are also assisting with stabilising vulnerable structures and coordinating relief supply management alongside Civil Defence and the Red Cross. Their work focuses on building disaster resilience and providing technical expertise to enhance local response capabilities.
- **Reliance Foundation** is providing on-ground support in the most-affected areas of Amritsar to assist communities impacted by the devastating floods in Punjab. Their relief efforts focus on delivering immediate aid, addressing public health risks, caring for livestock, and protecting livelihoods.
- **ActionAid**, with the NREGA Workers' Union, mobilized 986 rural workers from Mansa district to demand continued MGNREGA work for emergency relief, urging authorities to support livelihoods during the floods.
- **Donatekart** supported the Punjab flood response through 09 partner organizations, collectively providing over 7,200 relief items. The support included 3 Speed Boats, 46 Fogging Machines, 2,700 shelter-cum-hygiene kits, 800 hygiene kits, 800 blankets, 500 bedsheets, 320 utensil kits, 300 shelter kits, and other essential items such as animal feed, first aid kits, ration kits, and fogging machines.
- **Mountain Forum Himalayas** providing support 900 families in Ajanala Block Amritsar, 250 families in Tarantaran district, 200 families in Gurdaspur district. They are providing Ration kits, shelter and wash kits, utensil kits; solar lights, Agriculture tool support, wheat seed support to farmer families as well.
- **Wissen Student Organisation** organized a food distribution drive in Punjab's flood-affected areas, providing essential supplies to families in urgent need.
- **Agarwal Packers and Movers Limited** is extending its support to the flood relief efforts in Punjab, offering logistical assistance and essential resources to families affected by the devastating floods. Rooted in compassion and responsibility, the organisation stands in solidarity with the people of Punjab, working alongside authorities and volunteers to help them recover and rebuild their lives with strength and hope
- **Sewa International Parivaar**, in collaboration with **Kotak Mahindra Bank**, handed over approximately 300 ration kits to the Additional Deputy Commissioner (ADC) in Gurdaspur, Punjab, for distribution across villages as part of their ongoing flood relief efforts to support affected communities.
- **Feeding India**, with support from Global Sikhs and Joti Foundation, is providing emergency flood relief in Fazilka, Gurdaspur, and Tarn Taran, targeting 4,750 households. By 20 September 2025, 3,000 relief kits had been distributed, with the rest to follow by 22 September. The relief support includes food, shelter, and hygiene supplies, ensuring immediate support for vulnerable families over the coming weeks.
- **Hartek Foundation** stands with the people of Punjab during these challenging times and is supporting flood-affected communities in areas like Ajanala, Fazilka, and Ramdas by donating 500 solar lights to help restore access to basic necessities.
- **RED FM**, in partnership with the **South Asian community across Canada**, raised \$2 million to support flood-affected victims in Punjab, India, through an extraordinary display of compassion and solidarity. The funds, raised during the RED FM Radiothon on September 4–5, 2025, will be directed to SAF International (Sikhi Awareness Foundation) to support

emergency response, rehabilitation, and long-term rebuilding efforts in the hardest-hit areas.

- **Infosys Foundation** is supporting flood-affected communities in Punjab, where all 23 districts have been impacted and over 3.5 lakh people displaced. In partnership with Kalgidhar Trust, the Foundation is providing immediate relief in the form of food, shelter, and medical aid to the most vulnerable communities.
- **JCI Phagwara City**, in partnership with **Khalsa Aid**, provided essential relief to flood-affected communities in Punjab by distributing food, clean water, clothing, and hygiene kits. This initiative reflects their commitment to service, solidarity, and supporting fellow citizens in times of crisis.
- **Sphere India** is coordinating with local organizations and responding agencies to track situation updates, facilitate information sharing, and strengthen collective response efforts. It has also facilitated emergency coordination meetings and activated the URS matrix to ensure efficient coordination. As part of the JRNA process, Sphere India, along with Red Cross volunteers and other responding agencies including ADRA, is conducting assessments and supporting data collection from affected districts, including Gurdaspur, Amritsar, Tarn Taran, Fazilka, Hoshiarpur, and Ropar.
- URS Link: https://docs.google.com/spreadsheets/d/1SepNJGVZqs4cvs-iAyx_nCFmmx9R-Q0g4jFAh86RNXo/edit?gid=1075348549#gid=1075348549.

III. OVERVIEW OF THE ASSESSMENT

Timelines

Punjab Flood assessment was initiated with an emergency coordination meeting held on 3rd September 2025, during which the assessment initiated. The assessment tool in English was also finalized as part of this process. Subsequently, on 4th September 2025, volunteers for data collection were identified, the volunteer roster and the internal report writing team were finalized, and a WhatsApp group was created to facilitate coordination between volunteers and partner agencies. On 5th September 2025, the existing tools were contextualized into Punjabi, delivered to partner organizations, and volunteers were provided orientation on data collection and safety protocols.

However, the assessment process took more time than originally planned due to accessibility challenges in flood-affected areas and the fact that partner organizations were heavily engaged in ongoing relief activities. Data collection by volunteers was carried out between 8th and 14th September 2025, with additional time required to reach certain areas and ensure data quality. The data cleaning and compilation were completed on 15th September 2025, followed by analysis on 16th September 2025. The analysed data was then shared with the report writing team, and the first draft of the assessment report was prepared on 17th September 2025. This draft was circulated to sectoral experts and local stakeholders for feedback, and after incorporating their inputs, the final report was completed on 18th September 2025. The report was subsequently designed and disseminated to relevant stakeholders, marking the completion of the JRNA process despite the unforeseen challenges.

Timeline: JRNA - Punjab Flood		
Sl. No.	Activity	Timeline
1	Identification of Assessment Areas and Sample Finalization	03rd September 2025
2	Finalisation of Assessment Tool in English	
3	Identification of Volunteers for Data Collection	04th September 2025
4	Finalization of Volunteer Roster	
5	Finalisation of report writing team (Internal team)	
6	WhatsApp group of Volunteers and partner agency	
7	Contextualisation of existing Assessment tools in Punjabi	05th September 2025
8	Delivery of the tools to the Partner Organization	
9	Orientation to Volunteers on data collection and safety protocols	
10	Data Collection from the Field by the volunteers	08th -14th September 2025
11	Data cleaning and compilation by Sphere India	15th September 2025
12	Data Analysis	16th September 2025
13	Sharing of Analysed data with Report writing team	
14	First Draft of Assessment Report	17th September 2025
15	Circulation of Draft to Sectoral Experts and Local Stakeholders	

16	Inputs by experts and finalisation of report by experts	18h September 2025
17	Design and Dissemination of Final Report	

Table 1: Joint Rapid Needs Assessment Timelines

Methodology

In response to the emergency situation in Punjab, a Joint Rapid Needs Assessment (JRNA) was conducted to identify the immediate, mid-term, and long-term needs of communities affected by the floods. The assessment aimed to highlight vulnerabilities, gaps in access to basic services, and critical entitlements across key sectors, including Food & Nutrition, Health, Water, Sanitation and Hygiene (WaSH), Education, Shelter, Livelihood, and Protection.

The JRNA was a collaborative effort led by the Inter-Agency Coordination Committee and implemented in partnership with NGOs and technical support from Sphere India. Field operations were supported by volunteers, government agencies, line departments, and local institutions to ensure that data collection and reporting were inclusive and representative.

Volunteers were mobilized and oriented on data collection tools and safety protocols to conduct surveys in affected villages of Amritsar and Fazilka districts. These districts were selected based on the availability of volunteers from partner organizations such as the Red Cross and ADRA India. Data was collected primarily through structured one-on-one interviews with camp residents and supplemented with secondary data gathered from government reports, media sources, and field observations.

The collected data was analyzed by Sphere India's technical team. The draft report was reviewed by sectoral experts and committee leads, whose inputs were incorporated into the final assessment to ensure accuracy and relevance.

The methodology was built around the following components:

1. **Structured One-to-One Camp Residents Interviews**
The primary data collection involved structured interviews with residents staying in relief camps. Camps were randomly selected from the most affected villages to ensure fair representation across different population groups. The interviews focused on understanding residents' access to services, entitlements, and challenges faced in meeting their basic needs.
2. **Secondary Data Review**
Relevant secondary information was collected from government reports, credible media sources, and field observations. This data was carefully fact-checked and used to complement the findings from primary interviews, thereby providing a comprehensive overview of the situation.

Rationale behind the Sampling for Assessment

The sample size for the assessment was determined using data made available by local NGOs. For the Needs Assessment, 10% or more households impacted villages were covered to ensure representative findings. The districts selected for the assessment included Amritsar and Fazilka.

Primary Data Collection

The primary data collection process included camp resident survey in the most affected areas. The questionnaires were designed to capture the urgent needs and challenges across key sectors including Food and Nutrition Security, Shelter, Protection, Health, Livelihood, Education, and WASH. Camp resident tools developed by national experts, along with inputs from local humanitarian actors, were administered through the KoBo Collect Tool. To ensure neutrality, accuracy, and community representation, trained local volunteers were engaged in physically visiting and recording responses from the affected population.

In total, data was collected from two districts in Punjab. Specifically, 36 responses from Amritsar, and 52 responses from Fazilka were surveyed and documented. This provided a comprehensive overview of the situation and highlighted the priority needs of the most impacted communities in these districts.

