



Images: Media; Uttarkashi Lok Hiteshi Manch

# **Joint Rapid Needs Assessment**

## **Dharali Flash Floods**

### **Uttarkashi**

**August 2025**







## Acknowledgement

This Needs Assessment Report for the Dharali Flash Floods in Uttarkashi has been made possible through the collective efforts and support of many institutions and individuals.

We would like to express our sincere gratitude to the District Administration of Uttarkashi, for extending this opportunity to the Inter-Agency Group (IAG) Uttarakhand and Sphere India to conduct the needs assessment in the affected villages. Our heartfelt thanks go to Uttarkashi Jan Hiteshi Manch, Local NGOs, and the people of the affected villages for their cooperation, valuable information, and support throughout the process.

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This report would not have been possible without the tireless efforts of the volunteers, government officials, who contributed to data collection and coordination. We also acknowledge the sectoral experts, report writers, and editors for their guidance, technical inputs, and valuable time in shaping this report.

Above all, we extend our deepest appreciation to the communities of the affected villages in Uttarkashi who, despite facing immense hardships, generously shared their experiences and patiently responded to our questions. Their resilience and cooperation form the foundation of this assessment.

Inter Agency Group Uttarakhand & Sphere India

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# I. EXECUTIVE SUMMARY

At approximately 01:45 PM on 5<sup>th</sup> August 2025, a catastrophic flash flood triggered by intense rainfall struck Dharali, Harsil, Purali, Bhagori, Sukkhi, Mukwa, Jaspur, and Jhala villages in Uttarkashi district, Uttarakhand, causing debris-laden flows that swept away homes, buildings, bridges, and roads, and tragically claimed human lives.

An Inter-Agency Coordination (IAC) Emergency Meeting was convened on 6<sup>th</sup> August 2025, and the Minutes of Meeting were released the same day. The URS was activated on 7<sup>th</sup> August 2025, with Sphere India and IAG Uttarkashi closely monitoring the evolving situation. However, due to blocked roads, the formation of a temporary lake, and continuous heavy rainfall, it was deemed unsafe for volunteers and experts to travel to the impacted villages, leading to a necessary delay in the field assessment.

On 15<sup>th</sup> August 2025, the IAG Convener and Sphere India met with the District Magistrate and ADM Uttarkashi, where it was agreed that the Inter-Agency Group would support the district administration in conducting a needs assessment. This collaboration aimed to identify the urgent requirements of the affected communities and to guide relief planning and response efforts.

This report is a collaborative effort involving Uttarkashi Jan Hiteshi Manch, Shri Kedar Jan Vikas Samiti Dunda Uttarkashi, Shrishti Sansthan, Mahila Uthaan evam Gram Vikas Sansthan, ITBP, Donatekart, Sphere India. The assessment was carried out through telephonic interviews with households, direct household interviews conducted by volunteers, and was further supplemented by secondary data from government reports, media sources, and field observations.

The findings presented here highlight the emerging needs of the affected population, with a particular focus on immediate relief measures and strategies to inform the medium- to long-term recovery of the impacted villages.

## Sectoral Findings and Urgent Needs

### **Food Security and Nutrition**

Food supply chains were severely disrupted, with almost 68 percent of households reporting a break in regular food access. The main reasons identified were the non-functioning of PDS shops, unavailability of cooking fuel and utensils, and challenges in reaching food distribution points due to damaged infrastructure. In addition to immediate dry ration kits and ready-to-eat meals, there is a pressing need for nutritional food support for children, pregnant women, and lactating mothers in the eight affected villages, as these groups face heightened risks of malnutrition. Restoration of the PDS system and provision of cooking essentials such as fuel and utensils are also critical to stabilizing food security.

### **Health**

The Primary Health Centre (PHC) in Harsil remains functional and undamaged. Immediately after the disaster, the Army and ITBP set up camps to provide initial health check-ups for rescued people and nearby villages. While these measures addressed urgent needs, healthcare access remains limited due to road blockages. Risks of water-borne and vector-borne diseases are high with poor sanitation, and children, pregnant women, and lactating mothers face added

vulnerabilities from lack of nutrition. Mental health and psychosocial support is urgently required, especially in Dharali where families have lost homes, livelihoods, and in some cases, loved ones. Mobile health units and integrated nutrition support are critical to address these gaps.

## **Education**

Schools in the affected villages have not reported structural damage, but access remains disrupted due to blocked roads and displacement of households. Children's learning has been interrupted, with limited access to study materials and safe learning spaces. There is an urgent need to restore continuity in education through temporary learning centres, psychosocial support for children, and provision of basic education materials.

## **Water and Sanitation Hygiene**

Water, sanitation, and hygiene conditions have deteriorated sharply in the affected villages. Around 55 percent of families are dependent on river water for drinking, which is unsafe during the monsoon due to contamination from rainwater runoff. Only a limited number of households have water filters, leaving most families vulnerable to water-borne diseases. About 78 percent of households also reported poor sanitation and inadequate hygiene facilities. The need for sanitary pads has emerged as one of the most critical priorities, particularly while road connectivity remains blocked.

Urgent interventions are required to provide safe drinking water through purification tablets, portable filtration units, and bottled water, along with the installation of emergency toilets and bathing spaces. Hygiene kits, including soap, sanitary pads, and disinfectants, are also essential to reduce the risk of disease outbreaks. For the long term, restoration of damaged water supply schemes and pipelines will be vital to ensure sustainable access to safe water and improved sanitation facilities.

## **Protection**

Protection-related risks have heightened in the aftermath of the floods, with 76 percent of respondents identifying women and children as most vulnerable. The lack of privacy in bathing and toilet facilities, shelter damage creating security concerns, and the spread of rumors and misinformation were reported as major issues. Addressing these concerns requires the establishment of gender-sensitive safe spaces, improved camp safety measures, community awareness drives, and stronger coordination to counter misinformation.

## **Shelter**

Shelter emerged as one of the most critical concerns, especially in Dharali village, which was washed away in the flash floods. Nearly 45 percent of households across affected villages reported their homes as unsafe, partially collapsed, or filled with debris. Most houses, constructed in traditional styles using wood, stone, and aluminum roofing, are highly vulnerable to such disasters.

There is an immediate requirement for emergency shelter kits including tarpaulins, blankets, and floor mats, along with support for repair and reconstruction of damaged houses. Technical guidance on safer construction practices is also essential to ensure long-term resilience and reduce future disaster risks.



## **Livelihood**

The disaster has severely disrupted income-generating activities due to damage to agricultural land, loss of productive assets, and disruption of market activities. Several households in Dharali and nearby villages reported that their apple farms, as well as homestays and small hotels, were severely affected by the floods.

In addition, road blockages have cut off farmers from accessing markets, leaving their crops, fruits, and vegetables unsold and further impacting livelihoods. Some households requested that the government purchase crop yields at Minimum Support Price (MSP), as was done during the 2013 floods, to provide immediate relief to farming families

Support is required in the form of livelihood restoration packages, assistance for agriculture and small businesses, and short-term cash-for-work or employment schemes to stabilize household economies.

## **Relief**

When asked about immediate priorities, the majority of households highlighted food and ration support (88 percent), shelter assistance (60 percent), and clean drinking water (42 percent) as the top needs. For recovery, safety and security, livelihood restoration, and restoration of essential services and infrastructure were identified as the most important requirements.

