

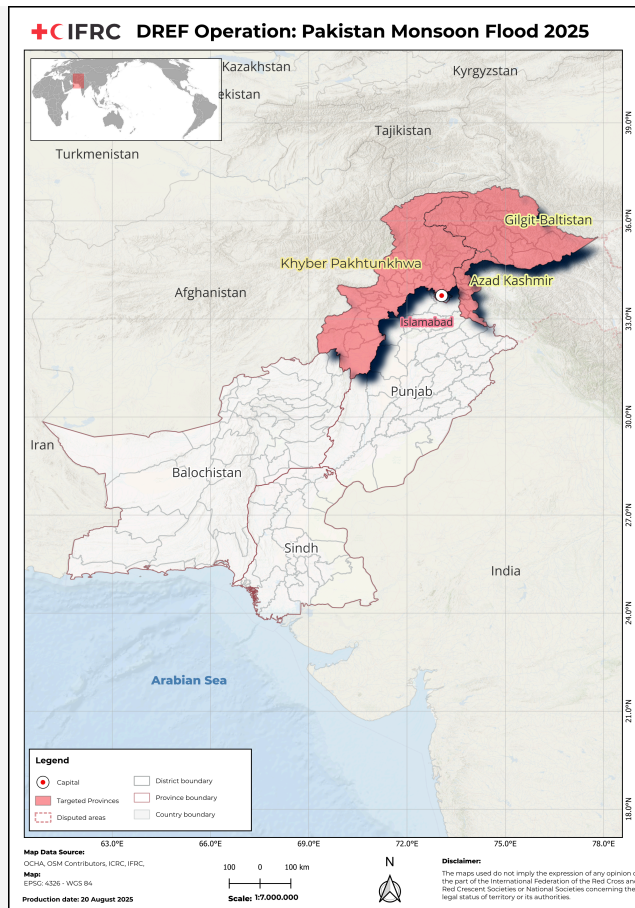


Initial assessment (Photo: PRCS)

Appeal: MDRPK028	Total DREF Allocation: CHF 999,711	Crisis Category: Orange	Hazard: Flood
Glide Number: FL-2025-000139-PAK	People Affected: 80,000 people	People Targeted: 43,200 people	People Assisted: 51,200 people
Event Onset: Sudden	Operation Start Date: 23-08-2025	Operational End Date: 28-02-2026	Total Operating Timeframe: 6 months

Targeted Regions: **Azad Kashmir, Gilgit-Baltistan, Khyber Pakhtunkhwa**

Description of the Event



Map of Pakistan targeted area. (Map: IFRC, IM)

Date of event

16-08-2025

What happened, where and when?

Heavy monsoon rains were triggered in June 2025 with severe flash flooding across Pakistan, initially affecting Gilgit Baltistan (GB), Azad Jammu and Kashmir (AJK), and parts of Khyber Pakhtunkhwa (KP). The situation escalated rapidly in August as intense cloudbursts, flash floods, riverine overflows, landslides, and Glacial Lake Outburst Floods (GLOFs) struck northern Pakistan.¹

The most severe impacts were recorded on 14–15 August 2025, when extreme cloudbursts—reaching up to 150 mm per hour in Buner—caused catastrophic flooding and landslides. KP emerged as the epicenter, with districts such as Buner, Swat, Shangla, Mansehra, Swabi, Bajaur, and Battagram experiencing major loss of life and infrastructure collapse.² Entire villages including Golkada (Swat), Shahi Dand and Kuz Palaw (Shangla), and areas in Bajaur, Swabi, and Mansehra reported destruction of homes, roads, bridges, water systems, and livelihoods.

In response to the evolving humanitarian situation, an IFRC Disaster Response Emergency Fund (DREF) operation was approved on 23 August 2025 to support immediate emergency response and relief activities, with an operational timeframe until 28 February 2026. As the scale and severity of the floods expanded across multiple provinces, including Punjab where riverine flooding along the Sutlej, Ravi, and Chenab rivers caused widespread inundation of settlements and agricultural land, the response was further scaled up through an Emergency Appeal (EA) approved on 30 August 2025. The Emergency Appeal, which will conclude on 31 December 2026, encompasses the DREF operation and supports longer-term recovery and resilience interventions

As the monsoon system persisted into late August, impacts expanded into Punjab, where riverine flooding along the Sutlej, Ravi, and



Chenab rivers caused widespread inundation of settlements and agricultural land.³ Floodwaters gradually receded by late 2025, however secondary impacts—including waterlogging, infrastructure damage, and disrupted essential services—continued to delay recovery in many areas.

Scope and Scale

The Pakistan Meteorological Department (PMD) warned of continued heavy rainfall through August 2025, increasing risks of further flooding, landslides, and GLOFs—particularly in GB, which hosts over 7,000 glaciers.⁴ Scientific analysis, including the World Weather Attribution initiative, indicates that climate change has increased monsoon rainfall intensity by 10–15 percent, amplifying cloudbursts and extreme runoff events.⁸

The 2025 Monsoon Floods disproportionately impacted mountainous and riverine communities in KP, GB, and AJK, where fragile terrain, deforestation, and limited infrastructure increased vulnerability. Women, children, older persons, and Persons with Disabilities (PWDs) face heightened risks due to mobility constraints and limited access to early warning systems. Displaced populations in temporary shelters remained exposed to poor sanitation, food insecurity, and waterborne disease risks.

According to the National Disaster Management Authority (NDMA) and Provincial Disaster Management Authorities (PDMAs) consolidated reporting for the year 2025, the floods affected approximately 6.9 million people nationwide, including 4.7 million in Punjab, 1.6 million in KP, 356,000 in GB, and 185,000 in Sindh⁵. The disaster caused between 1,037 deaths and nearly 1,000 injuries, with women, children, and vulnerable groups disproportionately affected.⁶

At the peak of the crisis, more than 2.5 million people were temporarily displaced, while over 3 million were evacuated or rescued through large-scale national response operations.⁶ Displacement reduced gradually by late 2025 as communities began returning to their areas of origin.

The floods caused extensive infrastructure damage, including more than 229,000 houses damaged or destroyed nationwide.⁷ Critical transport and service disruptions were recorded, including washed-away bridges in AJK's Neelum Valley and damage to sections of the Karakoram Highway in GB, isolating entire valleys.⁷ Electricity and communication outages further compounded the humanitarian access constraints.

The 2025 floods are among the most severe since the 2022 floods disaster, which affected over 33 million people and caused massive economic losses, underscoring Pakistan's increasing exposure to climate-induced hazards.⁸

Source Information

Source Name	Source Link
1. NDMA	https://www.ndma.gov.pk/sitreps
2. Relief Web	https://reliefweb.int/report/pakistan/rapid-needs-assessment-report-monsoon-flood-august-2025
3. PMD	https://www.pmd.gov.pk/
4. NDMA	https://www.ndma.gov.pk/publications

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
---	-----



Please provide a brief description of those additional activities

The scale up of the same activities is being carried out under the Pakistan Monsoon Floods Emergency Appeal. The Operational Strategy can be accessed for further details of interventions.

IFRC Network Actions Related To The Current Event

Secretariat

The IFRC Country Delegation (CD) in Pakistan maintained close coordination with key stakeholders throughout the implementation of the operation. Working in close collaboration with PRCS, the delegation and the National Society actively participated in inter-agency coordination meetings, ensuring alignment and complementarity with broader humanitarian efforts. The IFRC provided technical and operational support to PRCS in refining strategies, strengthening implementation, and movement wide coordination. Regular engagement and monitoring helped enhance PRCS's capacity to respond effectively to the immediate needs of flood affected people across GB, AJK, and KP.

To further reinforce operational performance, Procurement/Logistics Surge Officer was deployed to strengthen PRCS's procurement procedures and systems. Additionally, the delegation, being an active member of the Humanitarian Country Team (HCT), contributed to joint planning, coordination, and advocacy efforts, while regularly coordinating with the NDMA and PDMA's of the relevant provinces.

In addition, technical backstopping in terms of PMER, finance and operations was extended to the National Society throughout the operation timeline.