S. NO.	DISTRICTS	RESPONSES COLLECTED
1	Amritsar	36
2	Fazilka	52
TOTAL		88

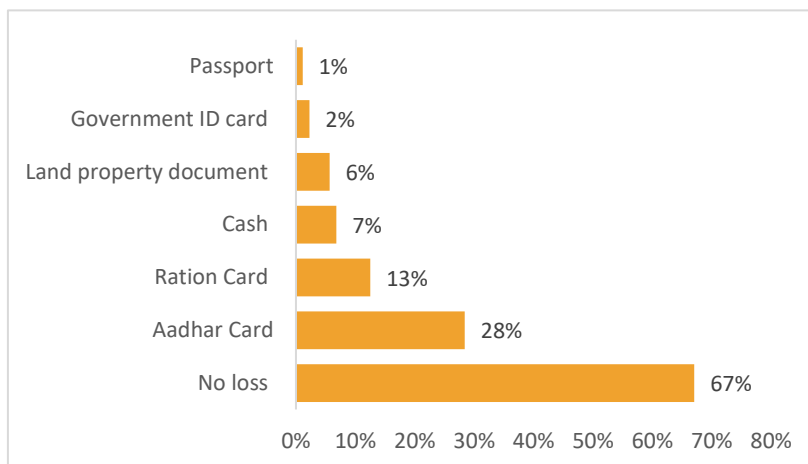
Quantitative Data Analysis: Once data was collected, the assessment team carried out data cleaning and analysis. The key findings were analysed and highlighted in the form of graphs and charts to provide a better understanding of the emerging trends to the stakeholders.

IV. Assessment Findings

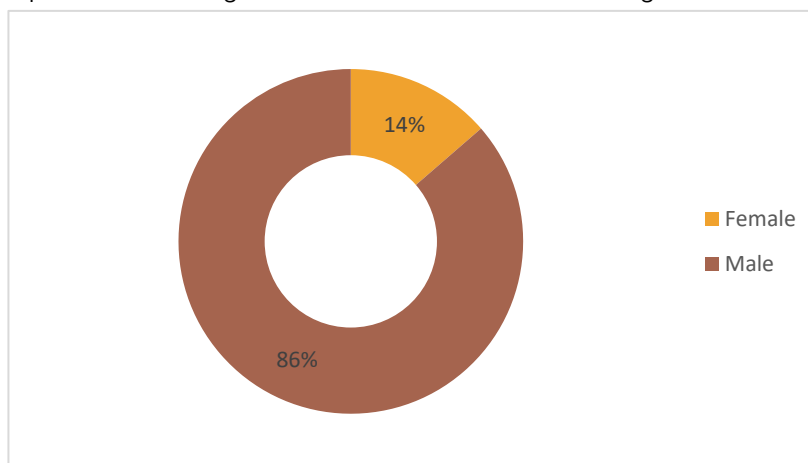
Camp Overview and Sample Profile

The Joint Rapid Needs Assessment (JRNA) was conducted in the districts of Amritsar and Fazilka, with 36 responses collected from Amritsar and 52 responses from Fazilka. The assessment aimed to understand the challenges, risks, and vulnerabilities faced by households affected by recent emergencies. The findings presented here are based entirely on the information provided by the respondents during the assessment and offer insights into their experiences and needs.

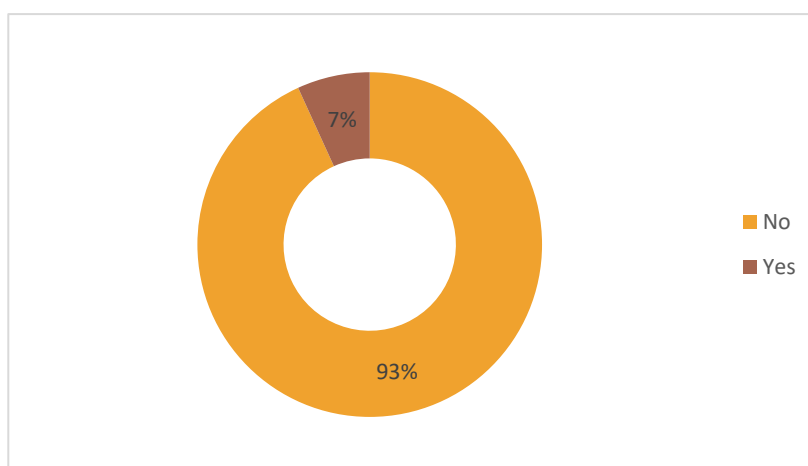
Respondents reported various challenges related to the loss of legal documents and ID cards during the emergency. According to the information provided, 67% of respondents stated that they did not lose any documents. Meanwhile, 28% reported losing their Aadhar card, 13% reported the loss of their Ration card, 7% reported losing cash, 6% lost land property documents, 2% lost other government-issued ID cards, and 1% reported losing their passport. Apart from this 1 respondent reported loss of education certificate. These findings point to the challenges households are facing in proving their identity and accessing essential services in the aftermath of the disaster.



Graph 2: Lost Legal Documents / ID cards :



Graph 1: Respondents Gender

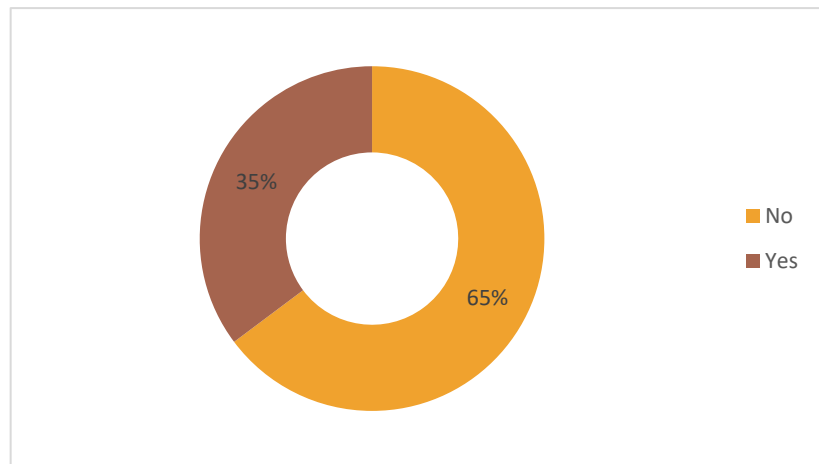


Graph 3: Households with Members having disabilities

Out of the total respondents, 86% were male and 14% were female. This indicates that male respondents formed the majority of those participating in the survey, reflecting patterns of accessibility and engagement during relief efforts.

The survey found that 35% of households reported having members with disabilities, while 65% did not. This finding draws attention to the importance of ensuring that disaster response and relief efforts are inclusive and consider the specific needs of individuals with disabilities.

When asked about risks from landslides, flooding, or extreme weather events, 93% of the respondents reported that they are concerned about such hazards, while 7% stated that they are not concerned. These responses indicate that a large majority of surveyed households perceive significant risks to their safety and well-being, underscoring the importance of preparedness and targeted support.



Graph 4: Households Concerned About Risks from Landslides, Flooding, or Extreme Weather

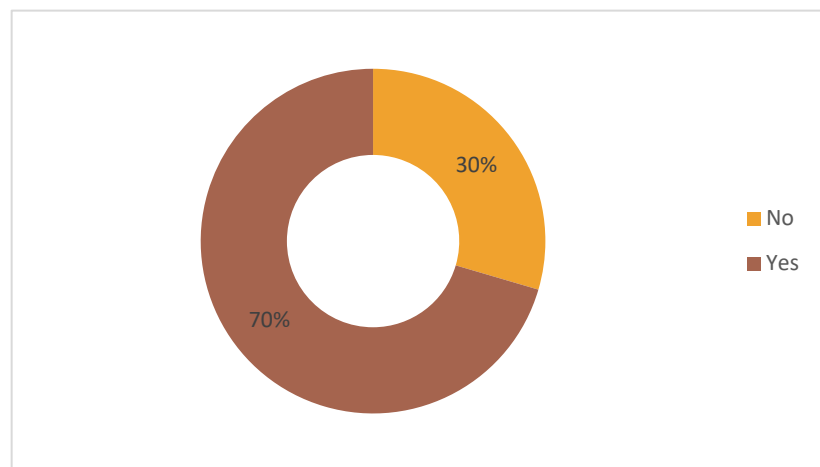
Food Security & Nutrition

Overview

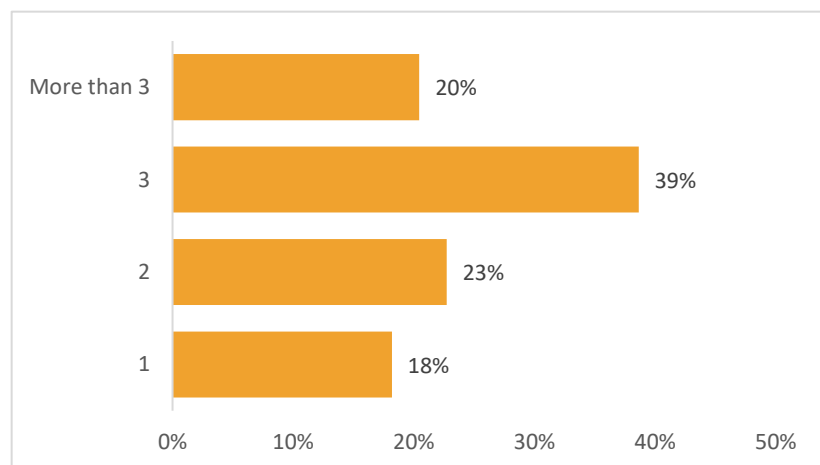
The assessment revealed that food availability in camps was uneven. While organized arrangements such as mess or canteen facilities were present in some camps, many families had to depend on their own means or irregular food support. The number of meals provided varied across camps, and in some cases, households reported insufficient food intake. Although additional provisions were made for vulnerable groups in several camps, this support was not consistent. Overall, the findings highlight gaps in the adequacy, uniformity, and inclusiveness of food assistance for affected households

Findings

As per the assessment, the availability of house mess or canteen facilities in camps varied among respondents. A majority, 70%, reported that a house mess or canteen was available where they were staying, which suggests that most of the assessed locations had some form of organized arrangement for meal preparation and distribution. However, 30% of respondents indicated that no such facility was present. The absence of house mess or canteen facilities in these areas may increase the reliance of affected families on their own resources for cooking or compel them to depend on irregular food assistance. This reflects a notable gap in structured food provision as reported by the respondents.