## II. BACKGROUND

### Situation Overview

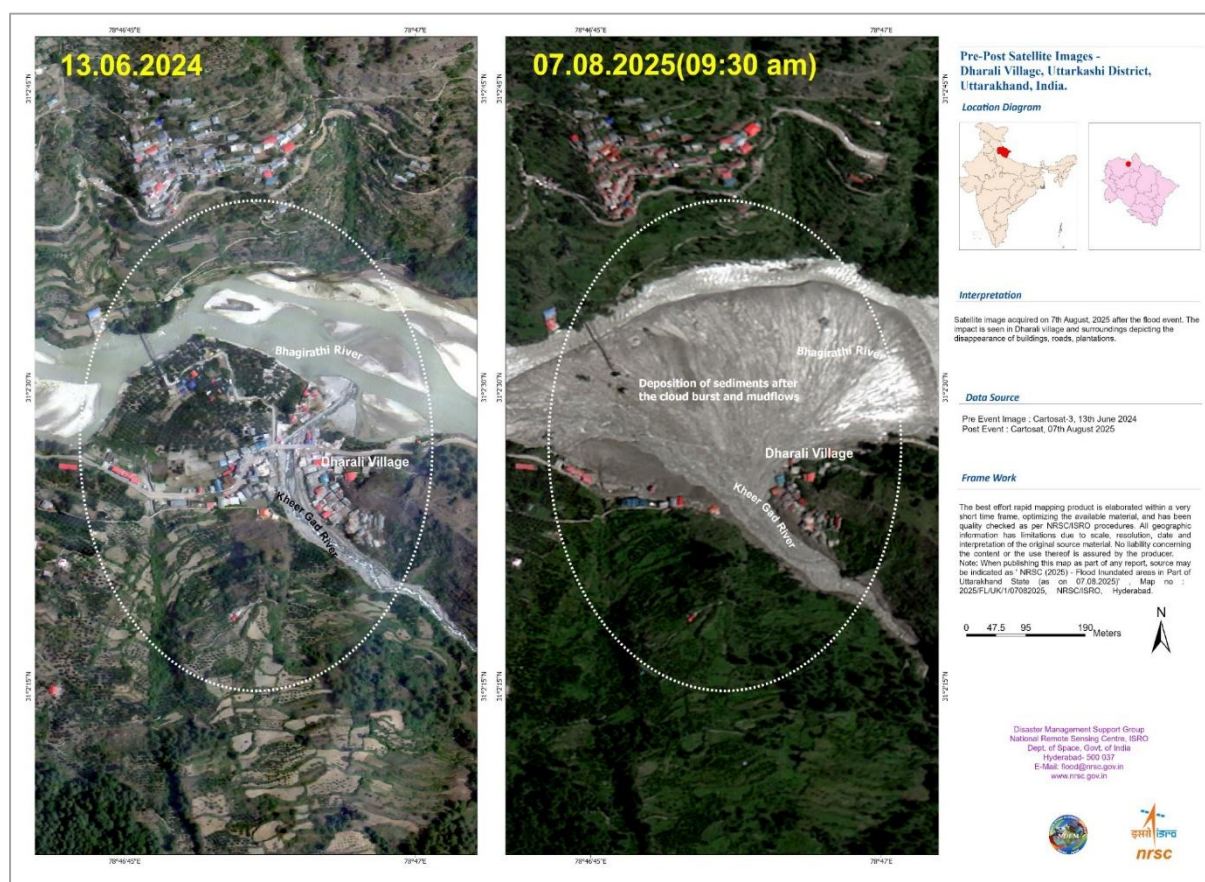


Image 1: Indian Satellite data-based analysis of the Dharali Flash Flood, ISRO

## Relief Measures and Stakeholder Response

### Government Response

- State, district and central agencies including SDRF, NDRF, local police, Fire Services and the Indian Army have been deployed for search and rescue and relief operations. Aviation assets have been used to evacuate the injured and stranded.
- The State Government has released immediate funds from the State Disaster Response Fund (SDRF) to support relief and rescue operations and has directed district administration to ensure rapid disbursement to affected families.
- The Chief Minister and Central Government have been in touch with district authorities; the Prime Minister has taken stock of the situation and assured central assistance
- State authorities authorised an emergency release from SDRF (media reporting ₹20 crore immediate release to support rescue/relief). District administration instructed to begin compensation, medical aid and relief provisioning
- Heavy machinery and engineers are engaged to clear debris, unblock roads and assess bridges/highway damage; plans for alternate routes were directed where main roads were submerged or cut off

- Government instructed district administrations to provide compensation for loss of life and livestock, and assist in replacing lost documents and property records for affected families

## Humanitarian Response

- Himalay Paryavaran Jadi Buti Agro Sansthan (JADDI) in coordinating with Uttarkashi Aapda Prabandhan Jan Manch to collect information on missing persons (covering 10 villages, ~1,800 families), identify affected households, mobilise essential relief items, support relief distribution and rehabilitation.
- Humanitarian Aid International (HAI) / LOCAL Coalition in partnership with Tarun Paryavaran Vigyan Sanstha (TPVS), planning provision of 100 solar lamps, NFI items (utensils, etc.), and drone-based analysis for search & rescue; also designing long-term recovery plans. Supported through LOCAL Emergency Pooled Fund (INR 2,00,000).
- Shri Kedar Jan Vikas Samiti (SKJVS) / HERDS is extending support to all affected households in Bhatwari block with essential relief items for immediate use. Coordinating with grant-making organisations for resources.
- Bal Raksha Bharat (Save the Children) is providing immediate relief kits (food, shelter, hygiene and clothing) to affected families across Bhatwari villages, and establishing child-friendly spaces for children. Funded through own resources.
- EFICOR is conducting needs assessment in 8 affected villages; planning ration kit distribution and cash transfer support (awaiting confirmation of resources).
- SEEDS with support from Himalay Paryavaran Jadi Buti Agro Sansthan (JADDI), conducting field assessments and planning distribution of ration kits, shelter kits, WASH kits, and utensil kits to 100 families in Bhatwari block. (Contact: Mohan Singh Rana – 8392925108)
- The Inter Agency Group (IAG) Uttarakhand and Sphere India jointly facilitated an emergency coordination meeting on 06th August 2025. During the meeting, participants shared updates from field assessments, indicating that approximately 200–300 families have been affected in the Gangotri Valley region. The impacted villages include Sukhi, Jaspur, Purali, Jhala, Harshil, Bagori, Dharali, and Kukhwa, where significant damages to homes, roads, and agricultural assets have been reported.
- Sphere India deployed a staff member in the field, activated the Joint Rapid Needs Assessment in coordination with partner agencies and local organisations, and also coordinated relief efforts while facilitating meetings with government stakeholders.

URS Link: [https://docs.google.com/spreadsheets/d/1SepNJGVZqs4cvs-iAyx\\_nCFm mx9R-Q0g4jFAh86RNXo/edit?gid=443055130#gid=443055130](https://docs.google.com/spreadsheets/d/1SepNJGVZqs4cvs-iAyx_nCFm mx9R-Q0g4jFAh86RNXo/edit?gid=443055130#gid=443055130)

### III. OVERVIEW OF THE ASSESSMENT

#### Timelines

Given the challenging situation, an emergency Inter-Agency Coordination (IAC) meeting was held on 6th August 2025 with participation from IAG Uttarakhand, District IAG Uttarkashi, and other responding agencies. Based on the discussions, the Unified Response Strategy (URS) was activated on 8th August. On 15th August, the IAG Convener and Sphere India met with the District Magistrate and Additional District Magistrate, where the decision was taken to carry out an Joint Rapid Needs Assessment (JRNA). However, due to continuous rains, blocked roads, and the formation of a temporary lake, physical access to several villages was restricted. To address this, volunteers from the affected villages were mobilised locally, and telephonic interviews were conducted to gather data from hard-to-reach areas.

Table 1: Joint Rapid Needs Assessment Timelines

TIMELINE	ACTIVITIES
05 <sup>th</sup> August 2025	Flash Floods in Dharali Village
06 <sup>th</sup> August 2025	Sitrep 1 released
06 <sup>th</sup> August 2025	Emergency Coordination Meeting with IAG Uttarakhand
07 <sup>th</sup> August 2025	Sitrep 2 released
07 <sup>th</sup> August 2025	Emergency Coordination Meeting with District IAG Uttarkashi
08 <sup>th</sup> August 2025	URS was Activated
14 <sup>th</sup> August 2025	IAG Uttarkashi Meeting
15 <sup>th</sup> August 2025	Discussion with District Magistrate (DM) and ADM
16 <sup>th</sup> - 17 <sup>th</sup> August 2025*	Volunteer Mobilization
18 <sup>th</sup> August 2025	Kobo Collect Training
19 <sup>th</sup> – 25 <sup>th</sup> August 2025	Data Collection
26 <sup>th</sup> – 27 <sup>th</sup> August 2025	Data Cleaning/Analysis
28 <sup>th</sup> August 2025	First Draft of Report to be shared with Sector Committees
29 <sup>th</sup> August 2025	Consolidation and Final Report Dissemination

\* Due to the challenging geography and inaccessibility of several villages, volunteer mobilization took additional time, as the volunteers themselves were from the affected villages.

#### Methodology

In response to the emergency in Uttarkashi, the Inter-Agency Coordination Committee, in collaboration with its NGO partners, initiated an Joint Rapid Needs Assessment (JRNA) to identify the urgent, mid-term, and long-term needs of the affected communities. The assessment focused on key sectors including Food & Nutrition, Health, Water, Sanitation and Hygiene (WaSH), Education, Shelter, Livelihood, and Protection. The objective was to highlight the vulnerabilities of affected populations and their access to basic services and entitlements.





*Image 2: Search and Rescue after 14 days of incident (source: Down To Earth)*

The JRNA was a collective effort of member organizations and the State Inter-Agency Group (IAG), facilitated by Sphere India, with field support from local NGOs, government-led institutions, and relevant line departments.

Volunteers were oriented and mobilized to carry out data collection in affected villages, using household surveys and key informant interview tools. The data was analyzed by Sphere India, and the draft report underwent review by sectoral experts. Their feedback, along with additional inputs from Sectoral Committee Leads, was incorporated into the final version.

The methodology was based on the following components:

1. Structured one-to-one household interviews – Randomly selected households from the most affected villages were prioritized to ensure fair representation across different sections of the community.
2. Secondary data review – Relevant information from government reports, media sources, and observations was gathered and fact-checked to complement the primary data.

## Rationale behind the Sampling for Assessment

The sample size for the assessment was determined using data made available by local NGOs and the District IAG. For the Needs Assessment, 10% or more households from 5 of the 8 most impacted villages were covered to ensure representative findings. The villages selected for the assessment included Dharali (the most affected village), Harsil, Purali, Bhagori, and Jhala.

## Primary Data Collection

The primary data collection process included household surveys and key informant interviews at the village level in the most affected areas, covering both households and local administration. 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. Household-level 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 five of the most affected villages in Uttarkashi. Specifically, 47 households from Dharali, 27 from Harsil, 22 from Jhala, 15 from Bhagori, and 11 from Purali were surveyed and documented. This provided a comprehensive overview of the situation and highlighted the priority needs of the most impacted communities.

*Table 2 | District wise distribution of respondents*

S. NO.	VILLAGE	RESPONSES COLLECTED
1	Dharali	47
2	Harsil	27
3	Bhagori	15
4	Jhala	22
5	Purali	11
TOTAL		122

**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

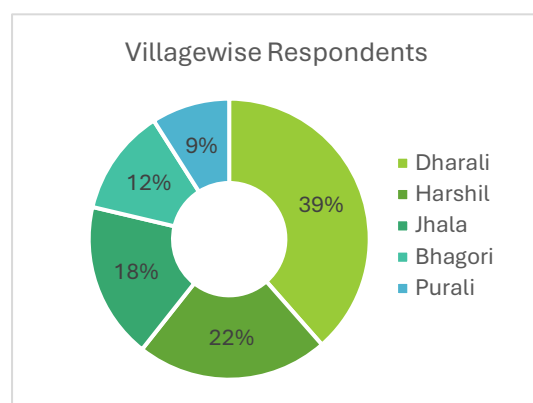


Figure 1 : Village wise Respondents

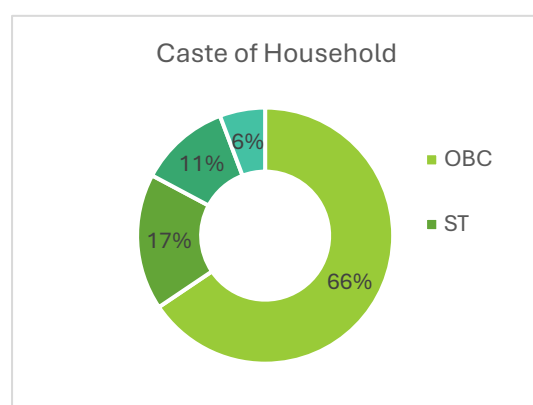


Figure 2 : Caste of Household

The assessment covered five villages of Uttarkashi district – Dharali, Harshil, Jhala, Bhagori, and Purali – with a total of 122 respondents. Out of these, Dharali village accounted for the highest proportion of respondents (39%), as it was directly impacted by the river flood. The remaining villages of Harshil (22%), Jhala (18%), Bhagori (12%), and Purali (9%) were primarily affected by road blockages and disruptions in accessibility.