Participating National Societies

The in-country Partner National Societies, including the German Red Cross (GRC), Norwegian Red Cross (NorCross) and the Turkish Red Crescent (TRC) extended bilateral support for the flood response to PRCS.

In addition, Movement Coordination Meetings were held involving all in-country Movement partners to strengthen coordination, information sharing, operational alignment, and collaborative response planning.

The National Society, IFRC, and the Partner National Societies (PNSs) maintained regular coordination to ensure a harmonized response in the flood affected areas. The coordination efforts were further strengthened through the three Partners Calls held between August and September 2025. These calls facilitated with the support of IFRC regional office assured complementarity, reinforced collaborations, and helped explore avenues for deeper engagement with partners. PRCS, IFRC, International Committee of the Red Cross (ICRC) and PNSs (in country and remote) maintained close coordination and consultation since the onset of the flood operation and had regular information sharing, to support the effective implementation of activities and complementarity in the emergency response efforts

ICRC Actions Related To The Current Event

In coordination with PRCS and Movement partners, the ICRC reaffirmed its commitment to supporting PRCS in delivering a principled and coordinated humanitarian response. As part of this collaboration, the ICRC worked closely with PRCS and Movement technical teams to strengthen Restoring Family Links (RFL), First Aid and cooked food aid at key operational points. In line with its mandate, the



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. The NDMA issued regular situation reports to provide update on the current situation and the ongoing response by the Government authorities. While the Engineering Corps of the Pakistan Army worked to maintain access to flood-affected areas, particularly in KP and Punjab, 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	The United Nations Office for the Coordination of Humanitarian Affairs (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 response efforts in the impacted regions.

Are there major coordination mechanism in place?

The HCT played a central role in guiding the humanitarian action in Pakistan throughout the operation. The IFRC and PRCS actively participated in HCT meetings, contributing to coordinated planning and advocacy efforts. In parallel, the Interagency Coordination Mechanism brought together United Nation (UN) agencies and humanitarian partners to ensure a harmonized and efficient response.

A Monsoon Floods Contingency Plan was developed to address the humanitarian needs arising from the floods, with both IFRC and PRCS contributing towards its development and implementation. At the national and provincial levels, PRCS maintained close coordination with key stakeholders, including the NDMA, PDMAs, DDMAs, and other humanitarian actors to align the response efforts and avoid duplication.

Needs (Gaps) Identified



The 2025 monsoon floods claimed at least 1,037 lives and injured nearly 1,000 people across Pakistan, with KP emerging as the hardest-hit province. Triggered by flash floods, landslides, and cloudbursts, the floods severely affected KP, Punjab, GB, AJK, and other vulnerable northern areas. A total of 130 health facilities were reported damaged across Sindh, KP, Punjab, and GB, including seven facilities that were completely destroyed. In KP, 68 Lady Health Workers (LHWs) houses were also damaged, affecting continuity of community-level health services. Access to healthcare further deteriorated due to damaged roads and bridges, particularly in remote and mountainous areas.

During the initial response, PRCS prioritized health interventions in underserved and high-risk districts to address the immediate service



gaps and avoid duplication. Four Mobile Health Units (MHUs) were planned for deployment in Shigar and Ghizer (GB), Buner (KP), and Neelum (AJK) to provide primary healthcare, referrals, and essential medicines in areas where health facilities were inaccessible or overstretched. Alongside clinical care, PRCS planned Mental Health and Psychosocial Support (MHPSS), Social Behavior Change Communication (SBCC) activities on disease prevention and hygiene promotion, and cash for health assistance for pregnant women to support urgent health-related needs.

Detailed assessments conducted during the operation indicated that health and MHPSS needs were substantial across the affected areas at that time. By the conclusion of the DREF operation, gaps in access to Mental health and psychosocial support services persisted. Findings from the assessment revealed that 70 percent households reported illness within one month of the flood, most commonly fever, cough, skin infections, and diarrhea or vomiting, reflecting continued Water, Sanitation and Hygiene (WASH)-related health risks. Access to healthcare significantly declined after the floods, with the proportion of households living within one hour of a health facility dropping from 63 percent before the floods to 28 percent afterwards.

Barriers such as increased transportation costs, long travel distances, damaged health infrastructure, medicine shortages, high treatment costs, and winter-related access constraints continued to limit access to care throughout the response period, particularly in KP, GB, and AJK.

Women, children, older persons, and persons with disabilities faced disproportionate barriers in accessing healthcare services, including limited availability of female health staff and maternal, newborn and child health (MNCH) services. Mental health concerns were widely reported during the response period, with affected communities experiencing elevated levels of stress, fear, sadness, and hopelessness, while access to psychosocial support services remained limited, highlighting continued unmet needs at the close of the DREF response.



Water, Sanitation And Hygiene

The 2025 floods damaged over 1,300 homes, schools, and public structures across KP, GB, and AJK, particularly in Buner, Swat, Bajaur, Gilgit, and Neelum Valley. Floodwaters contaminated wells, boreholes, rivers, and piped water systems, while damaged roads, washed-away bridges, and power outages disrupted access to safe drinking water and sanitation services. In Neelum Valley, six bridges were washed away, isolating communities, while power outages in Gilgit affected water pumping systems. Poor sanitation conditions, contaminated floodwater, and limited access to hygiene supplies increased the risk of waterborne diseases during the immediate post-flood emergency phase.

The key findings from detailed assessments conducted during the early response period (2025 flood emergency phase) confirmed that WASH conditions were a major concern across affected districts at that time. More than half of the surveyed households (54 percent) reported insufficient access to safe drinking water, while contamination of water sources remained widespread, including dirty or turbid water (59 percent), unpleasant taste or smell (57 percent), and illness associated with water consumption (34 percent). Boreholes (32 percent) and piped systems (29 percent) remained the main water sources, while water storage practices varied, with some households still lacking safe storage options. Access to sanitation facilities also remained limited, with 36 percent of households reporting difficulties accessing toilets or latrines and 27 percent relying on open defecation.

There is a continued need for restoration and treatment of water systems, rehabilitation of sanitation facilities with gender- and disability-sensitive considerations, household water treatment support, hygiene promotion, improved waste management, and strengthened community awareness even beyond the DREF timeline, to reduce public health risks and support longer-term recovery.

These findings informed the immediate response and highlighted the extent of needs at the onset of the operation. By the end of the DREF implementation period, field observations and response progress indicated partial improvement in access to safe water and hygiene services in supported areas; however, longer-term restoration of water systems, rehabilitation of sanitation infrastructure with gender- and disability-sensitive considerations, household water treatment support, hygiene promotion, improved waste management, and strengthened community awareness remain important priorities for recovery and resilience building beyond the DREF timeframe.



Protection, Gender And Inclusion

At the start of the Monsoon Flood Emergency 2025, displacement, overcrowded temporary living conditions, and disruption of basic services increased protection risks for affected communities, particularly women, children, older persons, PWDs, and low-income households. Limited privacy, inadequate lighting, and lack of gender-sensitive facilities in temporary sites heightened concerns related to safety, harassment, exploitation, and access to services.

As the operation progressed, detailed assessments further highlighted barriers faced by vulnerable groups in accessing assistance and



essential services, alongside increased psychosocial stress and reduced community support systems. Low awareness of safeguarding, Sexual Exploitation and Abuse (SEA)/Gender Based Violence (GBV) reporting mechanisms, and limited availability of inclusive and disability-responsive services remained key concerns.

Findings indicate the need to further strengthen Protection, Gender and Inclusion (PGI) mainstreaming within recovery programming, including improved communication on assistance processes, safer and more accessible service delivery, support for Menstrual Hygiene Management (MHM) awareness and supplies, establishment of gender-sensitive spaces, and reinforcement of community-based protection mechanisms to promote safety, dignity, and inclusion.



Risk Reduction, Climate Adaptation And Recovery

At the onset of the flood response in August 2025, initial field observations across affected communities in AJK, GB, and KP indicated gaps in disaster preparedness systems. These included limited early warning dissemination in remote locations, weak community preparedness structures or committees, limited availability of trained volunteers, and reduced access to localized risk information. Community-based Disaster Risk Reduction (DRR) systems, including Community Disaster Response Teams (CDRTs), were thinly present with capacity and resources constraints.

