

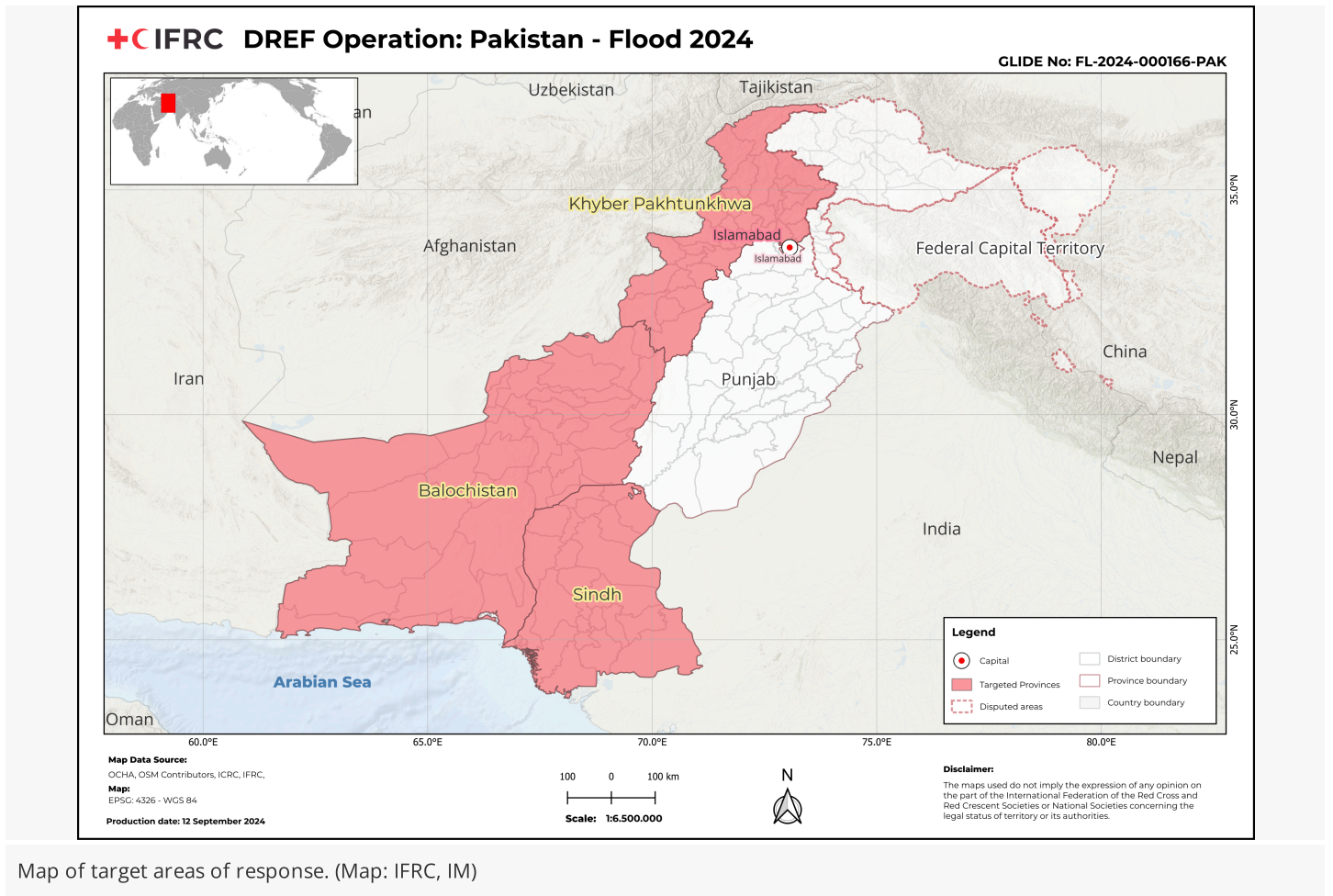


Non-food items distribution by PRCS to assist communities affected by flooding in districts of Sindh, Balochistan and Khyber Pakhtunkhwa, facilitated by the support of IFRC. (Photo: PRCS NHQ)

Appeal: MDRPK026	Total DREF Allocation: CHF 440,161	Crisis Category: Yellow	Hazard: Flood
Glide Number: FL-2024-000166-PAK	People Affected: 326,788 people	People Targeted: 5,600 people	People Assisted: 13,748 people
Event Onset: Sudden	Operation Start Date: 14-09-2024	Operational End Date: 31-12-2024	Total Operating Timeframe: 3 months
Targeted Regions: Balochistan, Khyber Pakhtunkhwa, Sindh			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to thank all for their generous contributions.

Description of the Event



Date of event

01-09-2024

What happened, where and when?

Pakistan endured an exceptionally intense monsoon season starting in June 2024, resulting in significant infrastructure degradation, numerous casualties, and widespread injuries. In August 2024, rainfall increased by 137 per cent compared to historical averages, with regions such as Sindh experiencing an unprecedented 318 per cent increase.

The regional impacts were severe and multifaceted. In Balochistan, rainfall levels surged by 239 per cent, leading to flash floods and landslides that affected over 13 districts in the province. Emergency declarations were issued in eight districts, impacting more than 109,602 individuals. Sindh experienced acute urban flooding, particularly in cities like Badin, Dadu, and Jacobabad, displacing approximately 9,500 residents and causing extensive damage to houses and critical infrastructure.

Punjab, on the other hand, faced riverine flooding and hill torrents, resulting in significant agricultural losses. In Khyber Pakhtunkhwa (KP), heavy precipitation triggered flash floods, exacerbating damage to residential and public infrastructure.