In terms of gender representation, most respondents were male (61%), while female respondents made up 39%. The age profile of respondents shows that the largest group falls within the 18–60 years working-age population (84%), followed by the elderly above 60 years (16%), while only 1% were below 18 years, indicating limited representation of children and adolescents in the sample. With respect to social groups, Other Backward Classes (OBC) formed the majority (66%), followed by Scheduled Tribes (17%), Scheduled Castes (11%), and General category households (6%).

## Food Security & Nutrition

The assessment highlighted that Food Security and Nutrition was severely affected in the surveyed villages. While Dharali faced direct challenges due to flooding, the other villages were impacted largely by road blockages and disruptions in market access. Communities reported breaks in food supply, reduced meal frequency, limited food stocks, and lack of cooking facilities, all of which compounded household vulnerability. The following section presents the key findings.

### Findings

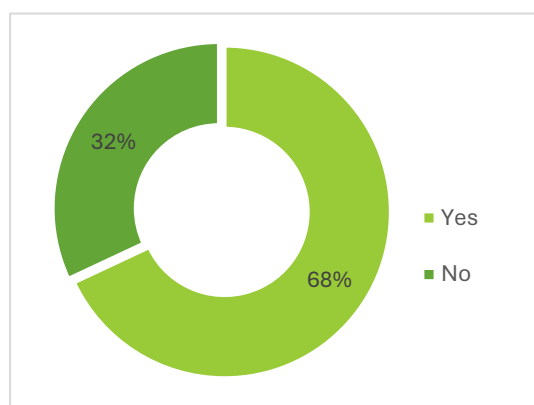


Figure 3 : Break in Food supply

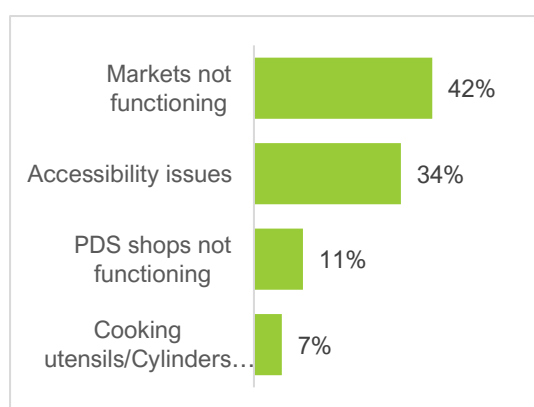


Figure 4 : Reason for food break

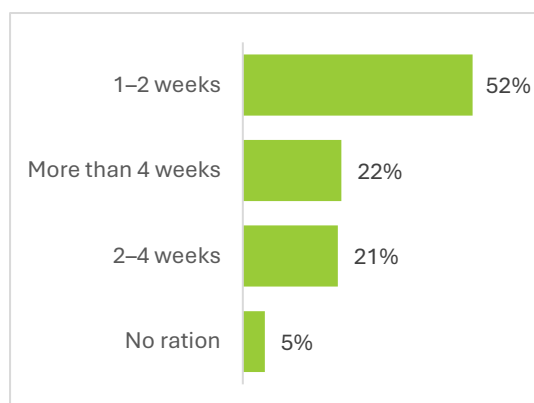


Figure 5: Duration of Food Stock Left

The assessment revealed serious disruptions to food and nutrition security across the disaster-affected villages. A significant majority of households (68%) reported experiencing a break in food supply, highlighting the widespread impact of the disaster on essential daily sustenance. In contrast, only 32% of households were able to maintain an uninterrupted food supply, pointing to the overall vulnerability of the community.

The primary reasons for food shortages were linked to external factors that disrupted normal supply chains. The non-functioning of local markets (42%) emerged as the most cited reason, indicating that the destruction of basic trading systems left families unable to purchase food or other essentials. Similarly, accessibility challenges caused by road blockages (34%) severely restricted the movement of both people and goods, cutting off affected communities from external assistance and supply sources. In addition, closure of Public Distribution System (PDS) shops (11%) further constrained access to subsidized rations, which many families rely on, especially in remote areas. Finally, 7% of households, primarily in Dharali, reported the absence of cooking utensils or cylinders, as floodwaters damaged or swept away household assets, leaving families without the basic tools to prepare meals.

When looking at food stock availability, the findings show how precarious household food reserves were after the disaster. A little over half of the households (52%) reported having stocks lasting only 1-2 weeks, while 21% had slightly better reserves for 2-4 weeks. On the other hand, 22% of households indicated having supplies that could last more than a month, representing a relatively less vulnerable group. Alarming, 5% of households reported having no ration at all, underscoring the extreme hardship faced by some families who were left

entirely dependent on external support for survival.

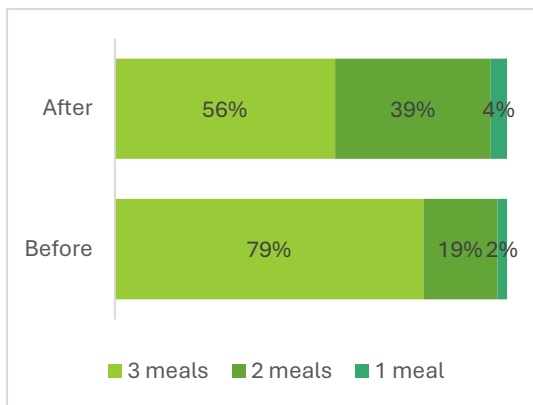


Figure 6 : No. of meals consumed before and after the disaster

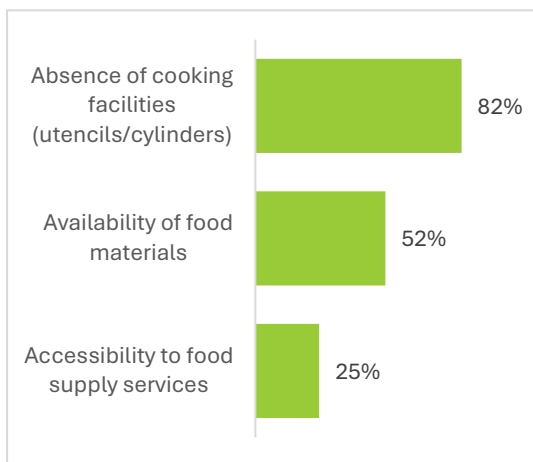


Figure 7 : Top Concerns related to Food Security and Nutrition

The disaster also had a visible impact on dietary intake and meal frequency. Prior to the floods, 79% of households consumed three meals a day, but this proportion dropped sharply to 56% in the aftermath of the disaster. In contrast, reliance on two meals a day increased from 19% to 39%, while the proportion of households surviving on just one meal a day doubled from 2% to 4%. This shift reflects a deterioration in both the quantity and quality of nutrition, with potential long-term impacts on health, particularly among children, women, and the elderly.

When asked about their top concerns related to food security, the majority of respondents emphasized the absence of cooking facilities such as utensils and cylinders/cooking fuel (82%). This highlights that even when food was available, households often lacked the means to cook and consume it safely. In addition, availability of food materials (52%) was flagged as a major issue, showing that supplies themselves remained inadequate or irregular. Finally, accessibility to food supply services (25%) was also identified as a concern, pointing to continued logistical and infrastructural challenges in restoring normal supply routes and distribution systems.

## Health

The assessment indicates that while the health infrastructure in Uttarkashi remained largely functional, disaster impacts were still felt at the community level. A minority of households reported health problems, mainly seasonal illnesses such as cold, flu, and diarrhoea, alongside cases of high blood pressure, eye infections, and psychosocial stress. No major disease outbreak was reported, and facilities like the Harshil PHC continued to function, yet access remained a challenge for some villages due to road blockages. Importantly, psychosocial support was absent, and more than half of the respondents reported not receiving any health-related assistance, underscoring service gaps in both mental health care and immediate medical response.

## Findings

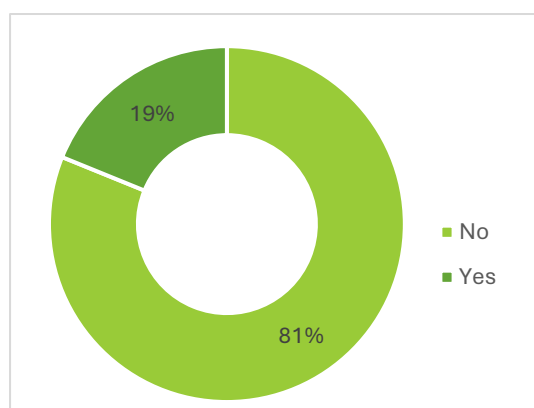


Figure 8 : Post Disaster Health Problems

The assessment showed that most households (81%) did not report any major post-disaster health problems, while 19% experienced health-related issues. The most common problems reported were communicable diseases such as cold, flu, diarrhoea, and viral infections. Some respondents also reported high blood pressure, eye infections, and psychosocial stress, reflecting both seasonal health risks and disaster-related mental trauma.

In terms of psychosocial well-being, households who experienced stress or trauma shared that they did not receive any form of counselling or mental health

support after the disaster. This gap highlights the need for stronger integration of mental health and psychosocial support services in disaster response.

Regarding disease outbreaks, a large majority (94%) confirmed that there was no major outbreak in the affected areas, although seasonal illnesses such as cold, flu fever etc. continued to be reported.