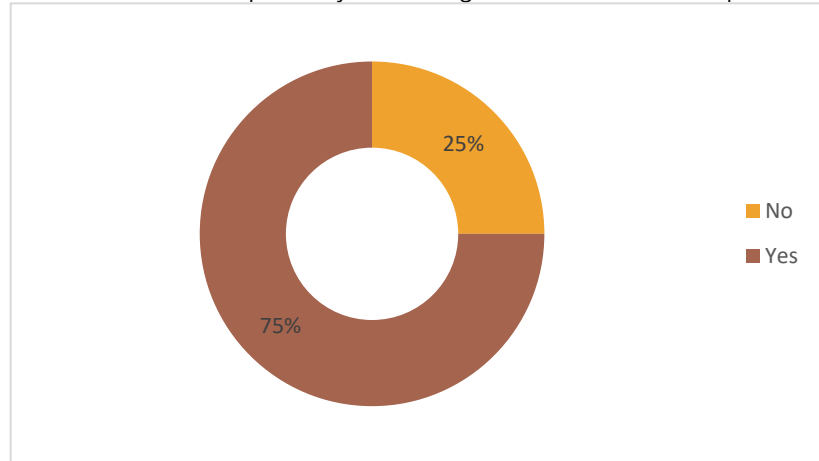
Graph 6: Availability of House Mess/Canteen



Graph 5: Number of Meals Provided Per Day in the Camp

A significant portion, 39%, reported receiving three meals per day, which is generally considered adequate for meeting basic food needs. Meanwhile, 23% stated they were provided with only two meals per day, and 18% reported receiving just one meal daily, indicating that a segment of the population may not be meeting minimum dietary requirements. Interestingly, 20% of respondents reported being served more than three meals per day, showing that in some camps food availability was higher than the minimum standard. These findings indicate inconsistencies in food provision across the assessed locations, as reported by respondents.

The findings from the assessment further indicate that 75% of respondents reported the provision of additional food support specifically targeted for



Graph 7: Chart Provision of Additional Food for Vulnerable Groups

vulnerable groups such as children, pregnant or lactating women, and the elderly. This demonstrates that in most of the assessed locations, efforts were being made to address the special dietary needs of at-risk groups. However, 25% of respondents stated that no such additional provision existed in their camps. This suggests that in some locations, vulnerable populations might not be receiving the supplementary support needed to maintain adequate nutrition levels, leaving them potentially more exposed to risks associated with food insecurity.

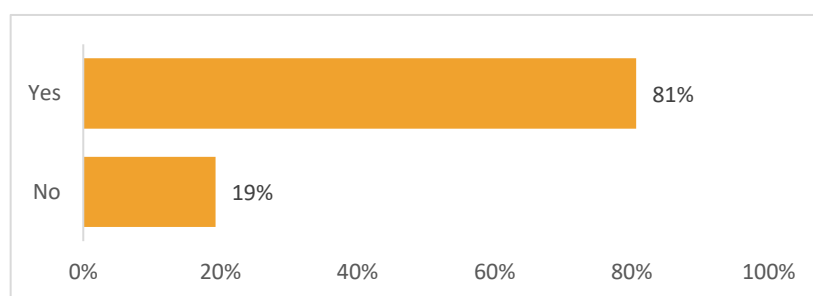
Health

Overview

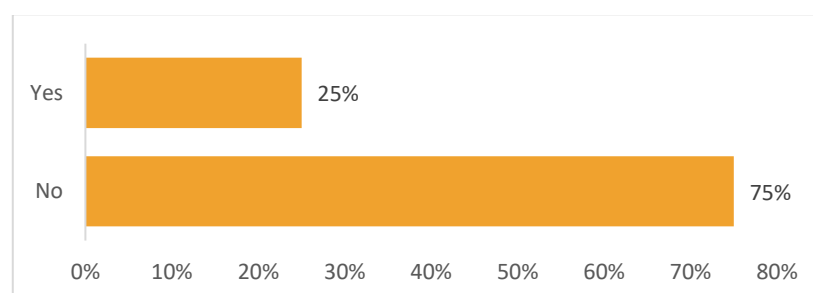
The assessment findings indicate that access to health services was mixed. While many families were screened upon entry to camps, some did not receive initial health checkups. The majority of households reported the need for health care following the disaster, but most relied on camp-level first aid, with limited access to hospitals or external medical facilities. Mental health issues such as stress, anxiety, and sleep disturbances were commonly reported, yet psychosocial and counseling services were available to only a portion of respondents. Reproductive health care was also inconsistent, with some families reporting access while others remained without adequate support.

Findings

As per the assessment, 81% of respondents reported that families underwent health checkups upon entry into the camps, while 19% stated that no such checkups were conducted. This shows that while a large majority had some initial medical screening, there were still families who did not receive immediate health assessments after displacement, potentially leaving early health needs undetected.



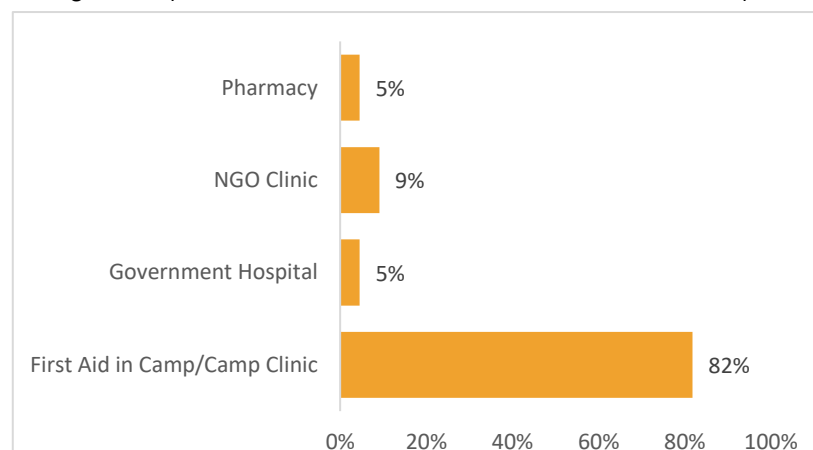
Graph 8: Health Checkups Conducted for Families on Entry



Graph 9: Families Needing Health Care After Disaster

The findings also indicate that 75% of respondents reported a need for health care following the disaster, while 25% reported no such requirement. This suggests that a significant proportion of families experienced medical needs in the aftermath, underscoring the importance of accessible health services in camps and nearby areas.

Respondents reported a variety of sources for accessing health care after the disaster. The majority, 82%, relied on first aid provided in camps or camp clinics. Additionally, 9%



Graph 10: Health Care Sources Accessed After Disaster

accessed government hospitals, 5% visited NGO-run clinics, and another 5% turned to pharmacies for medical assistance. These responses indicate that camp-level first aid was the most commonly used source of health care, while relatively fewer families were able to reach hospitals or external facilities.

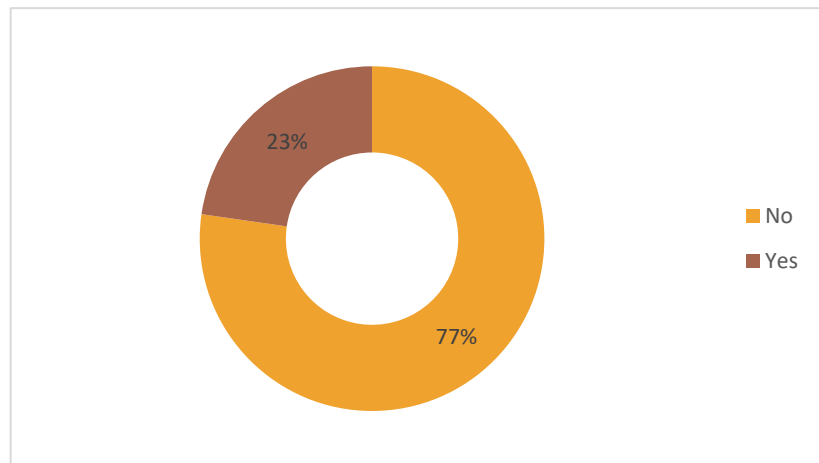
According to respondents, 77% reported no awareness of mental health issues in their families before the disaster, while 23% reported that such issues were present. These findings highlight that a smaller proportion of families were already experiencing or aware of mental health challenges prior to the disaster event.

As per the assessment, respondents identified several mental health symptoms affecting family members after the disaster. Stress was the most commonly reported symptom (75%), followed by anxiety (60%), and lack of sleep (45%).

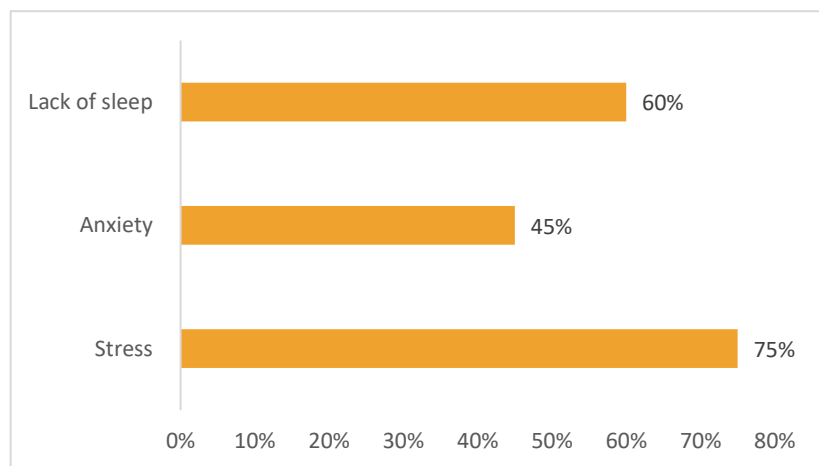
These findings suggest that families faced heightened psychological strain, with stress and anxiety being the most frequently observed issues.