The monsoon season caused 306 fatalities and 584 injuries, alongside substantial infrastructural damage, including 40 bridges and 20,653 homes overall. As a result, urgent humanitarian needs emerged, encompassing access to Water, Sanitation, and Hygiene (WASH) services, the provision of shelter and hygiene kits, the establishment of medical camps to mitigate disease outbreaks, and the provision of cash assistance to impacted households and agricultural workers. Additionally, the stagnant water in low-lying areas and the damage to infrastructure posed significant health risks for the affected populations, complicating access to essential health services [1].

References:

[1] <https://reliefweb.int/report/pakistan/pakistan-severe-weather-pdma-pmd-echo-daily-flash-09-october-2024>





PRCS staff conducting a session on health education in district Badin (Photo: PRCS NHQ)



Local residents of district Sohbatpur collecting water from the PRCS installed SETA plant (Photo: PRCS NHQ)



PRCS WASH team installing SETA plant in district Sohbatpur, Balochistan (Photo: PRCS NHQ)



PRCS staff providing health assistance to flood affected people in district Badin (Photo: PRCS NHQ)

Scope and Scale

The National Disaster Management Authority (NDMA) and the Pakistan Meteorological Department (PMD) issued alerts indicating that several regions, including Balochistan, KP, Sindh, Punjab, Azad Jammu and Kashmir (AJK), and Gilgit-Baltistan (GB), were particularly vulnerable. The threat of Glacial Lake Outburst Floods (GLOFs) was also notable in KP and GB, exacerbated by the rising temperatures in the region. The extreme precipitation, combined with unusually high temperatures, accelerated snowmelt in KP, AJK, and GB, resulting in catastrophic floods and landslides that impacted many regions. Areas such as Jacobabad, Naushero Feroz, Ghotki, Sukkur, Sanghar, Dadu, Shaheed Benazirabad, and Kashmir more faced heavy rains that caused substantial damage to homes and infrastructure.

Impact Assessment

The impacts of the monsoon season were profound, with damage reports indicating:

- Widespread destruction of homes and infrastructure
- Disruption of essential water supplies, critically affecting communities
- Loss of life, necessitating urgent humanitarian intervention

In regions such as KP and Sindh, particularly in Chitral and Badin, there was an urgent demand for essential resources, including multipurpose cash grants, clean water, shelter kits, and hygiene supplies.

In response to this escalating crisis, the Pakistan Red Crescent Society (PRCS) actively engaged in disaster response, coordinating efforts in affected areas such as Chitral, Badin, and Sohbatpur. PRCS conducted rapid needs assessments in collaboration with local authorities to evaluate the situation and mobilize resources effectively.

Therefore, to address the immediate needs arising from the monsoon crisis, PRCS launched a DREF operation in partnership with the IFRC. This operation focused on:

- Distribution of Non-Food Items (NFIs), clean water, shelter kits, and hygiene kits
- Deployment of Mobile Health Teams (MHTs) to provide essential medical support

- Restoring basic services, including water filtration and health services

Additionally, PRCS enhanced its operational capacity by training staff and volunteers on necessary skills to ensure effective and sustained support for ongoing relief efforts. The scale of the crisis necessitated comprehensive and coordinated interventions to help mitigate the impact of the disaster and support affected communities in their recovery.

Source Information

Source Name	Source Link
1. UNOCHA	https://www.unocha.org/publications/report/pakistan/pakistan-monsoon-2024-flash-update-7-latest-monsoon-developments-and-response-efforts-02-september-2024
2. Flash Updates#8	https://www.unocha.org/publications/report/pakistan/pakistan-monsoon-2024-flash-update-8-latest-monsoon-developments-and-response-efforts-09-september-2024
3. National disaster Management Authority	http://www.ndma.gov.pk/storage/sitreps/September2024/VLVfvr8le7D1SComdXvy.pdf

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	The Country Delegation (CD) of IFRC in Pakistan actively supported PRCS PMER and Ops teams in collecting necessary information and preparing an Emergency Plan of Action to launch the DREF. The IFRC helped ensure the successful launch and implementation of this initiative. PRCS and IFRC jointly coordinated with the NDMA and The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) for a coherent response in affected areas of intervention.
Participating National Societies	PRCS organized three Movement Coordination meetings involving all Participating National Societies (PNSs) that expressed their interest in gaining a deeper understanding of the current situation and PRCS's response efforts. As a result, the Norwegian Red Cross (NorCross) supported the provision of medicine to the MHT in Sindh under this operation.

ICRC Actions Related To The Current Event

ICRC is present in Pakistan however did not operate for this situation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The NDMA, PDMAs, and the District Disaster Management Authorities (DDMAs) engaged in the rescue and evacuation efforts of the flood-affected people. PDMA Punjab



distributed tents to 200 families in Dera Ghazi Khan (D.G. Khan) to provide immediate relief, while the Engineering Corps of the Pakistan Army worked to maintain access to flood-affected areas in Balochistan and KP, ensuring that essential supplies and assistance reached those in need. These coordinated efforts were crucial in addressing the challenges posed by the severe weather conditions and the resulting humanitarian crisis in the affected areas.

UN or other actors

UNOCHA provided crucial assistance to affected communities by facilitating coordination among humanitarian organizations, preparing Situation Reports to inform stakeholders, and mobilizing financial resources and supplies. It also contributed to the distribution of essential relief items such as food, water, and medical assistance, while offering technical support and training to local agencies involved in disaster response efforts. These actions were vital in addressing the immediate needs of those affected and supporting recovery efforts in the impacted regions.

Are there major coordination mechanism in place?

The Movement Coordination Mechanism for the Red Cross Red Crescent (RCRC) and the cluster/sectoral coordination for the United Nations (UN) and other agencies were in place. In addition, the Emergency Working Group, which included NDMA, UNOCHA, IFRC, PRCS, UN agencies, and other organizations, was also functional.