On health infrastructure, 81% of respondents stated their nearest health facility was not impacted, and the Harshil Primary Health Centre (PHC) remained functional throughout the disaster period. However, accessibility remained a concern for more remote villages due to road blockages.

When asked about health support received, 55% of respondents reported not receiving any aid from government or NGOs, whereas 45% did benefit from initial medical support, primarily through health check-ups and medical camps organized by the ITBP/Army.



## Water, Sanitation and Hygiene (WASH)

Access to safe water, adequate sanitation, and proper hygiene practices is one of the most critical needs after any disaster. Flooding and road blockages often damage water supply systems, limit availability of clean drinking water, and restrict access to private sanitation facilities. Communities in mountainous regions like Uttarkashi are particularly vulnerable, as they depend heavily on rivers, streams, and limited piped networks. Inadequate waste disposal and poor menstrual hygiene management further compound health risks, while limited early warning and hygiene communication reduce preparedness. WASH challenges, if not addressed promptly, can escalate into outbreaks of communicable diseases and pose serious risks to vulnerable groups, especially women, children, and the elderly.

### Findings

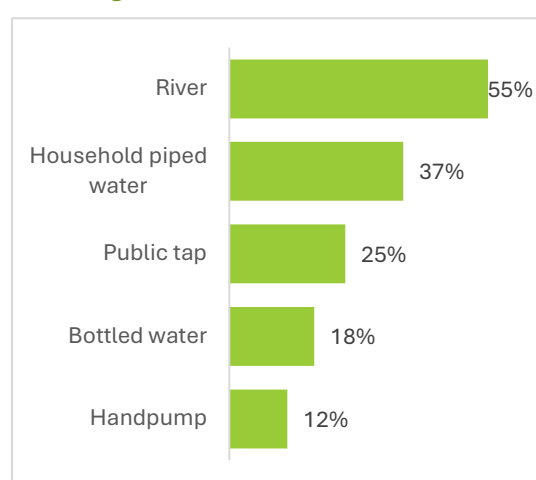


Figure 9 : Sources of Drinking Water after the Disaster

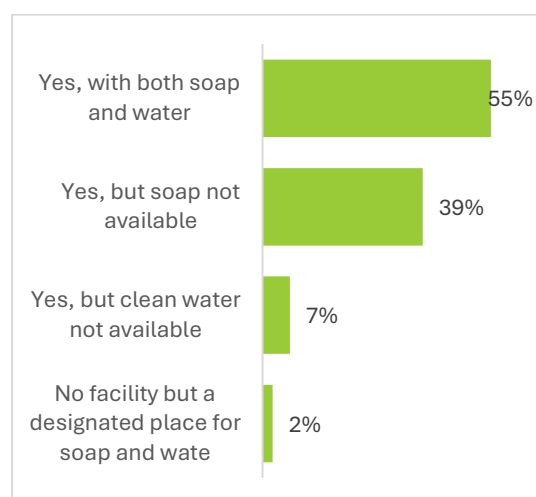


Figure 10 : Handwashing facility

The assessment highlighted serious challenges in accessing safe drinking water and maintaining proper hygiene and sanitation after the disaster. A significant proportion of households (55%) reported resorting to the river as their primary source of drinking water, a practice that carries a high risk of contamination, especially in the aftermath of floods when water quality is compromised by debris, sewage, and runoff. Other reported sources included household piped water (37%), public taps (25%), bottled water (18%), and handpumps (12%). However, heavy dependence on unsafe and untreated sources raises serious concerns about the spread of waterborne diseases. Alarming, 78% of respondents reported that they do not filter their water through any method, leaving families particularly children, the elderly, and other vulnerable groups, at greater risk of diarrheal diseases, cholera, typhoid, and other health complications.

Hygiene practices were also found to be under strain. Just over half (55%) of households confirmed they had access to both soap and water for handwashing, a positive sign considering the circumstances. However, 39% of families had water but no soap, limiting effective hand hygiene, while 7% had access to facilities without clean water,

undermining their ability to follow even basic hygiene practices. Additionally, a small but notable proportion (2%) reported having only a designated handwashing space without either soap or water, highlighting the fragility of hygiene systems in the affected areas.

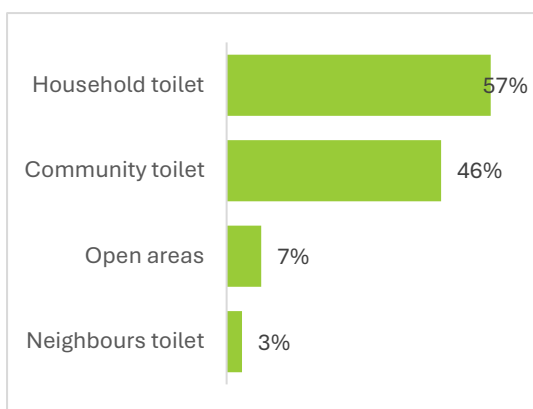


Figure 11 : Post Disaster defecation practices

Sanitation access presented mixed findings. The majority of respondents reported relying on household toilets (57%) or community toilets (46%), which demonstrates that toilet infrastructure remained functional in many places. However, challenges persisted 7% of households reported resorting to open defecation, exposing them to significant health and safety risks, particularly for women, children, and persons with disabilities. Another 3% reported using neighbours' toilets, pointing to limited or shared access to proper sanitation facilities. These gaps underline the urgent

need for both short-term interventions, such as water purification and hygiene kit distribution, and longer-term investments in resilient and inclusive WASH (Water, Sanitation, and Hygiene) systems to reduce vulnerabilities during future disasters.

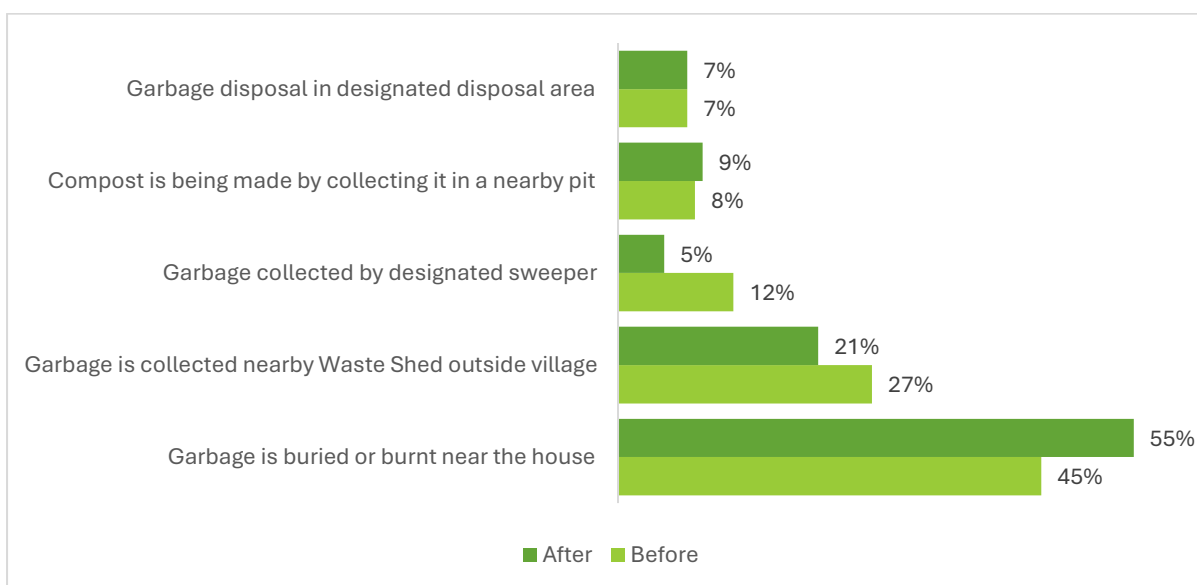


Figure 12: Waste disposal practices before and after the disaster

Waste management practices also shifted after the disaster. While 45% earlier buried or burnt garbage near their homes, this increased to 55% after the disaster. Use of waste sheds and sweeper collection declined (from 27% to 21% and from 12% to 5% respectively), suggesting disruptions in organized waste management systems. Composting and use of designated disposal areas remained minimal (9% and 7% respectively).

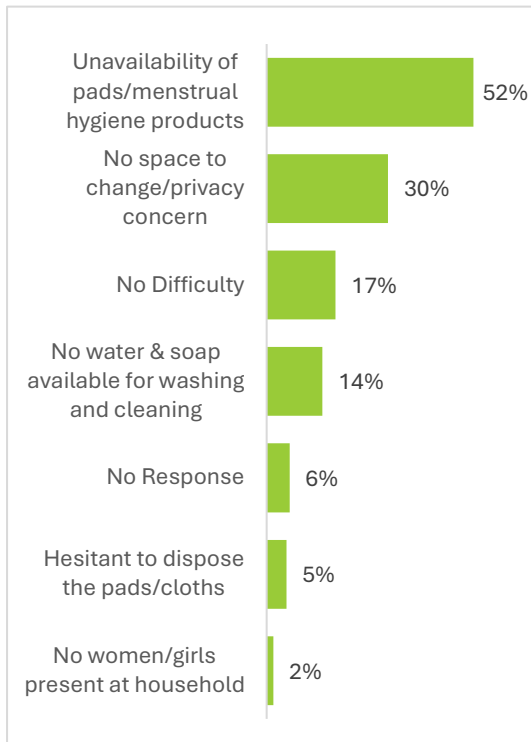


Figure 13 : Post-Disaster Menstrual hygiene challenges

Menstrual hygiene management emerged as a critical concern. Over half of the respondents (52%) reported the unavailability of menstrual hygiene products, while 30% highlighted lack of private spaces to change, and 14% reported no access to water and soap for washing and cleaning. A smaller proportion faced issues like hesitation to dispose materials (5%) or gave no response (6%). Only 17% reported no difficulties.

On early warning and hygiene communication, about 65% of respondents stated they did not receive any early warning or hygiene-related messages from either government or NGOs. While some campaigns exist in schools, these are not extended to the wider community. Only 11% acknowledged receiving communication, while another 11% were unaware of such efforts.