According to respondents, 50% indicated that children were affected, 20% reported impacts on youth, 20% on women, and 10% on elderly family members. Smaller proportions highlighted men (5%) and persons with disabilities (5%) as affected, while 10% reported no one in the family was impacted, and another 10% stated they did not know.

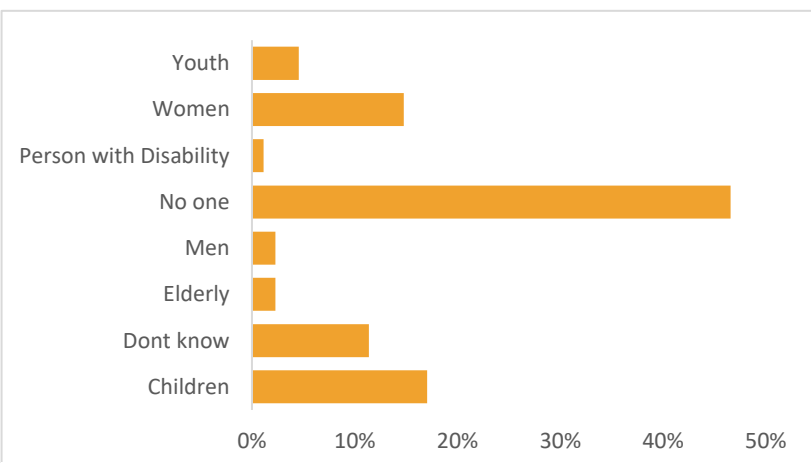
Findings show that 58% of respondents reported not receiving any counselling



Graph 11: Awareness of Mental Health Issues in the Family Before the Disaster



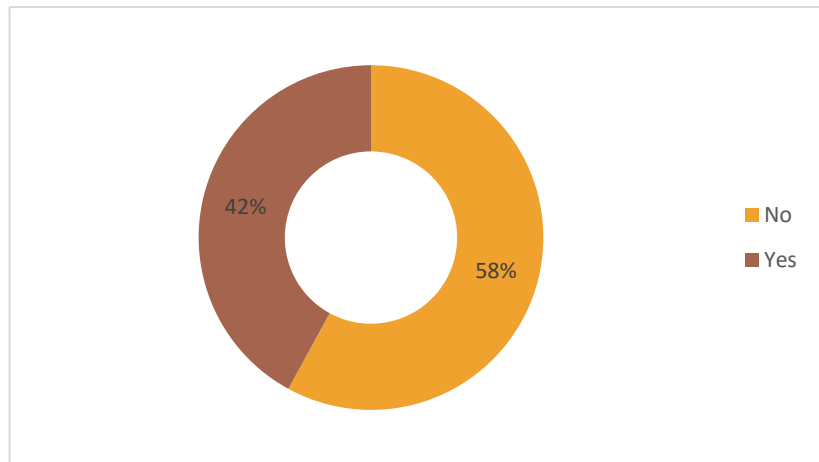
Graph 12: Symptoms of mental health issue



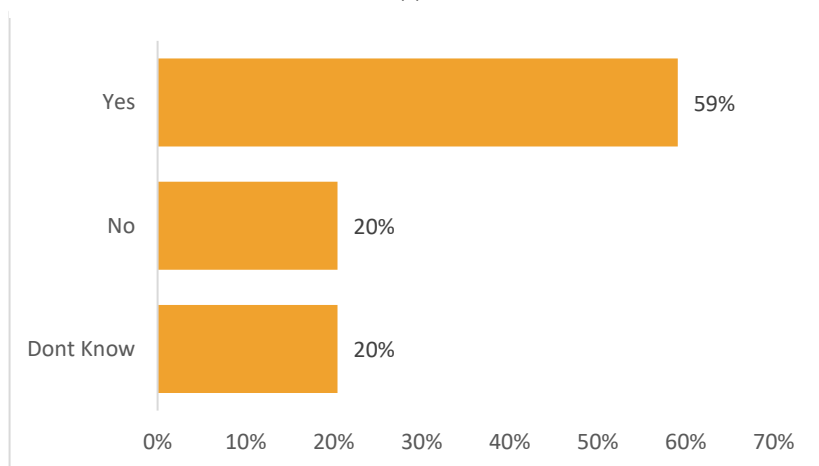
Graph 13: Mental Health Impact by Family Member

related to mental health or psychosocial support, while 42% stated that they had received such support. This reflects a significant gap in psychosocial service coverage across the assessed camps.

59% reported that reproductive health support for women was available in their location, 20% reported no availability, and another 20% said they did not know. This indicates that while more than half acknowledged the presence of reproductive health services, there remains a considerable proportion who either lacked access or were unaware of such services.



Graph 14: Counseling Received on Mental Health and Psychosocial Support



Graph 15: Availability of Reproductive Health Support for Women

WASH

Overview

The assessment found that while most families had access to water, soap, and basic sanitation, significant gaps persisted. In some locations, water availability was insufficient and households lacked hygiene materials. Separate bathing spaces were present in many camps but absent in others, limiting privacy and safety. Solid waste management was established in certain areas but not universally, raising environmental and health concerns. Access to menstrual products was relatively high, yet inconsistent, and disposal facilities for sanitary and adult hygiene waste were inadequate in several camps. These findings reflect partial coverage with notable gaps in hygiene and waste management services.

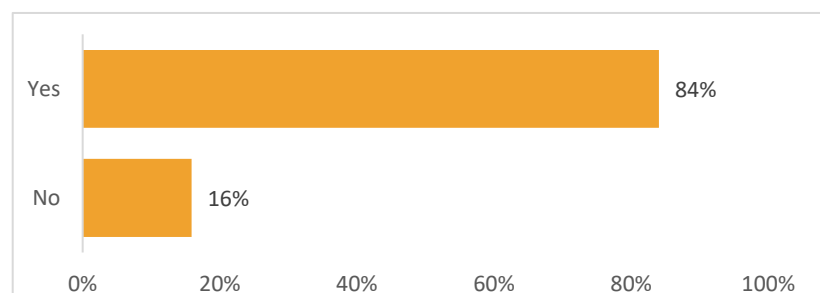
Findings

As per the assessment, 84% of respondents reported having access to safe water sources, while 16% stated they did not. Although the majority had access, a notable proportion of families lacked reliable safe water.

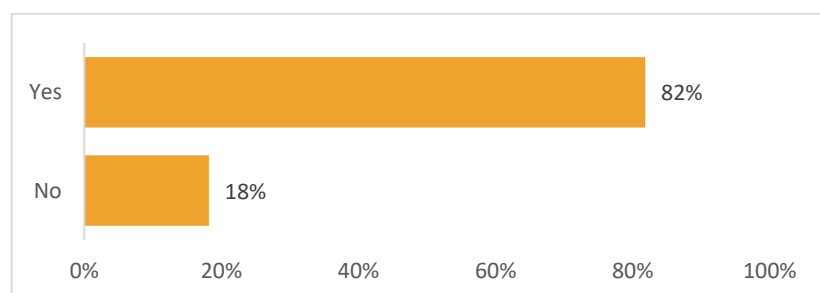
Findings show that 82% of respondents reported having sufficient water for household needs, while 18% stated that water availability was not sufficient. This reflects that while most families had adequate supply, some continued to experience shortages.

The assessment findings also show that 85% of households had access to soap, while 15% did not. While soap was available in most homes, gaps remained in ensuring universal access to this essential hygiene item.

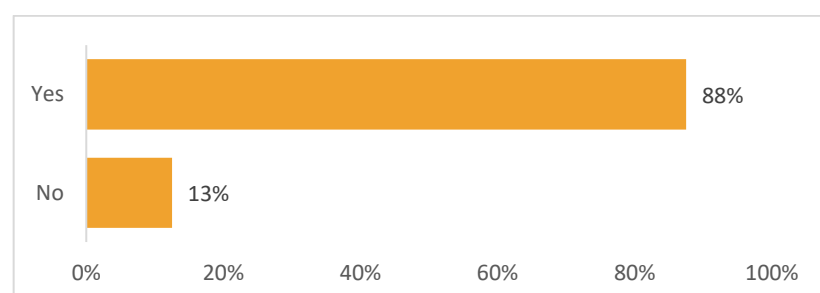
Respondents reported that 88% of camps had separate bathing spaces for men and women, while 13% lacked



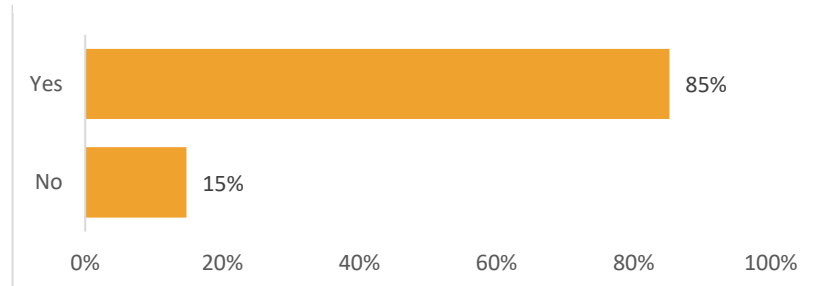
Graph 16: Family Access to Safe Water Sources



Graph 17: Sufficiency of Water for Household Needs



Graph 18: Availability of Separate Bathing Spaces for Men and Women



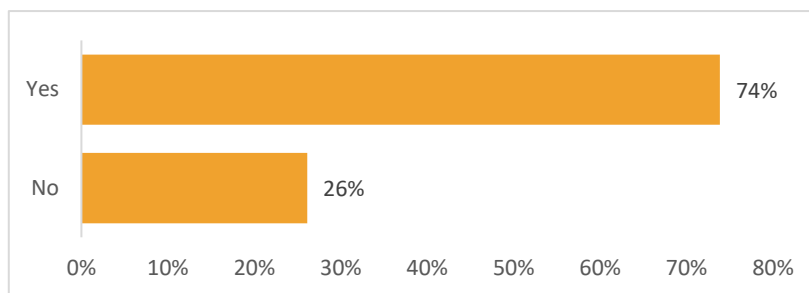
Graph 19: Access to Soap in Households

such facilities. This reflects that privacy and protection were largely ensured but not consistently available across all households.