Needs (Gaps) Identified



Shelter Housing And Settlements

The monsoon floods and heavy rainfall caused extensive damage to over 37,000 houses across the country, as reported in NDMA update No. 107. Of these, more than 15,000 were completely destroyed, while the remaining structures sustained partial damage.

In District Chitral, an assessment conducted by an international organization highlighted shelter as a critical need, revealing damage to over 700 houses. In Balochistan, floods affected more than 17,000 homes, while in Sindh, over 7,700 houses were damaged. The assessment report underscored the urgent requirement for shelter assistance in the flood-affected areas.

In response to this situation, the government took swift action by dispatching 34,430 tents to the relevant PDMA. This initiative aimed to provide immediate shelter and support to those affected, ensuring that displaced families had access to basic necessities during a challenging time [2].

Although the government provided tents in some of the flood-affected locations, a significant need for additional support remained. In response, the national society prioritized assistance for the most vulnerable families, distributing 800 tents and 800 kitchen sets. This intervention not only provided immediate relief but also enabled affected families to stay safe while protecting their privacy and dignity as they worked to reconstruct or repair their homes following the devastation caused by the monsoon rains and floods.

Reference:

[2]<https://www.ndma.gov.pk/storage/sitreps/October2024/gXzrhlenhal38kbEdUfi.pdf>



Health

The recent floods severely impacted communities, inundating areas and contaminating water sources, which significantly increased the risk of disease outbreaks. The situation led to major health concerns, including the spread of waterborne diseases such as diarrhea, giardiasis, and dysentery, as well as an increase in vector-borne illnesses like malaria and dengue fever. Stagnant floodwaters created breeding grounds for disease-carrying vectors, while damaged sanitation facilities contributed to poor hygiene conditions.

In response, PRCS successfully deployed a Mobile Health Unit (MHU) in the remote district of Badin, Sindh, for one month. The unit provided uninterrupted healthcare services to affected populations, addressing immediate health concerns and reducing the burden on overwhelmed health facilities. The MHU was equipped with essential medical supplies, including basic first aid, mobile clinics, and medications. In addition, flood-affected communities were educated on hygiene, disease prevention, and maternal-child health.

To mitigate the spread of vector-borne diseases, PRCS distributed 1,600 Long-Lasting Insecticide-treated Nets (LLINs) among 800



vulnerable families. This intervention significantly contributed to reducing the risk of malaria and dengue transmission, offering essential protection to families as they worked towards recovery.

Through these targeted health interventions, PRCS effectively addressed urgent medical needs, strengthened disease prevention measures, and enhanced community resilience in the aftermath of the floods. Health needs for 800 of the most affected Households (HHs) were identified, with each family receiving one hygiene kit and two Long-Lasting Insecticidal Nets (LLINs). The hygiene kits were deemed necessary to help mitigate the risk of waterborne diseases by promoting safe hygiene practices, while the distribution of LLINs was essential for preventing the spread of vector-borne diseases.



Water, Sanitation And Hygiene

In the flood-affected areas across all provinces, the absence of a proper sewerage system exacerbated the challenges related to water, sanitation, and hygiene (WASH). An assessment conducted by the National Society identified an urgent need for drinking water in Sohbatpur district, Balochistan, where floodwaters had contaminated existing water sources.

To address this, PRCS distributed two jerry cans to targeted households for water collection and storage. In addition, a SETA Water Treatment and Filtration Plant was deployed in Sohbatpur district, providing targeted households with potable water on a daily basis for one month. Furthermore, hygiene promotion sessions were conducted in Sohbatpur district to enhance awareness and encourage safe hygiene practices.



Protection, Gender And Inclusion

There was a need for a detailed needs assessment in the flood-affected areas of Balochistan, Sindh, and KP, with SADDD data collection. PRCS was also aware of the importance of deploying gender-balanced volunteer teams at every stage of the operation, including assessments, distributions, awareness activities, and Post-Distribution Monitoring (PDM), to ensure that the needs of the most marginalized communities—including women, children, the elderly, religious minorities, and other vulnerable groups—were addressed within the affected communities.

A one-day Protection, Gender, and Inclusion (PGI) training session was identified as necessary on PGI minimum standards (DAPS) for the staff and volunteers involved in the operation. It was recognized that PGI minimum standards needed to be ensured across all sectors during the response through regular orientations and technical support.



Community Engagement And Accountability

The Community Engagement and Accountability (CEA) needs, including sharing of selection criteria, establishing effective communication channels, and ensuring active community participation, were identified at the planning phase. The active involvement of the community in the planning, implementation, and monitoring phases was deemed essential to align interventions with local customs and needs while equipping communities for self-recovery.

To achieve this, PRCS recognized the importance of organizing regular community meetings and involving local volunteers, along with implementing transparent accountability mechanisms to ensure the quality and effectiveness of the DREF response operation.



Environment Sustainability

PRCS was committed to ensuring environmental sustainability throughout the flood response operation while adhering to the fundamental principle of 'Do No Harm.' In this context, this commitment extended to employing eco-friendly practices in relief efforts, minimizing the ecological footprint of the operations, and prioritizing the preservation of local ecosystems.



Operational Strategy

Overall objective of the operation

This IFRC-DREF operation aimed to support 5,600 people in flood-affected areas by providing family tents, kitchen sets, Mobile Health Units (MHUs), LLINs, a water treatment plant, and jerry cans, while also ensuring CEA and PGI in District Chitral Upper in KP, Sohbatpur in Balochistan, and District Badin in Sindh for three months.

At the completion of the DREF operation, 13,748 people were directly reached through the planned interventions.

Operation strategy rationale

PRCS, with the support of IFRC, successfully implemented its response strategy to address the urgent needs of flood-affected communities across three provinces. Through a comprehensive assessment, the most vulnerable families were identified, and their specific needs were addressed through immediate assistance while strengthening ongoing relief efforts by the government. The response focused on shelter, healthcare, and water access, with a strong emphasis on gender inclusivity, risk reduction, and early recovery, contributing to long-term community resilience.