Environmental hygiene also deteriorated, with 61% of respondents observing visible solid waste or waterlogging within 30 meters of their house or shelter after the disaster.

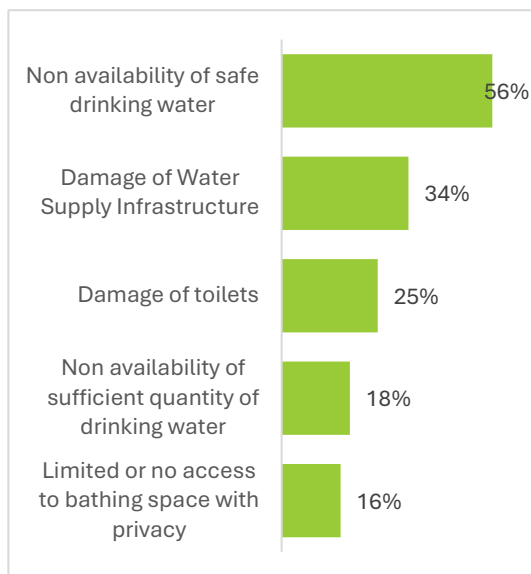


Figure 14: Main concerns related to WASH

When asked about main WASH-related concerns, the most pressing issues were non-availability of safe drinking water (56%), damage to water supply infrastructure (34%), damage of toilets (25%), lack of sufficient drinking water (18%), and limited or no access to private bathing spaces (16%).

in the aftermath of trauma. However, 24% of respondents did not receive this support, indicating a gap in mental health care that may need to be addressed in future disaster response efforts to ensure full coverage.

## Shelter

Shelter is one of the most severely affected sectors in disaster situations, especially in fragile mountain regions like Uttarkashi. Traditional housing structures in these areas, often made of wood, stone, and lightweight aluminium roofing, are highly vulnerable to floods, landslides, and heavy rainfall. In this incident, Dharali was the only village where shelters were completely uprooted due to debris and floods, leaving families without homes. Damage to houses not only forces displacement but also disrupts sanitation facilities, cooking arrangements, and access to essential household items. With winter already setting in, families from Dharali face heightened risks as they have lost their homes, warm clothing, and essential supplies, making immediate provision of winterized shelter kits and heating arrangements a critical need. Families in other affected villages, while still in their homes, continue to face partial damages and inaccessibility challenges, requiring both urgent relief and long-term housing resilience. In such contexts, recovery is usually long and complex, requiring both immediate support to meet urgent needs and sustained assistance for safe, winter-ready reconstruction and repair.

## Findings

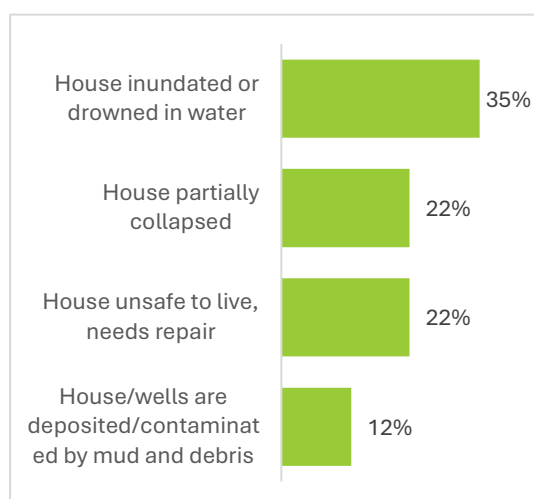


Figure 15 : Status of House

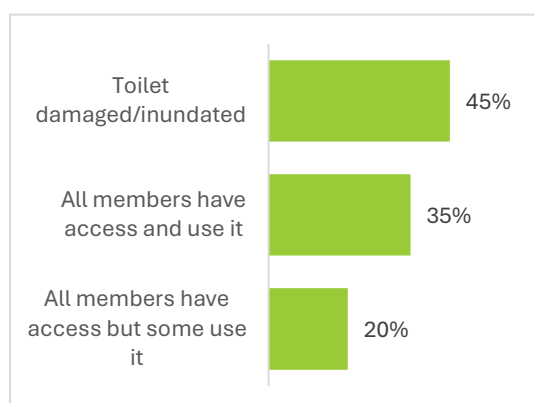


Figure 16 : Toilet functionality post-disaster

The assessment showed that 90% of households live in traditional wooden structures with aluminium roofs and stone walls, reflecting the typical housing style in the region. About 75% of respondents own the land they live on, which strengthens their capacity for long-term recovery.

Around 40% of households reported that their houses were affected by the disaster, with the highest concentration of damage in Dharali village, which was directly hit by flooding. Among those affected, 35% said their houses had been inundated or drowned in water, 22% reported partial collapse, another 22% stated that their houses were unsafe to live in and required repair, while 12% noted that their houses or wells were contaminated by mud and debris.

Toilet functionality was also compromised, especially in Dharali. While 35% of respondents reported that all members had access and were using their toilets, another 20% said access existed but not all members were using them, and 45% reported that toilets were damaged or inundated.

Displacement was another major issue: about 31% of respondents (mostly from Dharali) reported being temporarily displaced, seeking refuge in ITBP relief camps, with relatives or friends in neighbouring villages, or in rented accommodation.

Among the 49 respondents who reported house damage (40% of total), 36 expressed an urgent need for financial or in-kind support for reconstruction, including building materials and essential non-food items.

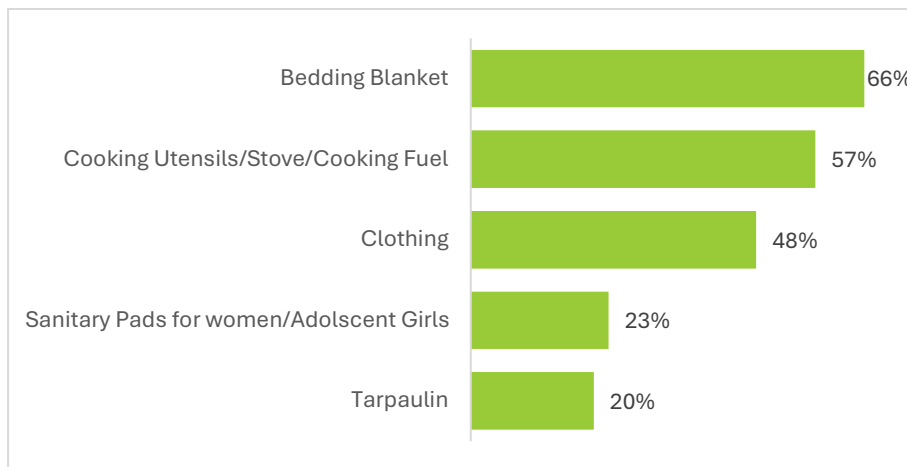


Figure 17 : Top 5 NFI Needs

The priority NFI needs identified were Bedding/blankets (66%); Cooking utensils, stoves, and fuel (57%); Clothing (48%); Sanitary pads for women and adolescent girls (23%) and Tarpaulins (20%). Other needs included solar lamps for lighting.

On a positive note, 92% of respondents reported that power supply remained functional in their villages, ensuring some continuity of essential services.



## Livelihood

A significant 89% of respondents reported disruptions to their livelihoods, highlighting the severe impact of recent disasters. Majority of households earn very low incomes, with 39% earning less than ₹5,000 per month and 34% between ₹5,000–10,000. The most significant concerns reported were loss in business (72%), employment loss (67%), and loss of agricultural land and crops (43%), along with reduced income for daily wage workers (15%) and animal husbandry losses (6%). Agriculture-related damages were widespread, with 98% reporting crop production losses, 34% losing agricultural land, 24% losing storage facilities, and 15% losing stored grains. Additionally, 17% of respondents lost ration cards, 16% lost government ID or land documents, and 10% lost property documents, further compounding their vulnerability.

## Findings

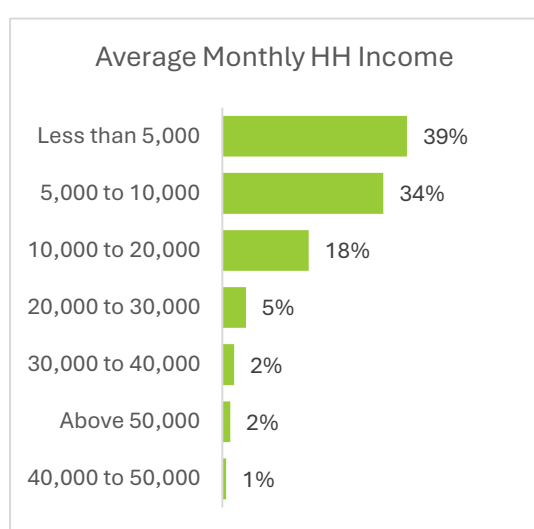


Figure 18 : Average monthly household income

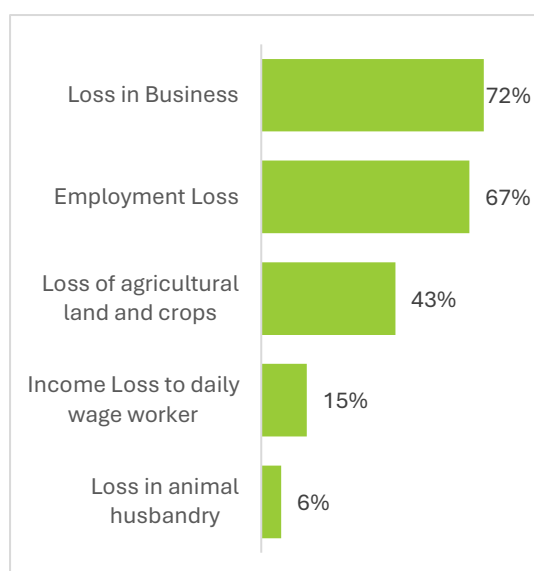


Figure 19 : Key concerns related to Livelihood

The assessment highlighted that a significant proportion of households were already struggling with very limited incomes even before the disaster struck. Nearly two out of five households (39%) reported earning less than ₹5,000 per month, which places them in an extremely vulnerable economic bracket with little to no financial resilience. A further 34% earned between ₹5,000 to ₹10,000, reflecting modest but still fragile income levels that are easily disrupted by shocks. Only a small fraction of households reported relatively higher earnings, with 18% earning between ₹10,000 to ₹20,000, 5% between ₹20,000 to ₹30,000, 2% between ₹30,000 to ₹40,000, and 1% between ₹40,000 and ₹50,000. Just 2% of respondents reported earnings above ₹50,000 per month. This overall picture underscores the limited financial capacity of most households to absorb and recover from disasters. Against this backdrop of modest and insecure earnings, an overwhelming 89% of respondents reported that their livelihoods had been directly disrupted by the disaster, worsening an already precarious situation.