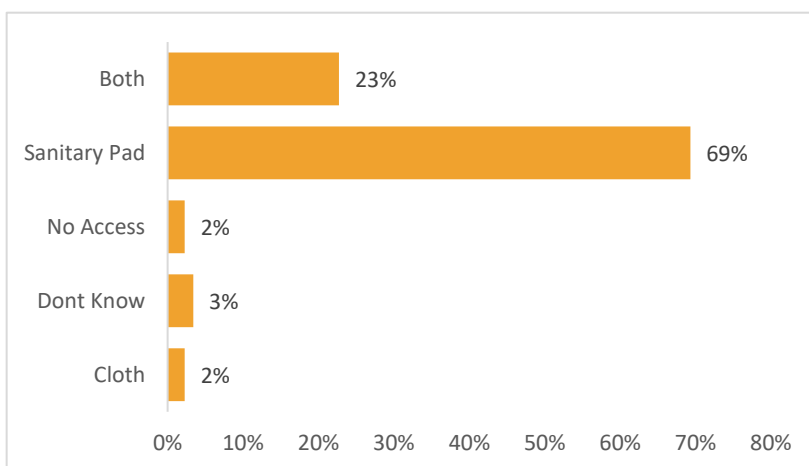
As per the assessment, 74% of respondents reported the availability of a solid waste management system in their camp, while 26% stated that no such system was in place. This indicates that although waste management services were present for most households, over a quarter of families still lacked access to proper systems, raising concerns around sanitation and environmental health.

As per the assessment, 69% of respondents reported access to sanitary pads and 23% to both sanitary pads and cloth. A small number reported using only cloth, having no access, or not knowing about product availability. This shows that while most women had access to menstrual products, some still lacked consistent provision.

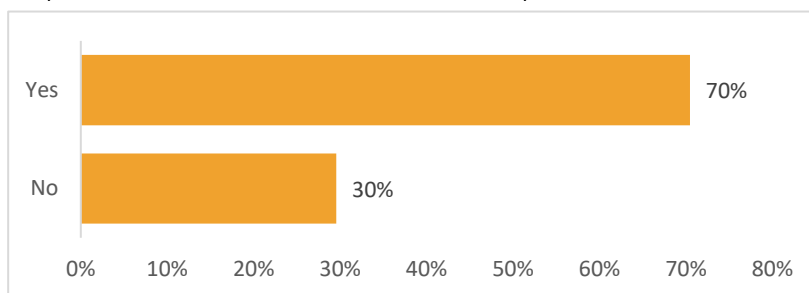
According to respondents, 70% reported that disposal facilities for sanitary and adult hygiene waste were available, while 30% stated such facilities were not present. This indicates a significant gap in safe waste management for affected families.



Graph 20: Availability of Solid Waste Management System



Graph 21: Access to Menstrual Products for Women in the Household



Graph 22: Availability of Disposal Facilities for Sanitary and Adult Hygiene Waste

Shelter

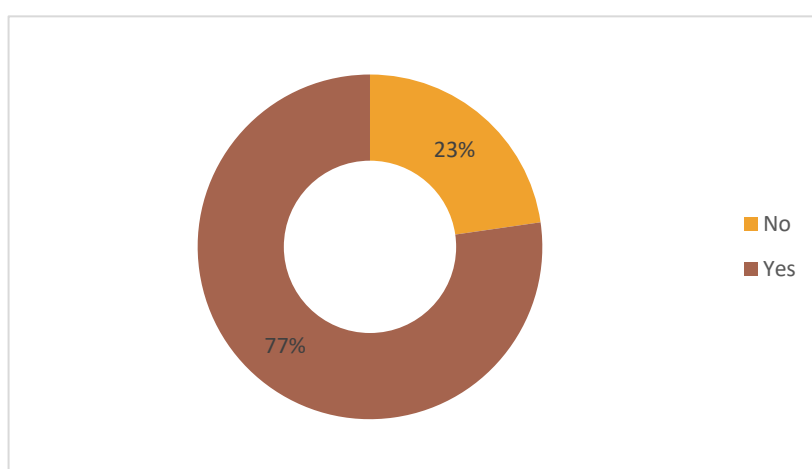
Overview

Shelter conditions varied considerably across assessed locations. While some households had access to basic amenities such as lighting, ventilation, and fans, others lacked these essential facilities. Families also reported multiple overlapping needs for non-food items such as clothing, bedding, mosquito nets, and cooking materials. Although many shelters were considered weather-compatible, a significant proportion did not provide adequate protection from heat, rain, or other seasonal variations. For the long term, most families expressed a preference to return to their original homes, though others sought upgrading of temporary shelters or relocation to safer areas.

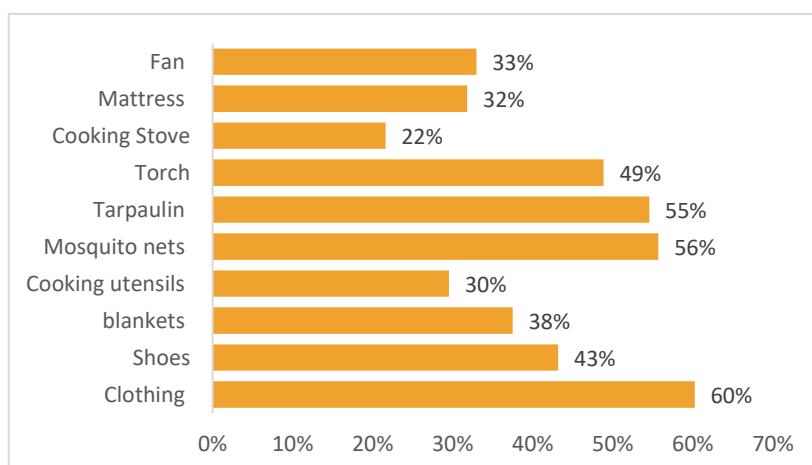
Findings

As per the assessment, 77% of respondents reported that their current accommodation had basic amenities such as lights, windows, and fans, while 23% stated that these were not available. This indicates that although the majority had access to some level of ventilation and electricity, a considerable portion of families were living without these essential facilities, which may affect comfort, safety, and protection from heat.

Respondents reported a wide range of urgent non-food item (NFI) needs. The most frequently cited were clothing (60%), shoes (43%), and blankets (38%). Other pressing needs included mosquito nets (30%), tarpaulins (56%), torches (55%), cooking utensils (32%), stoves (22%), mattresses (33%), and fans (49%). These findings highlight that households had multiple and overlapping needs, with priority items focused on clothing, bedding, and essential household goods for daily survival and protection.

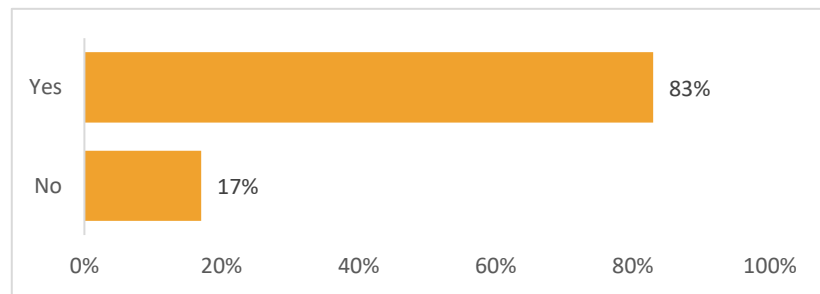


Graph 24: Availability of Lights, Windows, and Fans in Current Accommodation



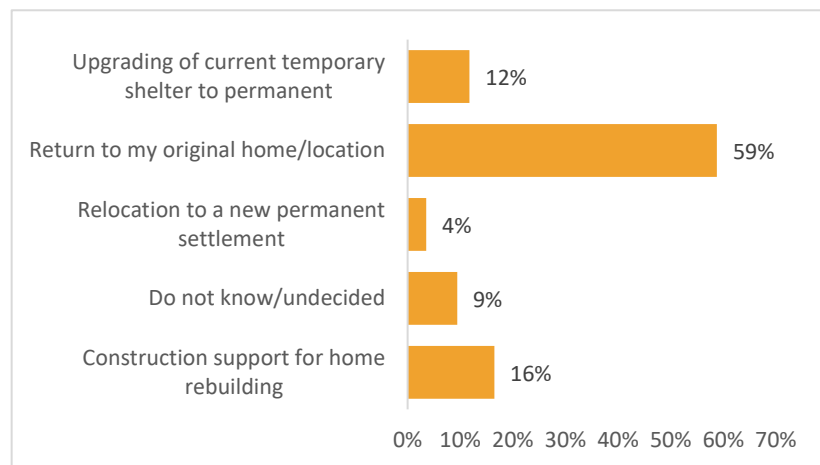
Graph 23: Most Urgent Non-Food Item (NFI) Needs at Present

The findings show that 83% of respondents reported their current shelter was compatible with prevailing weather conditions, while 17% stated it was not. Although most families indicated some level of protection from the weather, a notable minority expressed concerns, suggesting that not all shelters provided adequate resistance against heat, rain, or seasonal variations.