Shelter

PRCS effectively met the urgent shelter needs of the target communities by reaching 800 households, benefiting approximately 5,600 people, through the distribution of 800 tents and 800 kitchen sets in the most affected districts. Beneficiary Identification and Registration (BIR) ensured that each targeted family received one tent and one kitchen set. Distributions were successfully carried out at accessible locations, ensuring timely delivery. The distribution was based on the available stock in PRCS warehouses. By targeting the most vulnerable households, PRCS ensured effective support in areas where temporary government shelters were insufficient.

WASH

Critical water and sanitation needs were addressed as PRCS successfully reached 500 households, approximately 3,500 people, with WASH services. A water filtration plant was deployed in Sohbatpur district, providing 553,000 litres of safe drinking water, and 1,000 jerry cans were distributed for water storage. Beneficiary Identification and Registration (BIR) effectively targeted 500 households, with each receiving two jerry cans. The replenishment of WASH items was coordinated through PRCS/IFRC procurement departments. The strategy successfully mitigated the risks associated with floodwater contamination by ensuring access to safe drinking water and promoting proper sanitation through educational sessions.

Health

Emergency healthcare needs were met by deploying a Mobile Health Team (MHT) in Badin district, providing emergency healthcare services to approximately 5,677 individuals. In addition, 1,600 LLINs were provided to 800 households, ensuring each targeted household received two LLINs. Operational costs for the MHT were supported through the Disaster Response Emergency Fund (DREF), while medicines were provided by an in-country partner supplying essential pharmaceuticals. The MHT conducted medical camps and raised community awareness on preventing waterborne and vector-borne diseases, ensuring both immediate healthcare support and long-term disease prevention measures.

Protection, Gender, and Inclusion (PGI)

PGI standards were successfully integrated across all response sectors. PRCS trained 30 volunteers on PGI minimum standards and updated the child safeguarding risk assessment. The response effectively ensured the inclusion of elderly individuals, women, transgender persons, pregnant and lactating women, and Persons with Disabilities (PWDs). The collection and analysis of Sex, Age, and Disability Disaggregated Data (SADDD) supported comprehensive operational analysis, ensuring that all interventions adhered to PGI principles and addressed the needs of vulnerable populations.

Community Engagement and Accountability (CEA)

CEA mechanisms were effectively implemented across all target districts. A multi-channel feedback system was established, incorporating the hotline and face-to-face mechanisms, allowing PRCS to receive and address complaints from affected communities. Staff and volunteers were trained on the feedback processes and accountability to beneficiaries.

Operational Support Services



The key support services worked collectively to create a cohesive and resilient environment that enabled the effective allocation and utilization of resources during the disaster while monitoring the activities and resources for an equitable and accountable operation. By ensuring that HR, Communications, Logistics, Finance, and PMER were well-coordinated and aligned with the broader goals of the DREF, PRCS was able to maximize its impact in the field by responding swiftly to the emergency and enhancing the resilience of the communities.

With the successful completion of this operation, PRCS significantly contributed to immediate relief, early recovery, and long-term resilience-building for flood-affected communities.

Targeting Strategy

Who was targeted by this operation?

The PRCS DREF flood response operation in affected areas targeted the following groups:

1. Flood affected families: Direct assistance was provided to families who have been adversely impacted by the flooding, addressing their immediate unmet needs for food, health and clean water.
2. Vulnerable and marginalized groups: Special attention was given to vulnerable and marginalized populations within the affected areas, including women, children, elderly individuals and those with specific needs, to ensure their unique requirements were met.
3. Community members at risk: The broader community residing in flood-prone regions was targeted through risk reduction and climate adaptation initiatives, focusing on building awareness, early warning systems and sustainable urban development.

Explain the selection criteria for the targeted population

The selection criteria to target populations under the PRCS flood response operation, in affected areas was based on a combination of vulnerability, need and risk considerations. The following criteria guides the selection process:

1. Geographic Location: Priority was given to individuals and families residing in areas directly affected by the monsoon rains and flooding. Geographic mapping and assessment helped identify the most impacted regions to ensure a focused response.
2. Displacement and Impact: Families experiencing displacement due to flooding were prioritized, with special attention to those facing severe consequences such as loss of shelter, limited access to clean water and heightened health risks.
3. Vulnerability: Vulnerable groups, including women, children, elderly individuals and people with specific needs were identified and targeted, to ensure that their unique vulnerabilities were addressed in the relief efforts.
4. Needs Assessment: PRCS carried out a detailed needs assessment to identify the specific requirements of the affected populations. The assessment revealed the needs for multipurpose cash, clean water, hygiene, health services and other essential requirements. Priority was given to families or individuals without any support from any Non-Governmental Organization (NGO) or local government.
5. Risk Exposure: Communities in flood-prone areas were prioritized for risk reduction and climate adaptation measures. This included those at higher risk due to geographical factors, inadequate infrastructure or a history of recurrent flooding in their area.
6. Community Engagement: PRCS worked closely with the local communities and authorities to understand the local context and nuances of the disaster. Community engagement helped refining the selection criteria, whilst ensuring the response was culturally sensitive and aligned with local priorities.

The selection criteria was aimed to prioritize those who were most in need and at risk, while ensuring that the response operation addressed the immediate and long-term challenges faced by the flood-affected populations in the targeted areas.