The key concerns raised by affected households revealed the multifaceted ways in which their sources of income were impacted. The most pressing challenge was the loss in business, with 72% of households dependent on small or informal businesses reporting significant disruption or complete loss of income. Employment loss was reported by 67% of respondents, highlighting widespread job insecurity, especially for those engaged in informal and semi-formal work. In rural

and peri-urban areas, 43% of respondents cited the destruction of agricultural land and crops as a critical blow, which directly undermined both food security and income generation. Daily wage

workers, who rely on consistent work for survival, were among the hardest hit, with 15% reporting sudden and sharp income losses due to the halt in local economic activity. Additionally, 6% of households engaged in animal husbandry reported setbacks, pointing to losses in livestock, fodder, or related resources that are vital for sustaining rural livelihoods.

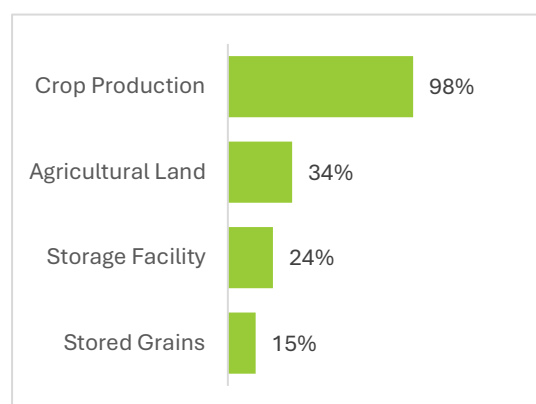


Figure 20 : Loss in Agriculture related sectors

The agricultural sector in particular bore the brunt of the disaster. Almost every household engaged in farming activities, an alarming 98% respondents who mentioned agriculture/farming as their occupation reported damage to their standing crops, threatening both immediate food supplies and longer-term recovery. Furthermore, 34% of respondents indicated that their agricultural land itself had been damaged, which could result in reduced productivity for future planting seasons. The disaster also caused substantial damage to the broader agricultural system, with 24% of

respondents reporting losses to storage facilities and 15% losing stored grains, further compounding the risks of food insecurity and long-term livelihood disruption. In addition to the direct impacts on income and assets, the disaster also resulted in the destruction of critical documents that households rely on to access government support, relief schemes, and entitlements. About 17% of respondents reported losing ration cards, which are essential for accessing subsidized food supplies. Similarly, 16% reported the loss of government-issued identification cards or land-related documents, both of which are vital for proving eligibility for assistance and maintaining ownership claims. Another 10% of households reported losing property-related papers, raising concerns about land tenure security and the ability to rebuild in the aftermath of the disaster. The loss of such documents represents a hidden but serious barrier to recovery, as it can exclude already vulnerable households from much-needed institutional support.

## Education

The disaster has had a profound impact on education in the affected villages, disrupting children's access to consistent and safe learning environments. Many parents, concerned about the uncertainty of local schooling conditions, have made the difficult decision to send their children to nearby towns or cities to ensure continuity of education. For those children who have remained in the villages, schooling has been significantly hampered due to a combination of factors.

In the immediate aftermath of the disaster, several schools were forced to close. The reasons included a shortage of available teachers, as many were themselves displaced or unable to reach the schools; the conversion of school buildings into temporary relief camps, particularly in Dharali; and extended power outages that made it challenging to maintain normal classroom functioning. These closures left children without access to structured learning at a critical time.

The loss of educational materials further compounded the situation. Approximately 34% of respondents reported that their children's educational supplies such as books, stationery, and uniforms, had been damaged or destroyed, with Dharali village again registering the highest levels of impact. Without these basic supplies, children faced additional obstacles in continuing their studies.

Households also highlighted an urgent need for support to enable children to continue their education. Around 31% of families identified education-related assistance as a priority. The most common requests included laptops or mobile phones (25%) to support digital learning in the absence of functioning schools, basic school supplies such as stationery, uniforms, and bags (19%), and financial assistance for school fee compensation (14%). These demands reflect both the material and financial barriers families are facing as they try to secure education for their children.

Overall, the findings emphasize the multifaceted challenges facing children's education in the aftermath of the floods ranging from infrastructural damage and lack of teachers to the loss of learning materials and the growing financial burden on families. There is a pressing need for immediate interventions to restore functional school infrastructure, provide essential learning materials, and support alternative learning mechanisms to ensure that children in the affected villages do not face long-term setbacks in their education.

## Protection

The assessment highlights critical protection concerns in the affected areas. Security risks from damaged shelters (64%), rumours and misinformation (34%), and lack of privacy for bathing and toilets (15%) emerged as major issues. While 76% of respondents felt that women and children are safe, 24% - mainly from Dharali and Harshil, reported insecurity due to displacement, loss of homes, and high-water levels. For children, the most unmet needs were education (54%), food (35%), and safety (27%). At the community level, key gaps include general safety and security (61%), protection for women and children (39%), and access to protection services (28%). These findings point to urgent needs for stronger protection measures and support systems.

## Findings

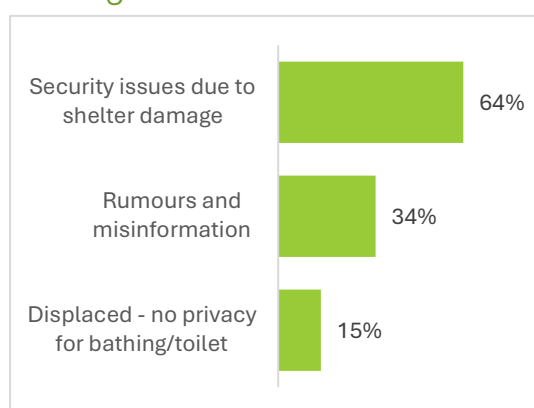


Figure 21 : Top 3 concerns regarding Protection

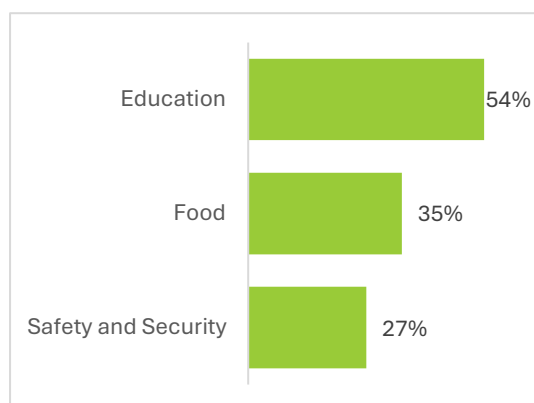


Figure 22 : Top 3 unmet needs of children

The assessment findings reveal multiple layers of protection concerns faced by the affected communities. Displacement has created significant challenges, with 15% of respondents highlighting the lack of privacy for bathing and toilet facilities. Rumours and misinformation have also emerged as a pressing issue for 34% of the respondents, further compounding the vulnerabilities already experienced in crisis settings. Security risks due to damaged shelters were raised by 64% of those surveyed, pointing to the heightened exposure of families to unsafe living conditions. When asked about the safety of women and children, 76% of respondents indicated that they feel safe in their current places of living. However, the remaining 24%, particularly from Dharali and Harshil, reported ongoing insecurity driven by displacement, the destruction of homes, and the rising water levels near Harshil, which continue to pose a serious threat to their wellbeing.

Children's protection needs also stand out as a critical concern. The top three unmet needs reported were access to education (54%), adequate food (35%), and safety and security (27%). These

findings highlight the multidimensional challenges children are facing, both in their immediate physical safety and in the continuity of their development and learning.

### Key Concerns

90% affected people of Dharali facing security issues due to shelter damages

16 % complained of power cuts in the evening

74% approximately (200 families) displaced

5% complained of limited access to menstrual hygiene (Govt health workers provided sanitary pads initially)

80% complained of living in relief camps with limited privacy (there are no relief camps, people staying right now in 5 houses that survived the disaster).

0% informed that SC/STs face challenges accessing services in relief camps - currently there are no relief camps, displaced families are staying in their other houses, or relative houses and specifically in Dharali 50 families are currently staying in 5 houses.

65% of people informed that they have limited access to security mechanisms

3 % complained of increase in domestic violence

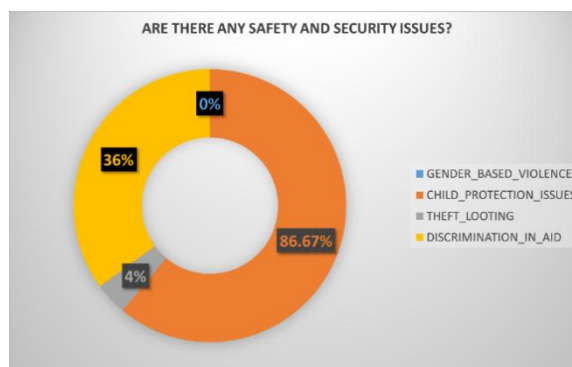
### **Vulnerabilities of the affected community**

#### **Seasonal Migration and Livelihood Vulnerability**

Poverty and structural marginalization continue to be major factors driving circular (seasonal) migration among the targeted communities. Migrants from Nepal, Bihar, and Uttar Pradesh form a significant portion of the workforce in Dharali and nearby villages, typically engaging in apple orchards, hotel and domestic work, mule rides, and other informal labor. In the aftermath of the disaster, these income sources have come to a halt, exposing migrants to increased financial vulnerability. Additionally, local residents of Dharali, after harvesting apples and other seasonal crops, customarily migrate to Uttarkashi and other nearby towns during the winter months to access alternative livelihoods, as their agricultural fields remain under heavy snow cover for 4 to 6 months. This seasonal movement has now been disrupted due to severe road blockages between Uttarkashi and Dharali.