Graph 26: Current Shelter and Weather Compatibility

Respondents reported diverse preferences regarding long-term shelter solutions. A majority, 59%, expressed the desire to return to their original homes or locations. Meanwhile, 16% favored upgrading their current temporary shelters into permanent structures, and 12% wished to relocate to a new permanent settlement. Only 4%



Graph 25: Expectations for Long-Term Shelter Solutions

identified the need for construction support for home rebuilding, while 9% remained undecided or did not know. These responses indicate varied expectations, with most families prioritizing return but others seeking alternative solutions depending on their circumstances.

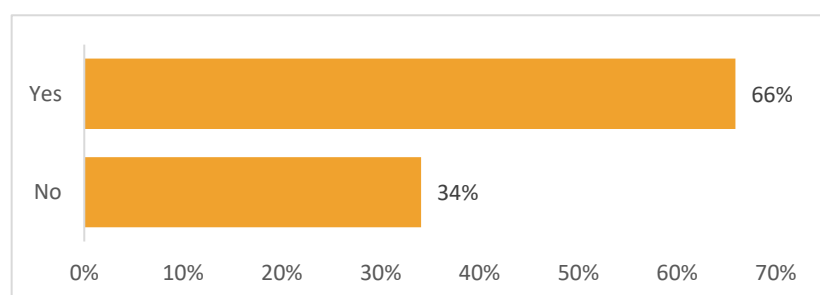
Livelihood

Overview

The flood severely disrupted livelihoods, with many households losing their primary sources of income. While some continued with income-generating activities, others were unable to engage due to losses or lack of opportunities. Livestock losses were reported, which directly impacted food security and economic stability. A large proportion of households expressed the need for livestock-related support, including fodder and veterinary services. For long-term support, families prioritized cash assistance, employment opportunities, and small business recovery, along with skill development and agricultural support.

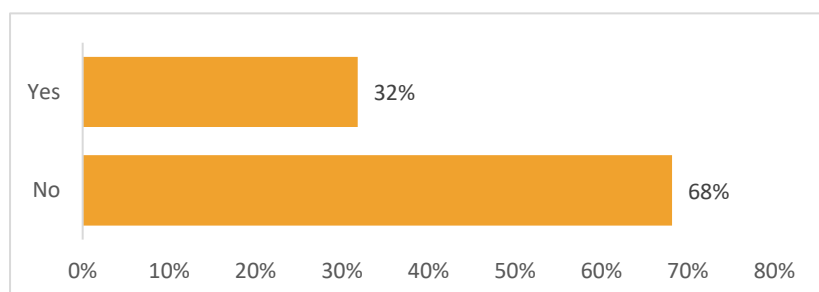
Findings

As per the assessment, 66% of respondents reported that their household livelihoods were impacted by the disaster, while 34% stated that their livelihoods were not affected. This shows that for a significant proportion of households, income and work opportunities were disrupted, while some households managed to sustain their sources of livelihood despite the crisis.



Graph 27: Impact of Disaster on Household Livelihoods

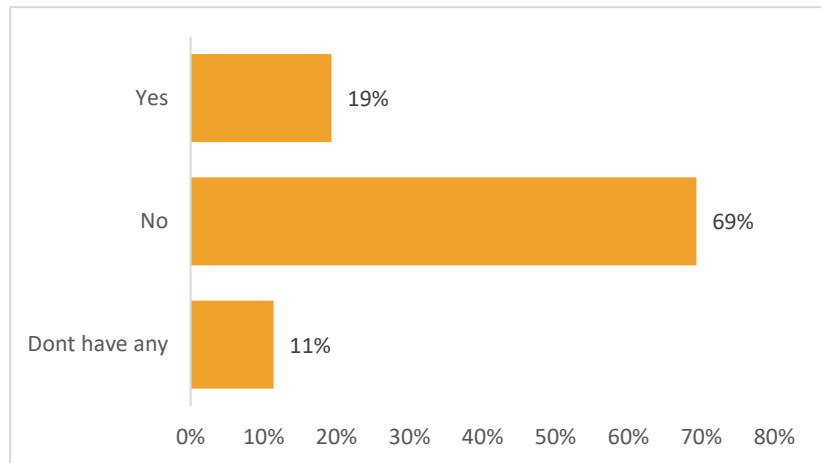
The findings indicate that 68% of respondents reported participation of household members in income-generating activities, while 32% stated that no one in their household was engaged in such activities. This suggests that while a majority of families



Graph 28: Participation in Income-Generating Activities by Household Members

continued to pursue income sources, a substantial portion had no active engagement in livelihood activities, reflecting possible economic strain.

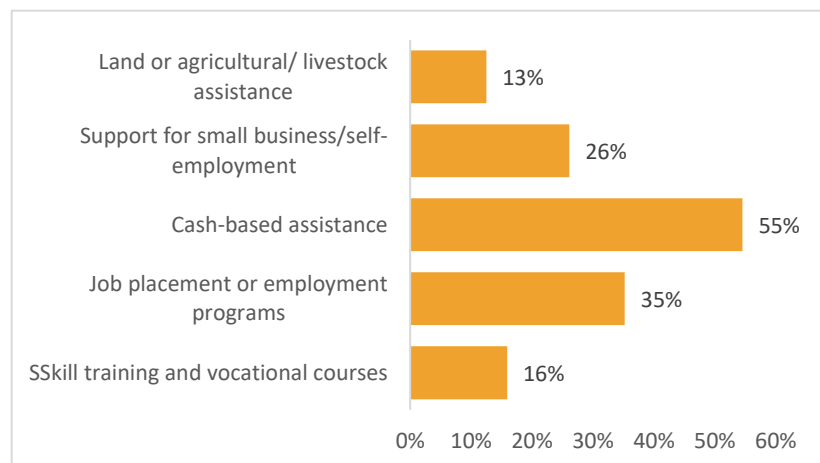
Respondents reported varied experiences regarding livestock losses. A majority, 69%, stated that they did not lose livestock, while 19% reported losing animals due to the disaster. Additionally, 11% mentioned that they did not own any livestock. These findings underline that while most families retained their livestock, a notable share suffered losses, potentially reducing their livelihood security and access to food sources.



Graph 29: Livestock Loss Among Families

As per the assessment, a total of 17 livestock loss were reported among surveyed households, with 16 cows/buffalo and 1 horse/donkey. When asked about support needs, 15 households reported requiring livestock support, while only 2 households stated they did not need such assistance.

As per the assessment, 55% of respondents preferred cash-based assistance, followed by 36% favoring job placement or employment programs, and 27% support for small business or self-employment. Smaller proportions highlighted skill training and vocational courses (16%) and land/agriculture or livestock assistance (12%).



Graph 30: Preferred Long-Term Livelihood Support for Families

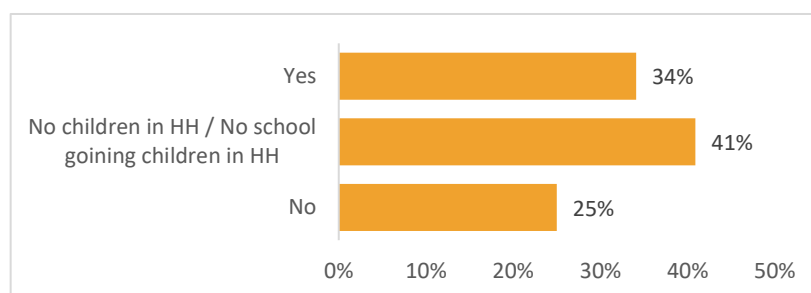
Education

Overview

The education sector was found to be heavily disrupted, with many schools damaged or closed due to flooding. While some children had resumed access, others faced barriers including financial difficulties, lack of facilities in camps, transport issues, and safety concerns. The absence of child-friendly spaces in several camps limited opportunities for children to learn in safe and supportive environments. These disruptions are likely to have lasting impacts on children's learning and well-being unless addressed with urgency.

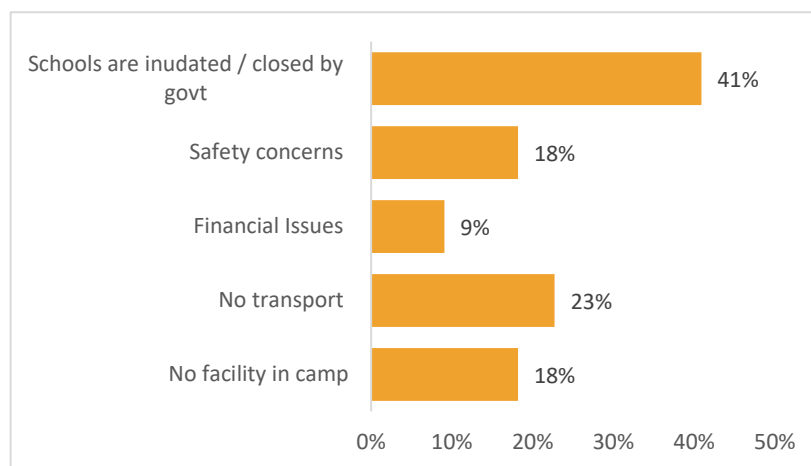
Findings

As per the assessment, respondents reported varying levels of children's access to education in the camps. A proportion indicated that children were able to attend school (34%), while others highlighted barriers or the absence of school-going children in their households (25%). These findings reflect mixed educational access across the assessed locations.