Total Targeted Population

Women	1,613	Rural	100%
Girls (under 18)	1,075	Urban	0%
Men	1,747	People with disabilities (estimated)	10%
Boys (under 18)	1,165		
Total targeted population	5,600		

Risk and Security Considerations (including "management")

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
3. A lack of understanding or misinformation regarding PRCS's operation, leading to community resistance, subsequently hindering the effectiveness of relief efforts.	Transparent communication channels were prioritized. Regular community meetings were conducted to address community concerns, and community leaders were involved in the decision-making processes. An ongoing community engagement strategy was implemented to build trust and enhance understanding.
1. Stagnant water in flooded areas, arising waterborne diseases and posing health risks for the flood affected population.	Provision of clean water and jerry cans was prioritized for distribution among affected communities. Regular health awareness campaigns on WASH practices were ensured, along with MHT mobilization to address and mitigate health-related issues promptly.
2. Prolonged displacements lead to increased vulnerability, mental health issues and shelter challenges for displaced families.	A comprehensive shelter strategy was implemented, including the timely distribution of shelter tool kits and the establishment of temporary housing. While mental health and well-being of displaced individuals were prioritized through counseling services and community support programmes.

Please indicate any security and safety concerns for this operation:

1. Security Risks: Although no existing or imminent security risks were identified for this operation, however limited access and community tensions were two factors in the field which existed but did not hamper the interventions.
2. Infrastructure Challenges: Inadequate infrastructure, such as damaged roads and unstable buildings posed safety risks during relief distribution activities.
3. Protection Risks for Vulnerable Groups: Vulnerable groups, including women and children faced increased protection risks in the chaotic aftermath of the monsoon rains and flooding.

Has the child safeguarding risk analysis assessment been completed?	Yes
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Implementation



Shelter Housing And Settlements

Budget: CHF 385,562

Targeted Persons: 5,600

Assisted Persons: 5,600

Indicators

Title	Target	Actual
Number of people provided with essential household items	5,600	5,600

Narrative description of achievements

In response to monsoon-induced floods, the PRCS provided emergency shelter and essential household items to 800 vulnerable households (5,600 people) in Sindh, Balochistan, and Khyber Pakhtunkhwa (KP). This intervention enhanced safety, dignity, and resilience for affected families, with 70 percent of beneficiaries expressing satisfaction with the assistance received.

Emergency Shelter and Essential Household Item Distribution

Although the government provided tents in some flood-affected areas to families who had lost their homes, a significant need for additional assistance remained. To address this gap, the PRCS extended support to the most vulnerable families in Sindh, Balochistan, and KP by distributing 800 family tents and 800 kitchen sets. A total of 300 families in Badin, 300 in Sohbatpur, and 200 in Chitral received assistance. This intervention enabled affected households to stay safe while preserving their privacy and dignity as they worked to rebuild or repair homes damaged or lost due to the monsoon rains and floods.

PRCS successfully reached 800 households (approximately 5,600 people) through a structured approach that included Beneficiary Identification and Registration (BIR) to ensure aid was directed to those most in need. Each selected household received one tent, one kitchen set, LLINs, and two jerry cans as part of the relief package. Distributions were conducted at accessible locations to facilitate efficient delivery and ensure families received their items without unnecessary delays. To expedite the process, PRCS utilized available stocks from its warehouse and later replenished them through a joint procurement process with the IFRC. While the procurement of kitchen sets, LLINs, and jerry cans was successfully completed within the Disaster Relief Emergency Fund (DREF) timeline, the procurement and replenishment of tents could not be initiated within the same timeframe.

Post-Distribution Monitoring (PDM)

According to the PDM findings, 70 per cent of beneficiaries expressed satisfaction with the short-term assistance provided, reflecting a strong positive response to the immediate relief efforts. However, 30 per cent of recipients reported partial satisfaction, primarily due to a lack of awareness within the community regarding the objectives of the shelter assistance. This suggests that while many beneficiaries appreciated the support, some may not have fully understood the available resources or how to utilize them effectively.

The shelter distribution significantly alleviated the financial burden on affected households, as they no longer had to bear the full cost of essential items. The timely provision of relief supplies offered immediate support to families struggling in the aftermath of the monsoon floods. Items such as tarpaulins and cooking utensils helped households cope with the challenging conditions caused by the disaster. Additionally, the distributions improved temporary living conditions during the monsoon season, reducing exposure to harsh weather elements and providing much-needed security and stability for displaced families.

Lessons Learnt

- During the lessons learned workshop, it was suggested that the Cash for Shelter initiative should also be considered for future interventions to provide financial assistance to beneficiaries, enabling them to procure materials and construct their own shelters according to their needs and requirements. This approach allows for flexibility, empowering families to choose the best solutions suited to their specific needs and local conditions. By offering cash assistance, the programme not only provides shelter to beneficiaries but also stimulates local economies, as individuals purchase materials and hire local labor for construction. This method ensures that shelters constructed are culturally appropriate and tailored to the beneficiaries' preferences, potentially leading to stronger community



ownership and greater satisfaction with the housing solutions provided.

- Providing training for shelter installation is essential before the distribution of shelter items to ensure that beneficiaries can effectively set up their shelters, maximizing their functionality and safety. Training sessions should cover key aspects such as the proper assembly of shelter components, maintenance tips, and ways to adapt shelters to varying weather conditions. By equipping individuals with these skills, not only is the immediate effectiveness of the shelter solution enhanced, but long-term resilience within the community is also strengthened, as trained individuals can assist others in future emergencies.

Challenges

- The transportation of NFIs and kitchen sets to remote and far-flung areas posed significant challenges. The logistical aspect of delivering materials to these locations is critical, particularly in mountainous regions like Chitral.
- A notable concern was the lack of training on shelter installation, which hampered the effectiveness of the provided shelters.