#### **Gender-Based Discrimination in Dharali Post-Cloudburst**

The recent cloudburst in Dharali has exacerbated existing gender inequalities in the region. Women and girls, already facing structural disadvantages, are disproportionately affected by the disruption in shelter, sanitation, and access to health services. In many cases, shelter places lack privacy such as limited access to toilets and bathing facilities, adequate lighting, and gender-sensitive facilities, making women vulnerable to harassment and psychological distress. The absence of proper menstrual hygiene materials and private sanitation spaces further impacts their dignity and well-being.



#### **Hygiene and WASH Situation Post-Disaster**

Following the disaster, access to Hygiene and WASH services has significantly deteriorated compared to pre-disaster conditions. Drinking water supply connections have been disrupted, forcing affected families to rely on contaminated water sources, increasing the risk of water-borne diseases such as diarrhea, cholera, and dysentery. Additionally, the drainage infrastructure has been severely damaged, leading to stagnant water and unhygienic conditions might bring in vector-borne diseases such as malaria and dengue posing serious health risks to the affected communities.

#### **Socio-Economic Vulnerability in Dharali Post-Cloudburst**

The cloudburst in Dharali has significantly heightened the socio-economic vulnerability of the affected communities. The sudden destruction of homes, agricultural land, and local businesses—particularly in sectors like apple orchards, tourism, and informal services—has led to a sharp loss of income and livelihood options for both residents and seasonal migrants. Many families, already living on the margins, now face increased financial insecurity, food shortages, and lack of access to basic services. Marginalized groups, including migrants, women, SC/ST communities, and landless laborers, have limited coping mechanisms and reduced access to formal support systems.

#### **Identity Documents & Social Protection**

Many do not have official documentation or residence proof, making it difficult to access government relief schemes or be included in household damage and loss assessments. Without



valid documentation such as Aadhaar cards, bank passbooks, ration cards, or voter ID linked to their current place of residence, many will be unable to access support.

As per the field data, major challenges faced by women and children post disaster are - 86.67% - reported facing child Protection issues, 36% informed that they face discrimination while receiving aid, and 4% reported facing theft/looting issues.

### Top 3 unmet needs identified are:

Food supplies – 88%

Shelter materials – 86.7%

Financial support – 78.7%

These gaps reveal the **multidimensional vulnerabilities of children** - from immediate physical safety to the continuity of their development and learning.

The sudden disaster has also left deep **psychosocial impacts, mental stress and sleepless nights among the survivors:**

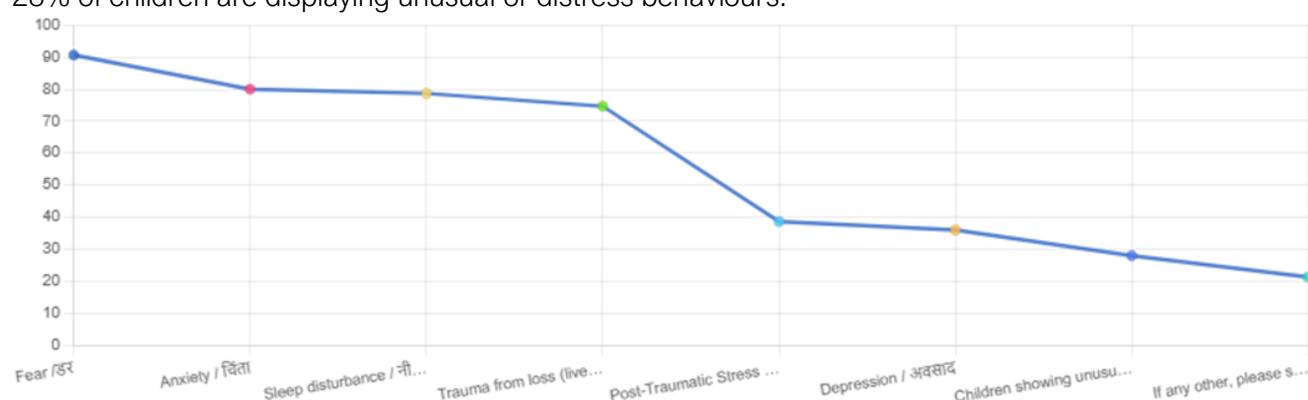
90.7% live in fear of further similar incident.

80% experience anxiety; 78.7% face sleep disturbances.

74.7% remain traumatised by loss of lives, livelihoods, and property.

38.7% show symptoms of Post Traumatic Stress Disorder (PTSD); 36% suffer from depression.

28% of children are displaying unusual or distress behaviours.



These findings highlight the urgent need for integrated relief and recovery interventions - addressing food, shelter, and financial support alongside child protection, mental health, and psychosocial care and support.

\*This data is from villages Dharali, Jhala, Harshil and Bhagori

## Animal Husbandry

The assessment findings on livestock and animal husbandry reveal that although the overall number of households reporting livestock losses was limited to 11, the impact on the affected families is significant, especially in Dharali, where 10 out of these 11 households are located, and in Harshil, where 1 household was affected. The livestock lost or impacted included cattle (reported by 8 households), sheep (4 households), donkeys/horses/mules (2 households), and poultry (2 households). Given the central role of livestock in sustaining rural livelihoods, even these relatively small numbers represent substantial challenges to household food security and income stability.

Households emphasized the diverse and critical roles that livestock play in their daily lives. Nine households depended on livestock for food, primarily milk and related products, while 8 households highlighted their importance in income generation through the sale of animals or animal products. Additionally, 2 households identified livestock as essential for transportation and draught purposes, underlining their contribution to agricultural productivity and mobility in mountainous terrain.

The assessment also underscored pressing needs for livestock support. The most urgent priorities reported were access to water and fodder, as highlighted by 6 households, and provision of shelter for animals, reported by 5 households. Additionally, 2 households requested assistance with restocking to rebuild their herds and flocks, while another 2 households pointed to the need for veterinary care to safeguard animal health and prevent further losses.

Overall, while the scale of livestock loss may appear modest compared to other impacts of the disaster, the findings emphasize the critical importance of livestock to household survival and recovery. Targeted interventions such as ensuring reliable access to fodder and water, improving animal shelter facilities, and providing veterinary support can play a vital role in protecting livelihoods and accelerating the recovery of the affected communities.

## Relief

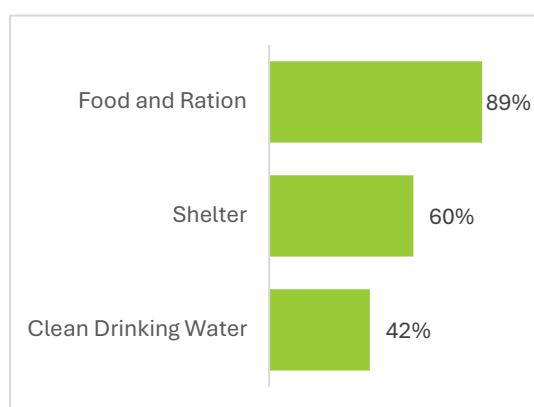


Figure 23 : Top 3 most urgent Relief needs

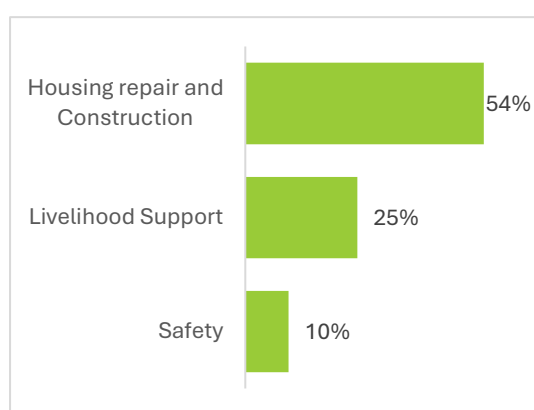


Figure 24 : Top 3 most important recovery needs

The assessment findings reveal critical gaps in both immediate relief and longer-term recovery needs of the affected households. In terms of urgent relief, the most pressing concern identified was food and ration support, reported by as many as 89% of respondents. This highlights the severe strain on food security caused by the disaster, leaving families unable to meet even their most basic nutritional needs without external assistance. Shelter emerged as the second most urgent priority, with 60% of households reporting the need for safe and adequate temporary accommodation. This reflects the widespread damage to homes, forcing families into unsafe living conditions or displacement. Clean drinking water was identified as another critical need by 42% of respondents, pointing to the disruption of local water sources and raising concerns about potential health risks such as waterborne diseases in the absence of proper supply and sanitation systems.

When shifting focus from immediate relief to recovery, the priorities expressed by communities reflect their desire for stability and long-term

resilience. Housing repair and reconstruction was identified as the most important recovery need by 54% of respondents, underlining the scale of destruction to homes and the urgent requirement for sustainable rebuilding efforts. Livelihood support was the second key recovery priority, highlighted by 25% of households, reflecting the widespread loss of income sources and the necessity of restoring economic security to enable self-sufficiency. Safety was reported as a concern by 10% of households, emphasizing the importance of reducing risks from future disasters through protective infrastructure and safer living conditions. Taken together, these findings underscore the dual challenge of ensuring immediate survival needs are met while simultaneously supporting long-term recovery and resilience, with particular attention required for food security, safe shelter, and livelihood restoration.