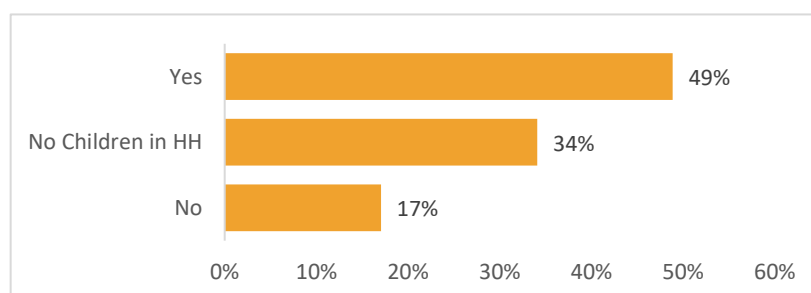
Graph 31: Children's Access to Education in the Camp

The assessment findings highlight several barriers to education for children living in camps. Respondents most frequently cited schools being inundated or closed by the government (41%), followed by financial issues (23%), lack of facilities in the camp (18%), safety concerns (18%), and lack of transport (9%). These responses show that both infrastructural and household-level challenges limited children's ability to continue education.



Graph 33: Barriers to Children's Education in the Camp

According to respondents, child-friendly spaces were not consistently available. While some families reported that such spaces existed in their camp, others indicated



Graph 32: Availability of Separate Child-Friendly Spaces in the Camp

the absence of these facilities or explained that they did not have school-going children in the household. This suggests uneven access to safe and supportive environments for children within camps.

Protection

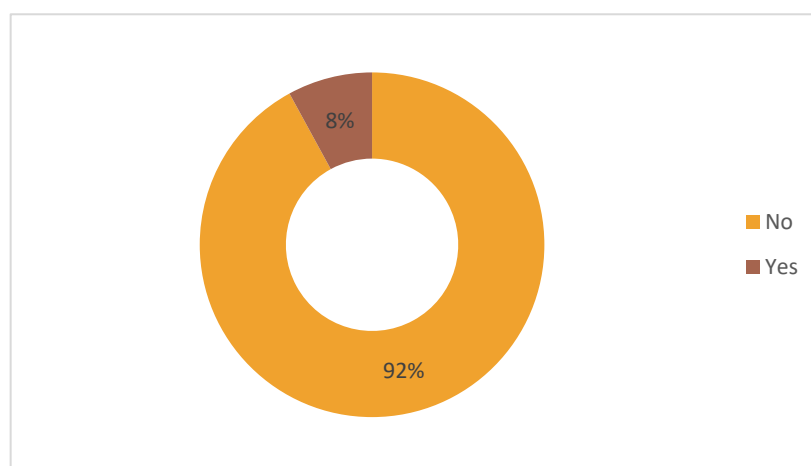
Overview

Although most respondents did not report an immediate need for protection services, concerns for children and women were raised, including risks of separation, lack of access to services, and increased vulnerabilities. Families reported challenges in accessing protection such as lack of trust, lack of prioritization, and limited awareness of available services. Communities consistently identified safety and sanitation as their top protection needs, while in the long term, housing stability and livelihoods were seen as critical to restoring dignity and security..

Findings

- **35%** of affected people in districts such as **Gurdaspur, Amritsar, Fazilka and Kapurthala** are facing **security issues due to damaged shelters**, increasing exposure to theft, harassment, and unsafe living conditions. Majority of population are in damaged/partly damaged houses, crowded camps, who face higher exposure to theft/assault risks. [The Times of India+1](#)
- **15-25%** of households, particularly in **Ferozepur, Pathankot and Hoshiarpur**, reported **power cuts during evening and night**, heightening risks to personal safety and mobility. Prolonged electricity outages have been common. Use caution — replace with local power-utility data if available.
- **20%** of families across **Kapurthala, Gurdaspur and Tarn Taran** are **displaced** from their homes, either residing in relief camps, makeshift shelters, or with relatives. (~6,582 shifted to camps) vs. overall impacted population suggests displaced families varies by district. [ET Edge Insights+1](#)
- **19%** of women and adolescent girls in **Amritsar, Fazilka and Ferozepur** reported **limited access to menstrual hygiene products and safe facilities**, undermining dignity and health.
- **14%** of affected persons in **relief camps across Kapurthala and Gurdaspur** complained of **limited privacy**, leading to protection and psychosocial concerns. Camp setups, shared tents and limited partitions reported; [The Indian Express+1](#)
- **7%** of **SC/ST households**—particularly in rural belts of **Ferozepur and Tarn Taran**—reported **difficulties in accessing relief services**, highlighting issues of social exclusion.
- **10%** of affected individuals in **border districts such as Pathankot and Fazilka** indicated **restricted access to formal security mechanisms** (police, helplines, complaint desks). Based on reports of adhoc camps, infrastructure damage and calls for stronger monitoring [The Times of India+1](#)
- **15%** of families, most notably in **Amritsar, Gurdaspur and Hoshiarpur**, reported an **increase in domestic violence, drug abuse, and alcohol-related risks** in the aftermath of displacement and stress. Post-disaster studies commonly document rises in GBV and domestic violence; specific Punjab survey figures not public. Use caution and cite national/regional GBV guidance when presenting.

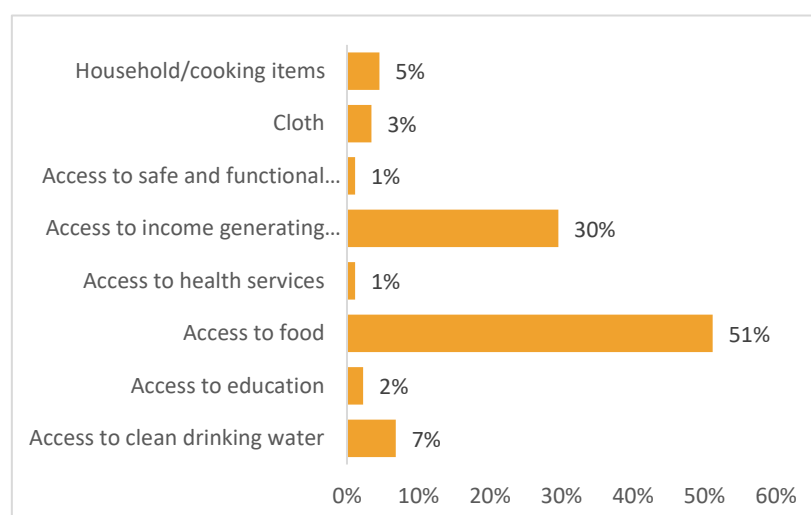
As per the assessment, 92% of respondents reported no requirement for protection services, while 8% indicated that they did require such services. Although the majority did not identify immediate protection needs, a small but notable proportion of households highlighted gaps in safety and protection support.



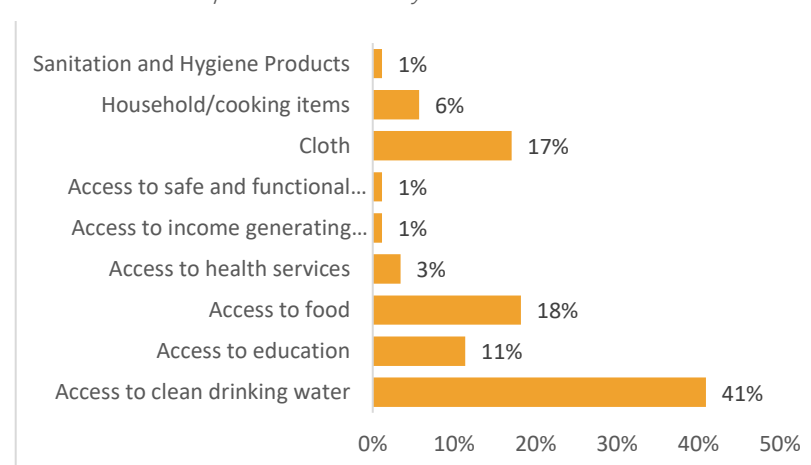
Graph 34: Requirement of Protection service

Respondents highlighted several protection concerns for children and women, including no access to services (4 mentions), increased risk of separation from family (2), worsened needs (2), and increased vulnerabilities (1). In terms of challenges in accessing protection services, they reported issues such as no protection available (2), lack of prioritization (2), not understanding the process (2), lack of trust (1), and uncertainty (1). When asked about the top protection needs of the community, respondents identified safety (2), sanitation (2), and general safety (1) as the most important requirements.

Respondents reported clean drinking water (51%) as the most urgent first priority need, followed by access to food (30%). Smaller proportions highlighted access to education (7%), health services (1%), income-generating activities (1%), safe and functional latrines (3%), clothing (1%), and household/cooking items (5%). These findings reflect water and food as the foremost concerns immediately after displacement.