Budget: CHF 18,408

Targeted Persons: 4,500

Assisted Persons: 5,677

Indicators

Title	Target	Actual
Number of mobile health service units functional to provide quality primary health care	1	1
Number of people reached, assisted with emergency health care and medical treatment through RCRC primary healthcare services	4,500	5,677
Number of people receiving LLINs (Long Life Insecticide Treated Nets) distributed by RCRC Movement in emergencies	1,600	1,600

Narrative description of achievements

Health Needs Assessment

Following the severe flooding in Sindh province in August 2024, a health needs assessment was carried out in Badin district, which has a total population of 1,947,081. The assessment helped identify urgent healthcare gaps, highlighting the immediate need for an MHT deployment. Vulnerable groups, including the elderly, children, pregnant women, and persons with disabilities (PWDs), faced critical health risks due to widespread disease outbreaks.

Mobile Health Teams Deployment and Distribution of LLINs

Malaria, diarrheal diseases, respiratory infections, and skin conditions were rampant due to stagnant floodwaters and poor sanitation, requiring immediate medical intervention. The distribution of LLINs was essential to prevent further malaria transmission among displaced families. Pregnant women lacked access to antenatal care, and many children suffered from malnutrition and waterborne illnesses, underscoring the need for maternal and child health services.

Overwhelmed or damaged local health facilities left displaced families without access to essential healthcare, making mobile medical units crucial for reaching remote and affected areas. Additionally, the water and sanitation crisis contributed to the rapid spread of diseases, with women struggling to maintain hygiene due to inadequate facilities. To address these urgent health concerns, an MHT was essential to provide primary healthcare services and LLIN distribution, along with disease prevention education, ensuring that affected communities received immediate and life-saving medical support.

PRCS successfully deployed a 26-day MHT under this DREF operation in Badin district of Sindh province, providing assistance to a total of



5,677 individuals and addressing their critical healthcare gaps. PRCS delivered essential healthcare services to isolated communities in the target district. As a result, 3,745 outpatient consultations were conducted for acute respiratory infections, diarrheal diseases, malaria, skin conditions, and chronic illnesses, while 1,932 individuals received education on hygiene, disease prevention, and maternal-child health.

The health interventions were implemented in close coordination with local authorities and key stakeholders, ensuring both effectiveness and efficiency in delivering healthcare services. Alongside medical assistance, 1,600 LLINs were distributed to protect vulnerable people from malaria in Badin, Chitral, and Sobhatpur districts—a major health risk associated with stagnant water following the floods. The LLINs were distributed from the available stock of the national society, and through a joint procurement process, the stock was replenished in a timely manner.

Lessons Learnt

- Aligning medical supplies with needs assessments is critical for an effective response.
- Coordination between national and provincial teams is crucial to ensure efficient task alignment and confidence in service delivery. Medicine supply chains, including dispatch and distribution, should involve close collaboration with local teams for effective execution.
- Combining service delivery with health awareness initiatives strengthens long-term community resilience.
- Establishing a standardized Mobile Health Unit (MHU) that can be customized to meet the specific needs of affected communities is an effective way to deliver immediate medical aid.
- Maintaining pre-stocked emergency kits enables quicker response times.
- Promoting community-based health programmes enhances long-term resilience.

Challenges

- Ensuring that medical stock and supplies align with specific field needs remains a critical challenge. Rapid diagnostic tools and medicines need to be standardized and guided by thorough needs assessments, disease prevalence data, and demographic information of the affected communities. Decentralized preparedness stocks must be available to address supply chain gaps.
- District and provincial branches face staff shortages, impacting their capacity to manage emergency health responses. Strengthening human resources, particularly in data management, inventory management, PMER (Planning, Monitoring, Evaluation, and Reporting), and warehousing, is essential to enhancing operational effectiveness and preventing staff burnout.
- Delays in procuring and distributing medicines and essential equipment highlight the need for streamlined logistics and better preparedness at all levels.
- Logistical challenges, including accessibility in remote or flood-affected areas, make delivering healthcare services more complex.
- Training staff during emergencies is difficult due to time constraints. Pre-deployment capacity-building programmes are necessary for quick and effective responses.
- Ensuring continuity of health services post-emergency remains a key challenge, requiring enhanced integration of short- and long-term health programmes.
- The unavailability of specific medicines or diagnostic tools during emergencies hinders the ability to meet community needs effectively.



Water, Sanitation And Hygiene

Budget: CHF 14,210

Targeted Persons: 3,500

Assisted Persons: 3,500



Indicators

Title	Target	Actual
Number of people reached by WASH assistance	3,500	3,500
Number of litres of safe water distributed through RCRC emergency water supply	450,000	553,000
Number of Jerry cans distributed	1,000	1,000

Narrative description of achievements

To address the urgent needs of flood-affected communities, PRCS, with the support of IFRC, successfully implemented a series of life-saving interventions focused on safe drinking water, hygiene promotion, and disease prevention. The response aimed to mitigate the risk of waterborne diseases, improve hygiene awareness, and enhance community resilience. Through targeted interventions, PRCS ensured access to clean drinking water, provided essential hygiene supplies, and conducted awareness campaigns to safeguard public health in the aftermath of the disaster. These efforts directly contributed to reducing health risks and improving overall well-being among the affected populations, reaching an estimated 3,500 affected people.

Safe Drinking Water and Jerry-Cans Distribution

To ensure access to safe drinking water, PRCS deployed a SETA water treatment and filtration plant in Sohbatpur district, providing 553,000 litres of clean water to flood-affected households. This intervention played a crucial role in preventing the consumption of contaminated water, thereby reducing the risk of waterborne diseases. Additionally, PRCS distributed 1,000 jerry cans (two per family for 500 families) to facilitate water collection and storage. By ensuring a stable supply of clean water, the intervention significantly improved the health and hygiene conditions of the affected communities. The jerry cans were sourced from PRCS's existing stock and replenished through a joint procurement process, ensuring the sustainability of relief efforts.