Detailed needs assessment revealed the changing dynamics over the course of few months and findings confirmed these initial observations, while also providing clearer direction for recovery-oriented programming. Early warning coverage continues to remain uneven, with community and provincial disparities, particularly low in KP and AJK compared to other areas. A majority of households reported the absence of or limited presence of community-based response committees, with no or limited capacities and resources to safeguard and support the local population exposed to increasing intensity of climate-led disasters.

For future programming, key priorities remain strengthening community-based preparedness systems, expanding DRR training and volunteer networks in communities and schools, improving localized early warning systems, and integrating environmental risk mitigation measures in coordination with local authorities. Communities also expressed demand for structural flood protection measures, reflecting the need for a combined approach of community capacity building and small-scale mitigation interventions to ensure long-term resilience



Community Engagement And Accountability

Community Engagement and Accountability (CEA) was limited in coverage and largely informal, with affected populations having restricted access to timely, reliable, and accessible information on available assistance. Two-way communication channels were not consistently functional across all locations, and feedback and complaint mechanisms required strengthening to ensure systematic collection, analysis, and response to community concerns. Vulnerable groups, including women, PWDs, and older people, faced additional barriers in accessing information and participating in decision-making processes.

The DREF Monsoon Flood response strengthened the two-way communication channels, through community meetings, help desks, and feedback and complaint mechanisms, supported by volunteers and local networks. Key operational information and risk messages were disseminated in local languages, with efforts to ensure inclusion of vulnerable groups. During the Detailed Needs Assessment (DNA), the communities expressed strong preference for phone-based communication (85 percent), alongside SMS and WhatsApp. Findings also indicated perceived exclusion from assistance among 27 percent households, primarily due to lack of awareness of distributions, as well as concerns regarding distribution management and consistency of aid coverage.

The assessment emphasizes the continued need for more sustained, longer-term assistance, underscoring the importance of strengthened inclusive communication systems and enhanced information dissemination, while reinforcing accountability mechanisms to reduce exclusion and building trust.



Environment Sustainability

PRCS ensured that all planned activities under the PRCS operation were conducted in an environmentally responsible manner, with a clear commitment to avoiding any additional ecological harm.

In coordination with the local communities, PRCS organized village-level clean-up drives to promote hygiene while fostering a stronger



sense of environmental responsibility among the residents. To address the loss of green cover and support longer-term environmental restoration, PRCS conducted also plantation drives in multiple affected areas, distributing locally appropriate plant species and encouraging community participation. These efforts were complemented by awareness-raising sessions highlighting the essential role of trees in sustaining livelihoods, protecting ecosystems, and reducing climate-related risks.

Furthermore, PRCS Climate Unit provided targeted sensitization to staff and volunteers engaged in emergency response, promoting environmentally conscious practices in field operations and encouraging the integration of green approaches across all response activities.

Operational Strategy

Overall objective of the operation

The DREF allocation aimed to meet the urgent humanitarian needs of 43,200 flood-affected people in AJK, GB, and KP through the provision of multi-sectoral assistance including Multi-Purpose Cash Assistance (MPCA), health, and WASH, with priority given to the most vulnerable groups, including women-headed households, children, older persons, PWDs, and displaced populations. The activities also included a National Society Development (NSD) component, strengthening branch, volunteer capacities in emergency response, and beneficiary engagement and accountability to affected populations. The objective focused on reducing the immediate humanitarian vulnerabilities, restoring access to essential services, and mitigating public health risks in the affected areas.

Operation strategy rationale

The DREF response was planned for a six-month timeframe, whereby the activities combined immediate relief for 43,200 vulnerable people across seven severely flood-affected districts in KP, GB and AJK provinces along with system strengthening for PRCS. This included the procurement and replenishment of critical WASH items, hygiene kits, and other relief supplies.

In the immediate phase, PRCS provided multipurpose cash, food, emergency shelters, hygiene kits, clean drinking water through deployment of water treatment plants, and mobile health services. The response gives particular attention to women, children, older persons, PWDs, migrants and refugees, with integrated PGI and CEA) approaches. Migration and RFL services were also extended to support displaced and undocumented populations.

The seven districts prioritized for the response include: Buner, Lower Dir and Swat districts in KP province; Neelum and Muzaffarabad districts in AJK; and Shigar and Ghizar districts in GB province. The six-month operational timeframe had an integrated, multi-sectoral approach that balanced immediate relief with early recovery including:

- Cash and Voucher Assistance (CVA) for immediate needs,
- Health & WASH to reduce disease risks,
- PGI & CEA to ensure dignity, inclusion, and accountability,
- Migration and RFL,
- Lastly NSD for sustainable capacity and resilience.

PRCS ensured timely, relevant and scalable humanitarian support through these efforts — reducing suffering and promoting resilience. Below is a sector wise strategy rationale:

1. Cash and Voucher Assistance (CVA)

Multipurpose Cash Grants:

PRCS provided unconditional multi-purpose cash assistance of 45,000 Pakistani Rupees/128 Swiss Franc per household to 2,784 households (approximately 19,488 individuals), based on the Minimum Expenditure Basket (MEB) endorsed by the National Cash Working Group. The urban MEB is calculated at 64,246 Pakistani Rupees per household per month, covering essential needs including food, shelter, health, education, utilities, and basic services. The applied transfer value therefore covered approximately 70 percent of the total MEB, reflecting resource constraints, and the need to balance coverage with caseload prioritization. The transfer was designed to address the most critical immediate expenditure gaps while complementing other ongoing humanitarian assistance and government support mechanisms.

Trained PRCS teams conducted household registration using standard Cash and Voucher Assistance (CVA) tools.

Cash disbursements were delivered in bulk through contracted Financial Service Providers (FSPs).



Post-Distribution Monitoring (PDM) was conducted to assess beneficiary satisfaction, programme effectiveness, and household spending patterns.

Cash for Health: 279 pregnant women received an unconditional Multi-Purpose Cash Assistance (MPCA) of 22,000 Pakistani Rupees/61 Swiss Francs per beneficiary to support maternal health, nutrition, transportation, and related medical expenses during pregnancy. The transfer was intentionally designed as unrestricted cash to allow flexibility in addressing diverse needs, including access to Reproductive, Maternal, Newborn and Child Health (RMNCH) services, purchase of medicines, and nutritional supplements, without any sectoral restrictions or conditionality. The transfer value was determined based on estimated average costs of essential maternal health-related expenditures (including transport to health facilities, antenatal/postnatal consultations, and minimum nutritional requirements), and was aligned with available resources under the programme budget.

Post-Distribution Monitoring (PDM) was conducted to assess utilization patterns and relevance, and findings indicated that Specialized cash (22,000 Pakistani Rupees) was used for Medical/ANC/PNC check-ups (62 percent) and Nutritious food (38 percent), directly contributing to maternal and child health outcomes. In addition, an overwhelming 96.8 percent of beneficiaries stated that the cash assistance was directly relevant for addressing their needs.

2. Health Interventions

Mobile Health Units (MHUs):

PRCS deployed four Mobile Health Units (MHUs) in Buner (KP), Ghizer and Shigar (GB), and Neelum (AJK), the districts most affected by the 2025 monsoon floods.

The MHUs provided essential primary healthcare services to affected populations in hard-to-reach and underserved areas.

PRCS volunteers were trained in Epidemic Control for Volunteers (ECV), Risk Communication and Community Engagement (RCCE), Mental Health and Psychosocial Support (MHPSS), and Psychological First Aid (PFA).

Integrated health and WASH messaging and activities were implemented to reduce the risk of waterborne disease outbreaks, particularly in overcrowded shelters and geographically isolated valleys.

3. Water, Sanitation and Hygiene (WASH)

Provision of Safe Drinking Water:

Deployment of water treatment plants in KP and Punjab (one each) to flood-affected districts where sources were contaminated.

Water quality monitoring (chlorination levels, bacterial contamination) to reduce risks of disease transmission.

Provision of Hygiene Kits:

2,800 hygiene kits containing essential hygiene items for women, soap, menstrual hygiene products, jerrycans, mugs, and buckets, distributed in KP, AJK, and GB, reaching 2,800 flood-affected families.