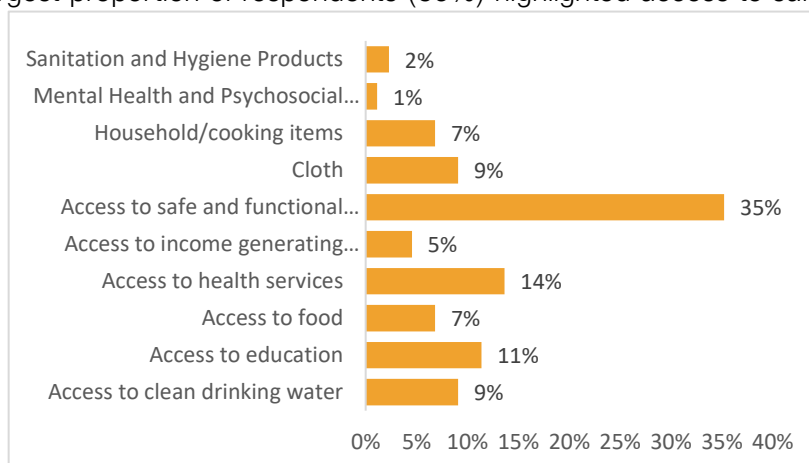
Graph 35: First Priority Needs of Households



Graph 36: Second Priority Needs of Households

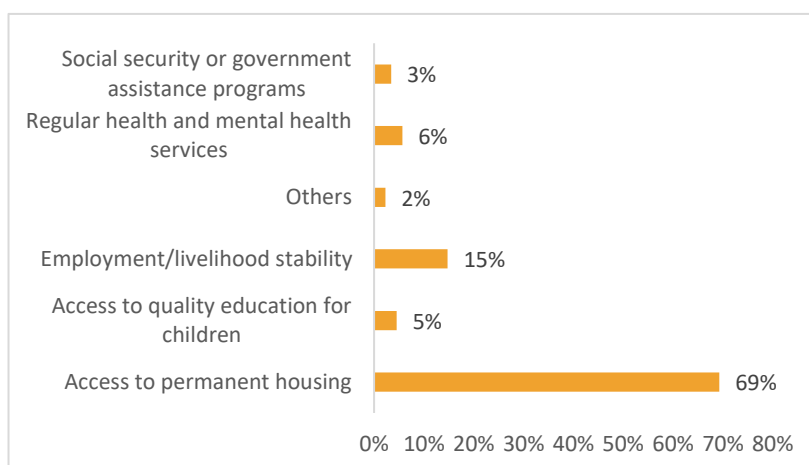
When asked about second-level priority needs, 41% of respondents identified clean drinking water, followed by food (18%) and education (11%). Additional needs included safe and functional latrines (17%), household/cooking items (6%), clothing (1%), health services (3%), and sanitation and hygiene products (1%). This indicates that after addressing immediate survival, households continued to prioritize basic services such as water, food, and sanitation.

For third priority needs, the largest proportion of respondents (35%) highlighted access to safe and functional latrines, while 14% identified health services, 11% education, and 9% each for clean drinking water and clothing. Smaller shares reported food (7%), household/cooking items (7%), mental health and psychosocial support (2%), and sanitation and hygiene products (1%). These findings suggest that as immediate concerns were managed, households shifted focus toward sanitation and longer-term well-being needs.



Graph 37: Third Priority Needs of Households

In terms of long-term support, 69% of respondents identified access to permanent housing as the most important factor for their family's well-being. Employment or livelihood stability was highlighted by 15%, while 6% reported social security or government assistance programs, 5% prioritized quality education for children, and 2% emphasized regular health and mental health services. Only 2% selected "others." These findings show that permanent housing and stable livelihoods were viewed as the most critical components for long-term recovery and resilience.



Graph 38: Most Important Long-Term Support for Family Well-Being

V. RECOMMENDATIONS

Sector	Timeline	Recommendation
Food Security & Nutrition	Immediate (0–1 month)	Ready-to-eat food should be distributed in camps without kitchens.
		Food rations and cooked meals should be provided to all households without delay.
		Supplementary feeding programs must be initiated for children, pregnant women, and the elderly.
		Food baskets should be standardized to include essential dietary components.
	Mid-Term (1–6 months)	Community kitchens should be established and managed with local participation to improve consistency.
		Regular monitoring of household food security and nutritional status should be introduced
		Food support should be adjusted to meet cultural preferences and dietary diversity.
		Coordination with local authorities should be strengthened to avoid duplication or exclusion.
	Long-Term (6 months–2 years)	Households should be integrated into government food security and social protection programs.
		Sustainable food supply chains should be established to reduce reliance on external aid.
		Infrastructure for food storage and preparation should be built in high-risk areas.
		Nutrition awareness campaigns should be promoted to improve household resilience.

Sector	Timeline	Recommendation
Health	Immediate (0–1 month)	Mobile health teams should be deployed to provide immediate medical assistance.
		Essential medicines and first aid kits should be made available in all camps.
		Rapid health screenings should be conducted to detect and treat communicable diseases.
		Awareness campaigns should be carried out to prevent outbreaks of waterborne and vector-borne diseases.
	Mid-Term (1–6 months)	Psychosocial support services should be expanded through trained counselors.
		Reproductive health services, including antenatal and postnatal care, should be strengthened
		Referral systems should be improved to connect camp clinics with government hospitals.
		Health staff should be trained in disaster response and emergency preparedness.
	Long-Term (6 months–2 years)	Disaster-resilient health facilities should be constructed in vulnerable areas.
		Community-based mental health support systems should be institutionalized.
		Preventive health systems should be integrated into disaster management planning.
		Partnerships should be developed with government and non-government agencies to sustain comprehensive healthcare.

Sector	Timeline	Recommendation
Shelter	Immediate (0–1 month)	Emergency shelter kits should be distributed to families living in unsafe conditions.
		Non-food items such as clothing, bedding, mosquito nets, and cooking materials should be supplied.
		Quick repairs should be supported for temporary shelters.
		Lighting and ventilation should be improved to ensure safety and comfort.
	Mid-Term (1–6 months)	Transitional shelters should be upgraded with stronger and more durable materials.
		Cash or voucher assistance should be provided to help families improve their shelters.
		Construction support should be given to vulnerable households unable to repair or rebuild.
		Community involvement should be encouraged in shelter upgrading activities.
	Long-Term (6 months–2 years)	Permanent housing reconstruction should be facilitated with a focus on safe return.
		Relocation should be supported where return is not possible.
		Disaster-resilient housing models should be promoted in reconstruction programs.
		Coordination with housing authorities should be ensured for long-term integration of shelter solutions

Sector	Timeline	Recommendation
Livelihoods & Livestock	Immediate (0–1 month)	Cash assistance should be provided to meet immediate family needs.
		Emergency fodder and veterinary support should be extended to livestock owners.
		Quick support should be given to restore small businesses and market activities
		Temporary employment schemes should be created to reduce economic stress.
	Mid-Term (1–6 months)	Cash-for-work programs should be introduced for community recovery efforts.
		Vocational training programs should be provided for youth and women.
		Inputs and tools should be distributed to restore agricultural and livestock activities.
		Market access should be facilitated for small producers and traders
	Long-Term (6 months–2 years)	Sustainable livelihood programs should be developed to strengthen household income sources.
		Diversified livelihood strategies should be promoted to reduce dependency on a single source.
		Climate-resilient agricultural and livestock practices should be introduced.
		Stronger linkages should be established between households and formal markets

Sector	Timeline	Recommendation
Protection	Immediate (0–1 month)	<ol style="list-style-type: none"> 1. Protection desks should be set up in camps to provide information and referral. 2. Awareness sessions should be conducted to build trust and inform families of available services. 3. Mental health and trauma support 4. Access to safe drinking water, sanitation facilities, menstrual health to be established 5. Compensation and relief assistance: to be equity based 6. Provision of special assistance/support to children and physically challenged 7. Shelters to have proper provisioning of privacy and WASH facilities and segregation of Toilets. 8. Adherence to national /global GBV Guidelines (IASC) in camp settings 9. Provision of special assistance to the families that have lost shelter, business and crops/ horticulture tools etc. who did not have any insurance. 10. People who have lost legal documents should be identified and should be supported in getting the new ones
	Mid-Term (1–6 months)	<ol style="list-style-type: none"> 1. Partnerships should be strengthened with specialized protection agencies. 2. Awareness and confidence-building activities should be carried out to encourage service uptake. 3. Repair of damaged houses so that they can become safe place to live. Govt to consider cash for work for affected households to identify and address damaged houses and school buildings. 4. Strengthen the capacities of the communities (women, children, PwDs) on disaster preparedness 5. Advocacy for harmonising relief assistance with release of social security pensions to widows, elderly, disabled, farmers, daily wage labourers to support their basic survival needs. 6. Community-based protection mechanisms should be expanded through training of local volunteers and leaders.

	Long-Term (6 months–2 years)	<ul style="list-style-type: none"> • Community structures should be empowered to monitor and respond to protection risks sustainably • Permanent housing reconstruction should be linked with protection-sensitive planning. • Social protection programs should be institutionalized for disaster-affected households. • Recovery of agricultural land filled with slurry, blocked pathways, broken village roads, reviving embankments, etc. • Early warning systems to know the occurrences of disaster • Prepare Contingency Plans and Funds for handling such disasters in future • Form Village Task Force to manage disasters situations (pre/during/post) locally • Community Shelters with protection, basic amenities, and security for displaced people during any disaster in the future. • Policy frameworks on disaster-related protection should be reinforced and operationalized.
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Sector	Timeline	Recommendation
WASH	Immediate (0–1 month)	Emergency water supply through trucking and purification tablets should be provided where shortages exist.
		Hygiene kits, including soap, sanitary pads, and essential items, should be distributed immediately.
		Temporary waste disposal systems should be set up in camps.
	Mid-Term (1–6 months)	Reliable waste management systems should be developed at camp level.
		Hygiene promotion activities should be scaled up to strengthen community practices.
		Menstrual hygiene management should be supported with continuous supplies and awareness sessions.
	Long-Term (6 months–2 years)	Permanent water and sanitation infrastructure should be established in flood-prone areas.
		Comprehensive solid waste management systems should be integrated into local governance.
		Menstrual hygiene disposal systems should be standardized in both camps and communities.
		WASH preparedness measures should be incorporated into disaster risk reduction planning

Sector	Timeline	Recommendation
Education	Immediate (0–1 month)	Temporary learning spaces should be established in camps to ensure continuity of education.
		School kits and supplies should be provided to affected children.
		Volunteer teachers should be mobilized to conduct classes in temporary facilities.
	Mid-Term (1–6 months)	Damaged schools should be repaired and reopened with necessary learning materials.
		Child-friendly spaces should be established across all camps.
		Teacher training programs should be organized to address the learning gaps created by disruption
	Long-Term (6 months–2 years)	Schools should be reconstructed with disaster-resilient features to withstand future emergencies.
		Alternative learning platforms such as digital or blended education should be integrated.

Annexure: Additional Information

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Assessment Questionnaire

PUNJAB RELIEF CAMP RESIDENTS TOOL

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