## V. RECOMMENDATIONS

SECTOR	TIMELINE	RECOMMENDATION
FOOD SECURITY & NUTRITION	Immediate (0–1 month)	Distribute dry ration kits and ready-to-eat meals.
		Provide cooking fuel and utensils.
		Supply nutritional food for children, pregnant & lactating mothers in all eight villages.
		Organize community-level food distributions where access allows.
	Mid-Term (1–6 months)	Strengthen coordination between NGOs and PDS for efficient coverage.
		Restore PDS supply chain.
		Ensure continuous provision of LPG cylinders or alternative fuel.
		Support kitchen gardens for quick nutrition.
	Long-Term (6 months–2 years)	Establish community-based nutrition monitoring.
		Conduct nutrition screening for vulnerable groups.
		Climate-resilient agriculture and local food production.
		Strengthen ICDS and MDM with disaster contingency.
		Promote community food banks.
		Build local storage infrastructure.
		Mainstream nutrition-sensitive agriculture in Himalayan context.

SECTOR	TIMELINE	RECOMMENDATION
HEALTH	Immediate (0–1 month)	Deploy mobile health units to cut-off villages.
		Supply essential medicines and first aid.
		Provide immediate psychosocial support, especially for Dharali families.
		Ensure safe childbirth support for pregnant women.
	Mid-Term (1–6 months)	Monitor for waterborne disease outbreaks.
		Strengthen PHC Harsil with staff and medicines.
		Conduct vaccination drives.
		Establish referral mechanisms to district hospitals.
	Long-Term (6 months–2 years)	Regular mental health counseling at village level.
		Stockpile essential medicines at block level.
		Upgrade PHC Harsil as a resilient hub.
		Build local health volunteer networks.
		Integrate psychosocial care into primary health.
		Expand telemedicine services for remote villages.
		Climate-proof health infrastructure and supply chains.

SECTOR	TIMELINE	RECOMMENDATION
SHELTER	Immediate (0–1 month)	Provide winterized emergency shelter kits (tarpaulins, blankets, quilts, mats, warm clothing).
		Set up insulated/heated temporary shelters for Dharali families who lost everything.
		Distribute NFIs like stoves, jackets, utensils.
		Identify high-risk households (elderly, children, PwDs) for priority support.
		Map unsafe houses for urgent repair.
	Mid-Term (1–6 months)	Transitional shelters with insulated roofing.
		Cash/material support for house repairs.
		Technical guidance on safe, winter-ready reconstruction.
	Long-Term (6 months–2 years)	Provide toolkits and building material for self-reconstruction.
		Integrate WASH and protection in shelter planning.
		Promote climate- and disaster-resilient housing adapted to Himalayan winters.
		Integrate DRR and winterization into housing schemes.
		Train local masons in safe construction.
		Relocate highly exposed clusters (riverbanks/slopes).
		Establish housing insurance/risk transfer for vulnerable families.

SECTOR	TIMELINE	RECOMMENDATION
LIVELIHOODS	Immediate (0–1 month)	Launch cash-for-work schemes (road clearing, debris removal, community repairs).
		Provide emergency livelihood grants for Dharali families who lost all assets.
		Provide fodder for livestock and seeds for next season.
		Support shopkeepers, hoteliers, and daily wage earners with small cash packages.
		Temporary collection centres for farmers' produce.
	Mid-Term (1–6 months)	Government procurement of crops at MSP (as after 2013 floods) to prevent farmer losses.
		Restore apple orchards, horticulture, and farmland.
		Revival packages for homestays/hotels affected by loss of tourism.
		Road connectivity restoration to enable market access.
	Long-Term (6 months–2 years)	Skill training for alternative winter income sources (handicrafts, wool products).
		Diversify livelihoods through climate-resilient farming and eco-tourism.
		Establish farmer cooperatives and cold storage for apples/vegetables.

		<p>Provide crop and livelihood insurance in disaster-prone Himalayan regions.</p> <p>Invest in sustainable orchard management and agri-value chains.</p> <p>Develop disaster-contingent tourism and resilient local economy models.</p>
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SECTOR	TIMELINE	RECOMMENDATION
PROTECTION	Immediate (0–1 month)	<p>Provide safe and private spaces for women and children in affected villages.</p> <p>Ensure privacy in temporary bathing and toilet facilities.</p> <p>Provide immediate support for vulnerable families (elderly, PwDs, SC/ST).</p> <p>Awareness drives on safety and rights.</p> <p>Strengthen community vigilance to prevent exploitation.</p>
	Mid-Term (1–6 months)	<p>Establish community protection committees.</p> <p>Train volunteers on child and gender protection.</p> <p>Link survivors to govt. protection and welfare schemes.</p> <p>Provide regular psychosocial counseling.</p> <p>Strengthen GBV referral pathways.</p>
	Long-Term (6 months–2 years)	<p>Institutionalize community-based protection networks.</p> <p>Integrate gender and child protection in DRR policies.</p> <p>Strengthen law enforcement-community cooperation.</p> <p>Build social safety nets for vulnerable groups.</p> <p>Ongoing awareness campaigns on rights and protection.</p>

SECTOR	TIMELINE	RECOMMENDATION
WASH	Immediate (0–1 month)	<p>Provide purification tablets and portable filters.</p> <p>Distribute hygiene kits (soap, sanitary pads, disinfectants).</p> <p>Supply bottled water in cut-off areas.</p> <p>Install temporary toilets and bathing facilities where possible.</p> <p>Awareness drives on hygiene practices.</p>
	Mid-Term (1–6 months)	<p>Restore community toilets and washing spaces.</p> <p>Improve solid waste disposal systems.</p> <p>Ensure continuous sanitary pad distribution.</p> <p>Community-led WASH committees.</p> <p>Repair damaged water storage tanks.</p>
	Long-Term (6 months–2 years)	<p>Restore and climate-proof water pipelines and supply schemes.</p> <p>Build resilient sanitation infrastructure.</p> <p>Mainstream menstrual hygiene management.</p> <p>Promote eco-friendly waste management.</p>



	Integrate WASH with climate adaptation plans.
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SECTOR	TIMELINE	RECOMMENDATION
EDUCATION	Immediate (0–1 month)	Set up temporary learning spaces within villages.
		Provide school kits (bags, books, uniforms).
		Deploy teachers/volunteers in cut-off villages.
		Provide psychosocial support for children.
	Mid-Term (1–6 months)	Ensure continuity via digital/tele-learning where possible.
		Reopen schools once accessible.
		Fee waivers or compensation for affected families.
		Provide laptops/tablets to support learning.
	Long-Term (6 months–2 years)	Strengthen mid-day meals as nutrition support.
		Train teachers on psychosocial support post-disaster.
		Rebuild and retrofit schools to be disaster resilient.
		Integrate DRR and climate change education in curriculum.
		Develop e-learning infrastructure for emergencies.
		Create school safety plans and mock drills.
		Institutionalize school-community linkages for preparedness.

### Additional recommendations

#### Short term for immediate response

1. Access to safe drinking water, sanitation facilities, menstrual health to be established
2. Remove waterloggings to avoid mosquito breeding
3. Temporary shelters - Tarpaulins
4. Compensation and relief assistance: to be equity based
5. Provision of special assistance/support to children and physically challenged
6. Provision of special assistance to the families that have lost shelter, business and crops/ horticulture tools etc. who did not have any insurance.
7. People who have lost legal documents should be identified and should be supported in getting the new ones
8. People lost their bank passbook/account details: to assist these individuals in revamping their bank accounts by facilitating the reissuance of passbooks, updating account information, and linking with digital payment systems to ensure timely and smooth access to funds.

#### Mid term

1. Strengthen the capacities of the communities (women, children, PwDs) on disaster preparedness
2. Prepositioning of temporary toilet fitting at the panchayats which are highly prone to disasters.
3. Strengthening or building the capacities of the local government functionaries to identify, map and address the protection needs.
4. Ensure timely release of social security pensions to widows, elderly, unemployed to support their basic survival needs.

### Long term:

1. Recovery of agricultural land filled with slurry, blocked pathways, broken village roads, reviving embankments, etc.
2. Early warning systems to know the occurrences of disaster
3. Prepare Contingency Plans and Funds for handling such disasters in future
4. Form Village Task Force to handle disasters situations (pre/during/post) locally

Community Shelters with protection, basic amenities, and security for displaced people during any disaster in the future

## Cross-Cutting Recommendations for Government Line Dept.

LINE DEPARTMENT	RECOMMENDATIONS
District Administration	Lead coordination via IAG platforms; ensure GO–NGO collaboration avoids duplication; maintain real-time information flow.
Health Department	Strengthen PHC Harsil; deploy mobile health teams; integrate nutrition and psychosocial support.
Education Department	Open temporary schools; fee waivers/compensation; integrate DRR and climate awareness in curriculum.
Pwd/Bro & Jal Nigam	Restore roads and pipelines with climate-resilient designs; prioritize Dharali and cut-off villages.
Agriculture And Horticulture	Procure crops at MSP; provide seeds, orchard revival packages; technical support for resilient farming.
ICDS/WCD	Provide nutrition kits for children, pregnant and lactating mothers; strengthen Anganwadi services in emergencies.
Police & Social Welfare	Ensure safety at community level; prevent GBV and exploitation; extend protection services for women, children, elderly, and PwDs.

## Annexure: Additional Information

### Report Writing Team & Contributors

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### Other District IAG Members

- Tarun Paryavaran Vigyan Sansthan
- HERDS
- PVS
- JAADI Sansthan
- Jan Jati Mahila Kalyan evam Bal Uthan Samiti
- Renuka Samiti

### Assessment Questionnaire

Uttarkashi Household Tool:

[https://drive.google.com/file/d/1xm4Z8zzGZ7OPHo0rjfvhZMSSxZEEtQR7/view?usp=drive\\_link](https://drive.google.com/file/d/1xm4Z8zzGZ7OPHo0rjfvhZMSSxZEEtQR7/view?usp=drive_link)

### Situation Reports

- [SitRep 1](#)
- [SitRep 2](#)







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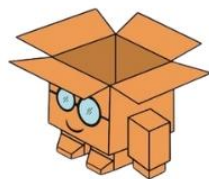
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