Kits were tailored for women and girls to ensure safe and dignified MHM.

Regular replenishment and monitoring to ensure continuous access for displaced and isolated communities.

Hygiene Promotion:

Awareness campaigns on handwashing, safe water storage, sanitation practices and MHM reaching 35,000 people.

Focus on proper disposal of sanitary pads to protect both public health and the environment.

Delivery through volunteers trained in RCCE and PGI, using methods suited to low-literacy contexts (visual aids, demonstrations, radio, mosque/community announcements).

Special outreach to women, children, elderly, and PWDs to ensure inclusion.

4. Migration and RFL

Access given to RFL services in flood-affected areas by distributing IEC materials across all provinces and improving visibility of available support. Reached 1,479 people, delivering key messages on RFL services and how separated families can seek assistance.

To support immediate communication needs, 1,059 individuals received mobile cards, while 19 free phone calls were facilitated to help people reconnect with family members.

Radio campaigns were broadcasted in affected areas to widen the outreach on RFL services and referral pathways.



family contact and safeguard the dignity of disaster-affected families

RFL staff was coordinating with hospitals, local administrations and civil defense authorities to map available services, establish referral pathways and respond to requests from individuals seeking to reconnect with relatives in flood-affected areas.

Trained staff and volunteers on migration, displacement, and RFL services, equipping them to deliver effective support and awareness sessions to maintain.

5. Protection, Gender and Inclusion (PGI) & Community Engagement and Accountability (CEA)
Ensured safe, dignified, and inclusive support to women, children, elderly and PWDS.

Enabled two-way communication to provide life-saving information, collect community feedback and adapt interventions accordingly.

Embedded PGI and CEA approaches to keep the response people-centered, accountable and responsive to the needs of the most vulnerable.

6. National Society Development (NSD) & Capacity Strengthening
Enhanced PRCS branch readiness, volunteer capacity and local response mechanisms.

Strengthened accountability systems and preparedness for future climate-driven emergencies.

Keeping in view lessons learnt from 2022 floods, PRCS ensured a more effective and sustainable response.

Targeting Strategy

Who was targeted by this operation?

This operation targeted 43,200 of the most vulnerable flood-affected people in AJK, GB, and KP. The focus was on families who have lost homes, livelihoods, or access to basic services, particularly those displaced into temporary shelters, schools, or host communities.

Planned Reach by Province:

- * Khyber Pakhtunkhwa (KP): 21,600 people (3,086 household)
- * Gilgit-Baltistan (GB): 10,800 people (1,542 household)
- * Azad Jammu & Kashmir (AJ&K): 10,800 people (1,542 household)

Explain the selection criteria for the targeted population

Beneficiaries were identified through a needs assessment in coordination with PDMA, local branches, and community leaders. Priority was given to:

- * Households with fully or partially destroyed homes.
- * Female-headed households (widows, single mothers, pregnant and lactating women).
- * Children-headed households
- * Families with children under five, elderly persons, or persons with disabilities.
- * Extremely low-income households or those who have lost main livelihoods (daily wage earners, smallholder farmers, livestock keepers).
- * Displaced families and migrants living in makeshift shelters, schools, or with host families.
- * Communities facing acute health (water borne diseases, diarrhea, cholera, etc.) and WASH risks due to poor water and sanitation access. Furthermore, the stagnant flood water will poses significant risks for Malaria and Dengue.

PRCS applied a vulnerability-based targeting approach across all sectors to ensure assistance reached the most affected populations in Khyber Pakhtunkhwa (KP), Gilgit-Baltistan (GB), and Azad Jammu and Kashmir (AJK). A total of approximately 51,200 individuals / 7315 households were targeted under the operation, based on the scale and severity of flood impacts identified through joint assessments with local authorities, community representatives, and trained PRCS volunteers.

Targeted populations included flood-affected communities in both accessible and hard-to-reach mountainous areas, particularly those



impacted by damaged infrastructure and disrupted basic services. Assistance also covered households requiring support through different modalities, including in-kind and cash-based interventions (MPCA), depending on assessed needs and operational feasibility.

Beneficiary selection was based on a pre-defined vulnerability criteria framework developed to reflect the severity and nature of flood impacts. Priority was given to households with fully or partially damaged shelters, female-headed and child-headed households, elderly persons, persons with disabilities (PWDs), and households with pregnant and lactating women. Additional prioritization was given to extremely low-income households, particularly daily wage earners and families who had lost primary income sources due to the floods.

Geographical vulnerability was also considered, with communities in remote and hard-to-reach mountainous areas prioritized due to limited access and higher exposure to service disruptions. Public health and WASH-related risks, including exposure to stagnant floodwater and associated disease outbreaks, were also integrated into the selection process.

Protection, Gender and Inclusion (PGI) considerations were embedded throughout targeting to ensure equitable access and reduce barriers related to accessibility, safety, privacy, and dignity for women, PWDs, older persons, and other at-risk groups.

Community Engagement and Accountability (CEA) mechanisms were applied during both targeting and implementation phases. These included community consultations, feedback channels, and dissemination of selection criteria in local languages to enhance transparency and reduce exclusion errors. Feedback received from communities was regularly reviewed to improve inclusion and implementation quality.

For the Multipurpose Cash Assistance (MPCA) component, the same vulnerability criteria were applied, with additional verification through beneficiary registration and coordination with Financial Service Providers (FSPs) to ensure accurate and transparent delivery.

Total Assisted Population

Assisted Women	13,254	Rural	50%
Assisted Girls (under 18)	11,578	Urban	50%
Assisted Men	14,000	People with disabilities (estimated)	10%
Assisted Boys (under 18)	12,368		
Total Assisted Population	51,200		
Total Targeted Population	43,200		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No



Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

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

Risk	Mitigation action
Stagnant water in flooded areas can give rise to waterborne diseases (cholera, diarrhea, typhoid, hepatitis A and E) and vector-borne diseases (malaria and dengue), posing a health risk to the affected population.	<p>Hygiene promotion messages were widely disseminated through community awareness sessions, complemented by the distribution of LLINs and hygiene kits.</p> <p>LLINs /mosquito nets were distributed in high-risk areas to help the affected population cope with the consequences of stagnant water.</p> <p>MHUs were deployed in the most vulnerable locations to provide primary healthcare services and community health awareness.</p>
Lack of understanding or misinformation regarding PRCS's operations may lead to community resistance, hindering the effectiveness of relief efforts.	<p>Regular community meetings and awareness sessions were conducted to have their ownership.</p> <p>Participative beneficiary selection, display of selection criteria and dissemination of Feedback and Complaint Mechanism (FCM) channels enhanced trust and acceptance.</p>
In some areas, the access may be hindered due to damaged roads and bridges.	<p>Pre-identification of alternate routes and use of boats where required.</p> <p>Coordination with the Government/Army for logistics and access support.</p>
Delays in Procurement of Medicines and other items.	<p>IFRC led local procurement processes and ensured timely completion and compliance.</p> <p>Medicines and essential items were utilized from PRCS pre-existing stocks and replenished accordingly to avoid operational interruptions.</p>
Security Situation in the country may limit access for staff and pose risks to both staff and volunteers.	<p>Close coordination was maintained with local authorities to receive timely security updates.</p> <p>IFRC security guidelines for field operations were complied with restricting travel post sunset and movement was continuously tracked.</p> <p>Engaged local volunteers and local PRCS branches for service continuity.</p>



Please indicate any security and safety concerns for this operation:

Key operational risks during the DREF response included civil unrest, movement disruptions due to roadblocks and ad hoc checkpoints, occasional arbitrary detentions, access constraints, and the risk of sudden crowd escalations, particularly in AJK and other sensitive border-adjacent areas where cross-border tensions and isolated security incidents, including fire exchanges and abrupt closures, remained a persistent concern. These risks were managed in line with the established Red Cross and Red Crescent (RCRC) security protocols, through continuous real-time situation monitoring, structured security reporting, and close coordination with local authorities and community stakeholders. Staff and volunteer movements were tracked and supported through reliable communication channels for rapid response in case of emergencies. The National Society complied with the pronounced security protocols for field movements, while personnel from the IFRC delegation operated under the IFRC country security plan, including contingency arrangements for medical evacuation, relocation, and critical incident management. All staff and volunteers were briefed prior to deployment and encouraged to complete IFRC Stay Safe training modules, ensuring a consistent, prevention-focused, and duty-of-care driven security posture across the operation.

Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Multi Purpose Cash

Budget: CHF 390,521
Targeted Persons: 19,600
Assisted Persons: 19,488
Targeted Male: 9,939
Targeted Female: 9,549

Indicators

Title	Target	Actual
Number of people provided with unconditional cash assistance	19,600	19,488
Percentage of households who report being able to meet the basic needs of their households, according to their priorities (minimum expenditure basket)	60	85

Narrative description of achievements

MPCA was selected as the most appropriate response modality based on market functionality assessments, availability of FSPs, and stable local market conditions across the targeted areas. Against the target of 2,800 households, a total of 2,784 households, equivalent to 19,488 individuals, received unconditional multi-purpose cash assistance valued at 45,000 Pakistani Rupees/127 Swiss Francs per household, in line with the National Cash Working Group MEB. 16 registered households could not receive assistance due to data verification issues, incomplete records, or non-availability during the disbursement process. The assistance enabled recipient households to prioritize urgent needs, whether food, hygiene items, or medical expenses depending on their needs. This flexibility not only met diverse household requirements but also restored dignity by allowing families to make choices that reflected their cultural and personal priorities.

Delivery of the MPCA was ensured through secure FSPs, through mobile money transfer mechanisms, both through e-wallet transfer and over the counter after biometric verifications. The cash was provided through FSP's outlets available at the local level or PoS, whichever was easily accessible to the recipients.



Based on a predefined targeting criteria most vulnerable households including women-headed households, elderly people, and PWDs, were selected through the Beneficiary Identification and Registration (BIR) process, which was led by a trained team of staff and volunteers. The team was oriented on the criteria and on the KOBO ODK form for the collection of data across the seven districts. The district-wise distribution of cash was decided based on the relative impact of disaster and the need on ground.

PRCS maintained a feedback mechanism (24/7 hotline 1030) and conducted regular monitoring visits to ensure transparency and accountability. Coordination with Government Authorities and humanitarian partners helped avoid duplication and improve response efficiency.

A PDM survey was conducted remotely through telephone interviews, with 158 cash recipient households across KP, GB, and AJK. Survey respondents were predominantly male (74.7 percent), reflecting cultural practices of male dominance, while the majority of households surveyed were headed by individuals between 40–59 years of age. The survey revealed that the MPCA intervention reached highly vulnerable groups, including PWDs and pregnant and lactating women, with households reporting an average family size of 9.8 members. Overall, 96.8 percent respondents confirmed that the assistance was relevant to their immediate flood-related needs, while 85.4 percent considered the transfer value sufficient to support priority household expenditures.

The expenditure patterns indicated that cash assistance was primarily utilized to meet essential household needs, particularly food, medical expenses, clothing, and winterization-related items. Most respondents (82.2 percent) reported adequate availability of goods in local markets; however, access challenges persisted in some remote areas, including Gupis (GB) and Dagar (KP), where damaged roads and long travel distances affected market accessibility. The distribution process was largely perceived as transparent by respondents (82.8 percent), with no significant reports of unofficial deductions or fees during assistance delivery. In addition, 88 percent of respondents were aware of the PRCS feedback and complaints mechanism, including the helpline established for the operation. Overall, the MPCA was provided in a dignified, efficient, and impactful way that not only addressed the urgent needs in areas of interventions but also laid the foundation for longer-term livelihood recovery. •

Lessons Learnt

- In fragile contexts such as AJK, beneficiary lists finalized by PRCS still require endorsement from local administration. The Government's multi-layered bureaucratic process often causes significant operational delays, which can undermine the purpose of providing timely cash assistance for urgent needs. Such delays should be foreseen and coordinated at appropriate levels well in time.

Biometric verification and strengthened beneficiary identification procedures improved transparency, accountability, and targeting, while highlighting the need for alternative payment modalities in hard-to-reach and low-connectivity areas

Challenges

- Beneficiaries in tehsils such as Gupis (GB) and Neelum (AJK) reported long travel times and road damage, in some cases taking several hours to reach FSP agents or Points of Sale (PoS), highlighting the need for more localized distribution points, particularly in winter responses. Efforts were made to coordinate with the FSP to identify more accessible and localized cash-out points wherever feasible. In winter response settings, greater consideration was given to road accessibility and seasonal constraints, to minimize travel burdens and ensure safer, more timely access to assistance.

In AJK, CVA beneficiary data verification and endorsement by local authorities experienced delays of over 30 days, which affected timely implementation. Even though PRCS ensured coordination and early engagement with the authorities to clarify timelines, roles, and documentation requirements prior to implementation. Additionally, regular follow-ups were ensured to help reduce bottlenecks.

Digital data inconsistencies and limited digital payment access in remote areas affected verification, reconciliation, and timely cash assistance delivery. Additional data cleaning, verification, and reconciliation measures were undertaken prior to cash transfers to improve accuracy and reduce transaction issues. Coordination with FSP was strengthened to explore alternative payment mechanisms and improve service accessibility in remote areas.



Budget: CHF 274,854
Targeted Persons: 43,200
Assisted Persons: 31,712
Targeted Male: 16,173
Targeted Female: 15,539



Indicators

Title	Target	Actual
Number of people reached, assisted with emergency health care and medical treatment through RCRC primary healthcare services or different clinical ERU configurations of RCRC movement	43,200	31,712
Number of people transported by NS ambulances/medical transport to health facilities.	120	284
Number of people received mental health and psychosocial services in emergency situations from RCRC	7,200	6,685
Number of household receiving LLINs (long life insecticide treated nets) distributed by RCRCM Movement in emergencies (400 families per district, 3 LLINs per family) in 7 districts	2,800	2,200
Number of pregnant women received cash for health	280	279
Number of staff and volunteer trained on ECV, MHPSS and PFA	140	163

Narrative description of achievements

The floods severely affected vulnerable communities across the targeted districts, disrupting access to essential health services, damaging health infrastructure, increasing the risk of communicable diseases, and exposing affected populations to health concerns. The local government health facilities were operating with reduced staff and supplies and were further strained by the sudden increase in patient load following the floods. In response to these growing health needs PRCS deployed four MHUs in Buner (KP), Ghizer & Shigar (GB), and Neelum (AJK), the districts most affected by the 2025 monsoon floods. A total of 274 medical camps were conducted, including 79 in Buner, 93 in Ghizer, 37 in Shigar, and 65 in Neelum. Through these MHUs, PRCS provided primary healthcare services to 31,712 people including 19,334 women and girls, and 12,378 men and boys who had limited or no access to medical care due to disrupted services and affordability constraints. Free medicines were provided to all patients receiving primary healthcare services, while both male and female doctors ensured accessible and culturally appropriate consultations at each MHU.

One fully equipped ambulance was deployed by PRCS with each MHU to manage emergencies and ensure timely referrals, resulting in 284 referrals of critical cases, including maternal emergencies and severe illnesses. Each MHU was staffed with a male and female doctor, vaccinator, dispenser, nurse/Lady Health Visitor (LHV), PFA volunteer/psychologist, and crowd controllers.

The MHU teams reported the prevalent health issues included respiratory tract infections, seasonal flu and cold, gastrointestinal diseases, urinary tract infections, and skin infections, with a noticeable increase in dengue cases in Punjab, AJK, and KP. The deployment of MHUs helped reduce the disease burden by addressing gaps in access and affordability of healthcare services. Their mobile nature ensured outreach to communities where health facilities were either non-functional or inaccessible due to flood-related damage and disruptions.

To address psychological stress related to the disaster, 6,685 individuals received MHPSS services, including 2,081 (1,259 females, 822 males) through PFA and 4,604 through psychoeducation, supporting coping with anxiety and stress. For this purpose, a total of 163 PRCS staff and volunteers including 93 females were trained in MHPSS, PFA, and ECV. Psychological First Aid (PFA) was delivered by trained volunteers and qualified psychologists. Furthermore, psychoeducation sessions were conducted in group settings as part of the MHU interventions.