Hygiene Promotion

Complementing the water provision efforts, PRCS implemented hygiene promotion activities to reinforce safe hygiene practices and prevent the spread of diseases. In Badin district, multiple sessions were conducted to educate communities on effective hygiene measures, such as handwashing, water treatment, and safe sanitation practices. These sessions targeted the most vulnerable groups, equipping them with knowledge to protect themselves and their families. A total of 16 hygiene promotion sessions were conducted in the target districts, directly benefiting 480 community members. Additionally, four community-wide hygiene awareness walks were organized, engaging approximately 3,000 people. These awareness initiatives fostered community participation, strengthened public health messaging, and empowered individuals to adopt healthier practices.

The combined impact of these interventions was significant in improving water access, enhancing hygiene awareness, and reducing public health risks in flood-affected areas. By ensuring the provision of safe drinking water and promoting disease prevention measures, PRCS contributed to the well-being and resilience of vulnerable communities.

Lessons Learnt

- The installation of Reverse Osmosis (RO) plants in high-salinity regions such as Sindh and Balochistan highlights the significance of RO technology in treating saline water. By effectively reducing Total Dissolved Solids (TDS) levels, RO systems enhance water quality for affected communities. This strategy is vital for addressing the challenges posed by high salinity, ensuring access to safe and potable water, particularly in disaster relief situations where immediate clean water is critical. To strengthen the existing capacity of the National Society, a moveable RO plant may be added to the WASH preparedness stock for deployment in high-salinity areas.
- Involving the local community in the planning and installation of filtration plants fosters a sense of ownership and responsibility, which is crucial for the long-term maintenance of the system.
- Training local people on the operation and maintenance of filtration plants is essential to ensure that the community can effectively manage the system, even in the absence of external support.



Challenges

- The considerable distance of the SETA plant from the community poses significant challenges for water collection, particularly for females who often bear the responsibility of fetching water.
- The extended distance of the SETA plant may expose females to safety risks, especially when traveling alone or during early or late hours of the day.
- Limited involvement of community members in managing water resources may result in a lack of ownership and responsibility, potentially impacting the future availability of drinking water.
- There is a critical need for improved infrastructure to ensure long-term access to clean water beyond the DREF emergency interventions.



Protection, Gender And Inclusion

Budget: CHF 832

Targeted Persons: 5,600

Assisted Persons: 5,600

Indicators

Title	Target	Actual
Number of people trained on implementing the PGI Minimum Standards	30	30
Number of child safeguarding risk assessment conducted	1	1

Narrative description of achievements

PRCS integrated PGI principles into its flood response operation by strengthening the capacity of staff and volunteers and enhancing child safeguarding measures. A total of 30 individuals, comprising 10 participants from each targeted district, were trained on PGI minimum standards. This training equipped participants with the necessary skills to incorporate PGI principles into program activities, ensuring a more inclusive and protective approach to service delivery. Participants gained practical knowledge on identifying and addressing vulnerabilities, promoting gender-sensitive practices, and safeguarding the rights of marginalized groups.

In addition to capacity building, PRCS conducted a thorough review and update of the Child Safeguarding Risk Assessment (CSRA). The updated CSRA, which was shared with relevant stakeholders, includes key risk mitigation measures aimed at strengthening child protection mechanisms. These measures ensure that all programme interventions prioritize child safety, creating a more supportive and protective environment for children in affected communities.

By mainstreaming PGI principles and strengthening child protection frameworks, PRCS enhanced the inclusivity and effectiveness of its response efforts.

Lessons Learnt

- Establishing a robust feedback loop post-training can help improve future sessions, ensuring that the training content remains relevant and effective for all participants.

Challenges

- Organizing training sessions across different districts is challenging due to logistical issues, such as scheduling and resources.





Migration And Displacement

Budget: CHF 100

Targeted Persons: 100

Assisted Persons: 0

Indicators

Title	Target	Actual
Number of Migrant (HoH) included in PRCS response activities	100	0

Narrative description of achievements

Efforts were made to ensure the inclusion of migrants in the response activities across all target districts, including Badin, Sohbatpur, and Chitral. PRCS teams received orientation on integrating migrants into the Beneficiary Identification and Registration (BIR) process, reinforcing the commitment to inclusivity and non-discrimination in humanitarian assistance. However, during the implementation period, no migrant populations were identified in the areas of intervention. Despite this, the preparedness and awareness efforts strengthened the PRCS teams' capacity to address migrant inclusion in future response operations.



Community Engagement And Accountability

Budget: CHF 100

Targeted Persons: 5,600

Assisted Persons: 5,600

Indicators

Title	Target	Actual
Percentage of received complaint/feedback addressed	95	97
Percentage of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	60	65

Narrative description of achievements

PRCS successfully established and implemented a CEA mechanism at the Provincial Headquarters (PHQs), ensuring a structured and transparent communication channel between affected communities and response teams. The mechanism became fully functional within the first month of the operation, enabling timely collection and resolution of community feedback.

The CEA system proved highly effective, with 95 to 97 per cent of complaints and feedback received from affected populations successfully addressed. This responsiveness enhanced trust between PRCS and the communities, reinforcing the accountability of the response efforts. Additionally, awareness about the feedback mechanism among community members, including marginalized and at-risk groups, increased significantly from 60 to 65 per cent, empowering more individuals to voice their concerns and seek assistance.

To further strengthen the system, CEA volunteers were oriented and placed at the National Headquarters (NHQ) to facilitate the recording and resolution of feedback. This step ensured a more structured and inclusive approach, allowing for better monitoring and adaptation of response efforts based on community needs. The successful implementation of CEA not only improved service delivery but also fostered community participation, ensuring that interventions were aligned with local priorities and concerns.



Lessons Learnt

- Understanding the unique cultural and social dynamics of communities is essential for tailoring response programmes that align with the needs of the targeted populations.
- Establishing trust among community members is crucial. Patience and persistence are necessary to overcome initial skepticism and resistance from the communities.
- Feedback mechanisms create opportunities for real-time adjustments, enhancing response strategies and improving overall community engagement.
- Utilizing various communication channels (e.g., hotline, feedback desks, face-to-face interactions, community meetings, etc.) helps reach a broader audience and ensures that communities are well aware of the feedback systems in place.