Following the floods, stagnant water and poor living conditions in affected areas increased the risk of vector-borne diseases, particularly malaria and dengue, among vulnerable communities. To help reduce these risks, PRCS distributed Long-Lasting Insecticidal Nets (LLINs) to flood-affected households in targeted districts, prioritizing vulnerable populations, including children, pregnant women, and families residing in high-risk areas. As per plan each household would receive 3 LLINs. A total of 6,600 LLINs (2,200 HH) were distributed by PRCS across seven flood-affected districts. Due to the winter season during December and January, the PRCS Operations team decided to postpone the LLIN distribution to the summer season, as there was no immediate need for mosquito nets during that period, because of



this 600 HH didn't received LLINS. In addition, 279 Pregnant and Lactating Women (PLWs) received 22,000 Pakistani Rupees/61 Swiss Francs under the Cash for Health component. This amount was disbursed to PLWs to support their urgent health and nutrition needs. The support aimed to facilitate access to essential medical care, medicines, and related health expenses during a period when access to services was constrained due to flood-related disruptions.

Lessons Learnt

- The integration of MHPSS and PFA services to basic health care services enhanced the scope, effectiveness and relevance of the services.

Strong volunteer mobilization and engagement prove helpful in health emergencies.

The development of surge rosters with specialized Health profiles could be beneficial for future operations.

Conduct annual technical capacity assessments of PRCS health services to map the existing capacities and gaps.

Establish formal agreements with hospitals and tracking systems to monitor patient outcomes.

Train additional community health workers in PFA for smooth operations and service delivery in future responses.

Expand antenatal and postnatal care with specialized equipment and trained midwives.

Procure assistive devices and train staff in disability-inclusive health service delivery.

Challenges

- Difficult mountainous terrains, washed-out roads, scattered settlements, and weather-related disruptions significantly limited MHU access to remote villages and increased travel time during the monsoon season. This was mitigated through flexible scheduling of outreach activities, strengthened coordination with local authorities and communities for route planning, and incorporation of buffer time in field planning to account for geographical and seasonal constraints.

In some districts, planned daily medical camps (e.g., Neelum, Ghizer, and Shigar) could not be consistently implemented due to accessibility challenges and adverse weather conditions. Operational plans were adjusted based on ground realities, prioritizing feasible locations and adapting the frequency of camps in line with access and safety considerations.

Ambulance breakdowns in mountainous terrain, combined with limited immediate repair options, resulted in operational delays and, in some cases, overnight waiting for vehicle restoration. This was mitigated through strengthened preventive maintenance systems, contingency transport planning, and improved availability of backup transport arrangements where feasible.

Limited availability of communication networks in remote areas restricted coordination and tracking of referred patients' outcomes at higher-level health facilities. To address this, teams were coordinating with local authorities, and also referral follow-up mechanisms were strengthened through designated focal persons from communities to improve the tracking.

Lack of dedicated safety and security personnel at PRCS affected field operations in terms of security of deployed staff. IFRC provided support to PRCS teams in terms of compliance to security guidelines for field operations.



Water, Sanitation And Hygiene

Budget: CHF 157,430
Targeted Persons: 19,600
Assisted Persons: 19,600
Targeted Male: 9,996
Targeted Female: 9,604

Indicators

Title	Target	Actual
-------	--------	--------



Number of liters of safe water distributed through RCRC emergency water supply (cumulative).	1,900,000	3,700,000
Number of people/households provided with hygiene kits	2,800	2,800
Number of people (Households) reached with hygiene promotion activities in the response period.	19,600	4,505

Narrative description of achievements

The existing water supply systems across KP, Punjab, and GB were damaged by the floods, disrupting access to safe drinking water for affected communities. In response, PRCS deployed Water Treatment Plants (WTP) in KP and Punjab (one in each province) and rehabilitated three water supply schemes in GB to address the immediate water needs of the affected populations. These interventions provided clean drinking water to more than 13,000 people daily, with over 3.7 million liters of safe water produced and distributed by the end of February 2026.

The volume of safe water delivered substantially exceeded the initial target due to sustained operational capacity of the WTPs, high and prolonged demand for safe drinking water in flood-affected areas, and the continued prioritization of communities where water infrastructure remained damaged or inaccessible. Despite operational challenges, including damaged access routes and logistical constraints in some locations, PRCS maintained regular water production and distribution through close coordination with branches and local authorities, enabling uninterrupted service delivery to affected communities.

Routine monitoring of water services and community engagement mechanisms helped inform service delivery and identify priority needs. Feedback from communities generally indicated that access to safe drinking water contributed to reducing reliance on unsafe water sources and helped address their immediate public health risks in affected areas. Additionally, the long-term rehabilitation of water sources has been integrated into the recovery plan to support more sustainable access to safe water.

Moreover, 2,800 one month family hygiene kits including dignity items containing essential hygiene items for women, including jerrycans, mugs, and buckets, such as panties, pads and , toilet roll were distributed in KP, AJK, and GB, reaching 2,800 flood-affected families (approximately 19,600 affected people (999,6 male and 9,604 female)). Essential items such as jerry cans, mugs and buckets were also provided to the same families. The distribution supported vulnerable communities in maintaining safe hygiene practices and reducing the risk of waterborne diseases in the aftermath of the floods.

PRCS trained staff and volunteers conducted 136 hygiene promotion sessions across KP, GB, and AJK, focusing on key public health topics such as personal hygiene, handwashing practices, and prevention of disease transmission. These sessions reached 4,505 people, contributing to increased community awareness and the adoption of safe hygiene practices among flood-affected populations.

Lessons Learnt

- The deployment of WTPs expanded the humanitarian outreach reach during the response. However, the importance of technical feasibility assessments for the selection of location/placement of plants needs attention. Early identification of capacity gaps across PRCS branches, and proper orientation of people affected during WASH NFI distribution can enhance the impact further.

Challenges

- Some initially identified sites for the installation of WTPs presented technical feasibility challenges, including difficult terrain and limited accessibility. For example, the proposed site in Bishai village, Buner, was found to be difficult to access for transportation and installation. However, through strong coordination and support from the local community, WTP was successfully transported and installed at the site. There was limited technical capacity at PRCS branch level, however, the PRCS NHQ WASH team extended technical backstopping for the branches in order to achieve the WASH objectives of the operation.



Protection, Gender And Inclusion

Budget: CHF 17,700

Targeted Persons: 19,600



Assisted Persons: 14,823

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of people trained on implementing the PGI Minimum Standards	100	111
Number of people reached by protection, gender and inclusion programming	19,600	14,823
Number of sectoral or PGI assessments conducted using the PGI Minimum Standards	3	0
Number of people accessing safe spaces	2,100	11,458
Child Safeguarding Risk Analysis	3	2

Narrative description of achievements

The Monsoon Flood operation prioritized PGI as a cross-cutting approach to ensure that the assistance was safe, equitable, and accessible to all affected populations, particularly those at heightened risks. A context-specific, though informal, PGI risk analysis was conducted at the outset, which informed the design and implementation of all sectoral interventions to ensure assistance was safe, equitable, and accessible.

Key risk mitigation measures were implemented to address SEA, child address safeguarding, and GBV related issues, alongside the dissemination of messages on prevention and available support services.

Orientation sessions were conducted for 111 field staff and volunteers (47 women and 64 men) from districts Swat, Buner, Dir from KP, and Shigar and Ghizer from GB, and Neelum in AJK on integrating Dignity, Access, Participation and Safety Framework (DAPS) principles into all sectoral interventions, with a focus on protection, gender, diversity, and inclusion. Participants were briefed on PRCS safeguarding policies, internal reporting mechanisms, the Code of Conduct, PGI minimum standards, and safe identification and referral pathways for protection concerns.

The integration of PGI principles in the MHU services has been central to addressing the diverse needs of flood-affected communities in target districts. The MHU teams were gender-balanced, ensuring both male and female staff were present to provide culturally appropriate care to the visiting community members. Additionally, separate medical checkup spaces for men and women were established to respect the local customs and gender sensitivities. This approach strengthened the patient's trust by safeguarding their privacy and promoting a sense of safety during consultations. By aligning the health services with the community values, PGI integration enhanced access and dignity for all individuals.

A total of 14,823 individuals benefited from the PGI-related support, including PSS sessions, safeguarding awareness, dignity kits distribution, and provision of assistive devices. This includes 8,112 women and girls and 3,346 men and boys who participated in PSS sessions, 2,800 women and girls who received dignity kits, 219 women and girls and 145 men and boys who attended safeguarding sessions, and 149 men and boys and 52 women and girls who received assistive devices and support for PWDs.

PWDs were identified through needs assessments conducted in seven flood-affected districts of KP, GB, and AJK. While many people required assistive support, limited resources allowed the project to prioritize and support 201 of the most vulnerable individuals (145 men, 39 women, 4 boys, and 13 girls). They received assistive devices based on their specific needs, including wheelchairs, hearing aids, crutches, walkers, blind sticks, air mattresses, and adult diapers.

"For months, we felt forgotten. I thought I would never stand on my own again. On behalf of my family, I thank PRCS for enabling me to



move again.” Raja Shakir, Person with Disability, Neelum District, AJK

PSS sessions were conducted across KP, AJK, and GB, addressing needs identified through community consultations. Separate MHM sessions were held for 2,800 women and adolescent girls on safe use and disposal of sanitary pads, as well as PRCS safeguarding policies and reporting mechanisms for harassment and exploitation.

PGI minimum standards were ensured during the WASH interventions i.e. installation of water treatment plants by actively consulting communities beforehand. Water was distributed through taps at multiple accessible locations, catering to the needs of diverse community groups while keeping accessibility in view. Special attention was given to the placement of water points to ensure the safety and ease of access for women, children, elderly, and PWDs. All water collection points were well-lit, allowing community members to collect water safely at any time of the day.

A Child Safeguarding Risk Analysis was conducted in AJK and GB to assess staff capacity, engagement with children, and the availability of safeguarding policies and systems within the provincial branches, with the participation of senior staff and volunteers. The analysis reviewed staff capacity, reporting mechanisms, and risk mitigation measures, identifying key gaps, operational challenges, and priority areas for strengthening institutional frameworks, accountability systems, and staff competencies to ensure safer, inclusive, and child-sensitive service delivery across all programs. Considering the gaps and challenges that came forward from the analysis, PRCS NHQ is currently in the process of finalizing its Child Safeguarding Policy to further strengthen systems, enhance institutional capacity, and ensure safer and more child-sensitive programming across all levels.

The programme facilitated access to Women and Children Safe Spaces to provide specialized support, medical care, and protection in crisis-hit districts. The affected people visiting the safe spaces received PSS sessions across three provinces, with 11,458 people, including 8,112 women.

The PSS sessions provided a safe and supportive environment for vulnerable groups, including children, women, older persons, PWDs as well as men experiencing psychological distress due to displacement, loss of livelihoods, family separation, and the broader impacts of the floods. Sessions included psychological first aid, emotional support, stress management, group discussions, recreational and child-friendly activities, and referrals to specialized services where needed. These interventions contributed to strengthening emotional well-being, reducing stress and anxiety, enhancing coping mechanisms, and promoting social connectedness among affected communities. In particular, women and children benefited from safe spaces that fostered protection, peer support, and improved access to essential psychosocial and referral services.

Several members of the community accessing safe spaces were observed saying “We rarely get opportunities to openly discuss emotional stress, social pressures, and personal struggles”.

PGI sectoral assessment tools were developed and shared with PRCS PGI teams to identify gaps and challenges in PGI mainstreaming. The assessment is planned for implementation during the recovery phase under the Emergency Appeal.

With continuous technical support from IFRC, PRCS strengthened its presence in the PGI coordination space, which facilitated its inclusion in key UN-led coordination platforms. As a result, PRCS became a member of the Gender Task Force and the Protection from Sexual Exploitation and Abuse (PSEA) Group in Pakistan. Provincial branches were also supported to engage in similar coordination forums to enhance collaboration and representation at sub-national level. In addition, PGI focal persons from NHQ and KP PHQ participated in PSEA training organised by the United Nations Population Fund (UNFPA), further strengthening institutional capacity on safeguarding and protection of women, children, and other vulnerable groups. •

Lessons Learnt

- Early integration of PGI interventions in the response design, including conducting a timely risk analysis, significantly enhanced the safety, relevance, and inclusiveness of interventions across sectors.

Continuous orientation of staff and volunteers on PGI minimum standards, Code of Conduct, and PSEA contributed to improved awareness and more sensitive engagement with affected communities.

Meaningful community engagement, particularly involving women, PWDs, and other marginalized groups, improved targeting and ensured that assistance was responsive to diverse needs.

Challenges

- Identification of PWDs, assessment of their diverse assistive device needs, and lengthy procurement procedures at PRCS NHQ caused delays in the DREF response. To mitigate the challenge, PRCS PHQs prioritized local procurement of limited assistive devices, reducing delays and achieving targets within the DREF timeline.



Due to limited financial resources, only 201 PWDs could be supported with assistive devices leaving a sizeable eligible and identified individuals uncovered. The remaining needs will be prioritized under the emergency appeal in the continuation of the programme.



Migration And Displacement

Budget: CHF 0

Targeted Persons: 60

Assisted Persons: 50

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of staff and volunteers trained in migration and displacement	60	50

Narrative description of achievements

During the reporting period, PRCs strengthened the inclusion of affected migrants and refugees within its flood response, ensuring that the most vulnerable groups were reached through an integrated and protection sensitive approach. Before the engagement of staff and volunteers in the operation, two orientation sessions on IFRC principal approach on Migration & Displacement were conducted for 50 participants (17 females and 33 males) in AJK and KP. The participants, who later conducted BIR, were sensitized to the specific needs of migrants and refugees, enabling them to better identify, prioritize, and refer to at-risk people during assessments and service delivery. Key learnings noted during field visits to displaced communities in affected province shaped the programme design.

PRCS strengthened access to RFL services in flood-affected areas by distributing IEC materials across all provinces and improving visibility of available support. A total of 126 community sessions reached 1,479 people, delivering key messages on RFL services and how separated families can seek assistance. To support immediate communication needs, 1,059 individuals received mobile cards, while 19 free phone calls were facilitated to help people reconnect with family members. Radio campaigns were also broadcasted in affected areas to widen the outreach on RFL services and referral pathways.

RFL emergency needs assessments were conducted across all affected locations to identify service gaps and guide the response efforts. To strengthen delivery capacity, 14 trained RFL volunteers were deployed in multiple districts. In addition, orientation sessions were held for volunteers in KP, Punjab, and AJK, along with staff and volunteers, to reinforce the understanding of RFL services and improve emergency response readiness.

Lessons Learnt

- Sensitization of staff and volunteers on the inclusion of affected migrants and refugees in response operation and provision of assistance is key to making the operation more inclusive.

Challenges

- Identification of migrants, refugees, and displaced populations remained challenging in some flood-affected areas due to displacement and onward movement of affected populations which affected timely targeting and referral of vulnerable individuals. It also made follow-up and continuity of support difficult, particularly for individuals requiring referrals. PRCs teams strengthened coordination with local communities, community leaders, and local authorities to identify displaced populations. Additionally, staff and volunteers conducting assessments and BIR activities were sensitized to identify protection risks and vulnerable cases.

Limited telecommunications coverage and disrupted mobile networks in some flood-affected and remote locations constrained communication between separated family members and reduced awareness of available RFL services. To address this challenge PRCs expanded face-to-face outreach through community sessions, volunteer engagement, and distribution of IEC materials to raise awareness



of RFL services. Mobile cards and facilitated phone calls were provided where connectivity was available, while radio messaging and community-based communication channels were used to extend outreach in low-connectivity areas.



Risk Reduction, Climate Adaptation And Recovery

Budget: CHF 38,730

Targeted Persons: 43,200

Assisted Persons: 24,629

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
Number of people sensitized on disaster risk reduction-related areas (vulnerability and capacity assessment or climate change adaptation, first aid, contingency planning, or emergency response)	43,200	24,629

Narrative description of achievements

With the increasing frequency of climate-induced disasters, many high-risk districts continue to lack reliable early warning systems, adequate access to basic social services, and face challenges linked to low literacy levels, population pressure, and a weakening local economy. These underlying vulnerabilities, combined with limited institutional capacity and rising exposure to hazards, contribute to increased disaster risk. The flood response operation focused on strengthening community awareness, building local capacities, and engaging vulnerable communities in dialogue to identify and address these risks.