Challenges

- Pre-existing cultural norms and practices restraint open communication and participation among community members, particularly among the marginalized groups.



Secretariat Services

Budget: CHF 6,490

Targeted Persons: 0

Assisted Persons: 0

Indicators

Title	Target	Actual
Number of IFRC staff engaged to support the PRCS in implementing the response activities	10	10
Number of movement/membership coordination meetings	2	3
Number of monitoring visits conducted by IFRC staff	3	1
Number of surge deployed	1	0

Narrative description of achievements

During the DREF implementation period, PRCS and IFRC maintained regular coordination through structured meetings to track progress and provide necessary technical support. These meetings, initially held weekly, were later adjusted based on the evolving needs and pace of field activities. This adaptive approach ensured continuous alignment between strategic planning and operational execution.

IFRC staff played a critical role in supporting PRCS across various aspects, including refining the implementation strategy, guiding procurement processes, designing PDM tools, and ensuring timely and accurate reporting. Their involvement strengthened the efficiency of the operation and enhanced the overall response mechanism.

Although an initial surge deployment was considered, a capacity assessment led to the decision to rely on in-house expertise instead. Consequently, IFRC and PRCS PMER teams extended targeted support to the DREF operation, ensuring rigorous monitoring and accountability. Additionally, IFRC staff conducted a field visit to one of the remote districts during PDM implementation, offering direct on-ground support to further strengthen PRCS's capacity and enhance the effectiveness of monitoring activities. This hands-on engagement contributed to improved coordination, strengthened oversight, and reinforced the quality of the overall response.



Challenges

- The DREF operation was implemented in three different provinces and some of the areas were not accessible to IFRC staff due to security reasons.



National Society Strengthening

Budget: CHF 14,657

Targeted Persons: 0

Assisted Persons: 0

Indicators

Title	Target	Actual
Number of monitoring visits conducted by PRCS staff	6	5
Number of lessons learned workshop conducted	1	1
Number of volunteers mobilized to support the operation	60	75

Narrative description of achievements

During the implementation period, PRCS conducted five periodic monitoring visits to the operational areas, ensuring effective oversight and quality service delivery. These visits, carried out by staff from both the Provincial Headquarters (PHQ) and National Headquarters (NHQ), provided critical insights that facilitated real-time adjustments to the operational strategy. However, due to security concerns, NHQ staff were unable to visit district Sohbatpur in Balochistan. Despite this limitation, the monitoring efforts strengthened the overall effectiveness and accountability of the response.

To further enhance learning and preparedness for future operations, a lessons learned workshop was successfully conducted. This workshop brought together key stakeholders, including NHQ and PHQ staff, volunteers, IFRC representatives, and PNS staff, to review operational achievements, challenges, and best practices. The discussions provided valuable insights that will inform and improve future disaster response interventions.

Volunteer engagement was a cornerstone of the operation, exceeding initial targets and significantly enhancing community participation. A total of 75 volunteers were mobilized across various sectors, including PGI, CEA, health, WASH, and NFI distribution—surpassing the initial target of 60 volunteers. Their dedication and active involvement contributed to the successful implementation of activities, ensuring that assistance reached those most in need while strengthening local capacity for future emergency response efforts.

Lessons Learnt

- The need for real-time adjustments based on insights from monitoring visits underlines the value of being adaptable in operations. This flexibility allows for improved decision-making and better responses to unforeseen circumstances.

Challenges

- Ensuring comprehensive monitoring and evaluation of the interventions can be challenging, particularly in areas with security concerns. This can lead to gaps in data collection and analysis, hindering the ability to assess the impact of the programme.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRPK026 - Pakistan - Floods

Operating Timeframe: 14 Sep 2024 to 31 Dec 2024

Selected Parameters			
Reporting Timeframe	2024/9-2025/3	Operation	MDRPK026
Budget Timeframe	2024/9-12	Budget	APPROVED

Prepared on 15/May/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	440,161
DREF Response Pillar	440,161
Expenditure	-79,232
Closing Balance	360,929

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health			0
PO05 - Water, Sanitation & Hygiene			0
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	440,161	79,232	360,929
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	440,161	79,232	360,929
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services			0
EA03 - National Society Strengthening			0
Enabling Approaches Total			0
Grand Total	440,161	79,232	360,929

[Click here for the complete financial report](#)

Please explain variances (if any)

A total of CHF 440,161 was allocated to PDRCS to assist people affected by the floods. The total expenditure recorded at the end of the operation amounted to CHF 79,232, representing 18 per cent of the budget. This left a balance of CHF 360,929, which will be returned to the DREF pool.

The variance in the expense is due to the incomplete tent procurement within the DREF timeline. Pakistan CD planned the procurement of 800 family tents under DREF as a repeat order based on the tender process for an initial procurement of 2,835 tents, which was taken up separately as part of stock replenishment under the Flood Recovery Programme and was under review. However, the request under

review for 2,835 tents was rejected by the Geneva CoC, as the quality of the tents offered by the selected supplier did not meet several critical requirements, particularly in terms of breathability and durability under environmental stressors. Additionally, the CoC noted non-compliance with a previous CoC approval, which required an independent test prior to distribution; this was not fully met. As a result, it was not possible to proceed with the repeat order for 800 tents under DREF. The National Society was advised to consider ordering through an ongoing IFRC tent procurement in the MENA region, which had gone through a proper tender process and met the required quality standards. However, the PRCS did not agree with this approach. In the meantime, the DREF timeline expired, preventing the procurement from being completed.



Contact Information

For further information, specifically related to this operation please contact:

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[Click here for reference](#)