Across KP (Buner, Swat, and Dir Lower), GB (Ghizer and Shigar), and AJK (Neelum and Muzaffarabad), PRCS implemented a range of Risk Reduction, Climate Adaptation, and Recovery interventions including DRR awareness sessions, local adaptation awareness activities, community baithaks/FGDs, Community Disaster Response Team (CDRT) trainings, plantation drives, clean-up campaigns in flood-affected areas, and mapping of services for vulnerable groups. These activities collectively reached district-wise totals of 4,949 in Buner, 5,331 in Swat, 4,632 in Dir Lower, 1,038 in Ghizer, 1,053 in Shigar, 3,066 in Neelum, and 4,568 in Muzaffarabad, reflecting variations in scale and community engagement across operational areas. In total, the interventions reached 1,747 direct beneficiaries, including adult men, women, boys, and girls who actively participated in sessions and trainings. In addition, a significantly larger indirect reach of 22,882 individuals was recorded, based on household multipliers and community-level estimation methods applied across districts. Overall, the interventions resulted in a combined reach of 24,629 people, reflecting both direct engagement through structured activities and broader community-level awareness and benefit across flood-affected and at-risk populations.

The overall reach remained below the initial target of 43,200 individuals as one planned component; social media and digital awareness campaigns was implemented separately, and its digital reach was not included in the consolidated physical beneficiary counting to avoid duplication and ensure conservative reporting.

Key achievements are outlined below:

Community awareness raising on DRR and local adaptation: The project team engaged community and local volunteers in awareness sessions across targeted communities in seven districts. A total of 1,747 (1,358 male and 389 female) direct participants were reached through DRR awareness sessions and local adaptation awareness activities. These activities were implemented to improve community understanding of disaster risks, strengthen preparedness, and promote awareness on local adaptation measures in flood-affected and vulnerable areas. The flood recovery programme aims to continue increasing community awareness and building capacities to build community resilience.

Community engagement and risk communication: Strong emphasis was placed on community engagement and risk communication through the mobilization of professional volunteers at assembly points, camping areas, and evacuation sites. Community Baithaks in the form of Focus Group Discussions (FGDs) and mapping of services for religious minorities in disaster response were conducted in Buner, Swat, Dir Lower, Neelum, and Muzaffarabad. A total of 626 direct participants were engaged in these activities, including 523 males (adult men and boys) and 103 females (adult women and girls). These activities were designed to strengthen community engagement, improve



inclusion of vulnerable groups, and facilitate dialogue on local disaster risks and service access. Community Baithaks encouraged youth and elderly people to share experiences and local risk knowledge, while mapping exercises supported identification of service gaps for religious minorities in disaster response systems. The key findings of such discussions will inform you of the next phase of activities planned under recovery.

Climate adaptation through plantation and clean-up drives: PRCS carried out seven plantation drives, one in each targeted district in coordination with the relevant Forest Departments and seven clean-up drives, one in each targeted district in flood-affected areas across all districts. These activities engaged 1,036 participants, including 781 males (adult men and boys) and 255 females (adult women and girls). The interventions focused on environmental restoration and reducing disaster risks in flood-affected and degraded areas. Plantation activities were delayed in Neelum due to snowfall and will be completed in the next cycle.

Building Community preparedness through CDRT trainings and kits: A total of 134 active community responders including 83 males and 51 females were identified and trained on emergency response skills. The training of seven community response teams (CDRTs) in Ghizer, Shigar, Neelum, and Muzaffarabad followed standard IFRC emergency response curricula. In addition, 28 emergency response kits were provided to districts branches to equip the seven CDRTs and 21 to be created during the recovery phase. CDRT training equipped volunteers with basic disaster response skills, while provision of kits supported operational readiness of trained community responders. The recovery programme aims to build community resilience and mitigate disaster risk for vulnerable communities by implementing integrated community-based disaster risk reduction measures.

Lessons Learnt

- The integration of awareness sessions with practical demonstrations and locally adapted approaches enhanced community understanding and retention of key DRR and safer behaviour messages.

Pre-positioning of resources, such as CDRT kits and trained volunteers at the branch level, significantly improved response readiness and operational efficiency in hard-to-reach areas compared to previous operations.

Anticipatory action mechanisms need stronger operational integration with regular response work.

Simulation exercises are essential for operational readiness.

Pre-positioned stocks and framework agreements significantly improve response speed.

Coordination with NDMA and PMD is critical for effective early action.

Furthermore, investing in the capacity building of volunteers not only strengthened service delivery but also enhanced trust and acceptance within communities.

Challenges

- Access constraints in remote and geographically dispersed areas of GB and AJK affected the timely delivery of CDRT kits and the organization of training sessions. In some locations, difficult terrain, weather conditions, and limited transport infrastructure caused logistical delays. To overcome these delays the team adopted flexible implementation schedules, tried to pre-position CDRT kits at branch level wherever feasible, and coordinated with local communities and authorities to identify alternative routes, transport options, and suitable timings for delivery based on weather forecasts and access conditions.

Community turnout in certain awareness sessions and Baithaks was lower than anticipated, due to competing livelihood priorities and seasonal migrations, which impacted the overall reach and engagement levels. The outreach teams rescheduled sessions to more convenient timings, conducted smaller repeated awareness sessions, and engaged local influencers, elders, and community leaders to mobilize participation and ensure messaging reaches all affected people.

Coordination-related challenges were also observed, particularly in synchronizing activities with multiple stakeholders such as local authorities and the Forest Department, which occasionally delayed planned plantation drives and joint initiatives. To mitigate these challenges the teams regularly stayed in touch with stakeholder focal persons and jointly agreed on activity timelines to improve alignment and minimize delays in approvals.

Unverified or inconsistent information during Rapid Needs Assessments limited data accuracy and required additional validation efforts. PRCS teams tried to strengthen field-level verification through triangulation of information from community representatives and local authorities, and they deployed experienced staff to supervise the assessments and validate findings before finalization.

Managing large gatherings at assembly and camping points while ensuring consistent messaging on safer behaviour proved demanding



for volunteers, especially under time and resource constraints. Wherever possible, additional volunteers were mobilized during peak gatherings, and designated volunteers supported more consistent crowd management.

Limited digital access in some areas also reduced the effectiveness of the social media campaign in reaching wider audiences. However, the teams reinforced face-to-face awareness sessions, mosque and community announcements and printed IEC materials to ensure broader dissemination of key messages in low-connectivity areas.



Community Engagement And Accountability

Budget: CHF 6,055

Targeted Persons: 19,600

Assisted Persons: 14,098

Targeted Male: 7,190

Targeted Female: 6,908

Indicators

Title	Target	Actual
Number of staff, volunteers and leadership trained on community engagement and accountability (disaggregated by staff / volunteers / sex)	100	111
Percentage of community members, including marginalized and at-risk groups, who know how to provide feedback or make a complaint about the operation	50	88
Percentage of community members who feel their opinion is taken into account during programme planning and decision-making	50	0

Narrative description of achievements

111 field staff and volunteers (47 women and 64 men) from districts Swat, Buner, Dir from KP, and Shigar and Ghizer from GB, and Neelum in AJK were oriented on the community engagement and feedback mechanisms. Staff and volunteers were oriented on key CEA approaches, including respectful communication, inclusive participation, feedback and complaint mechanisms, and ensuring that affected communities had access to timely and relevant information regarding available assistance and services.

To enhance accountability and dignity in service delivery, the National Society established and strengthened community engagement and feedback mechanisms, ensuring that complaints and sensitive concerns could be safely reported and addressed in a timely and confidential manner. To encourage community participation, sessions were conducted by staff and volunteers across the targeted areas to disseminate information about feedback and complaint channels. The informative drives were reinforced with formation of 21 community vigilance groups across seven districts, comprising 180 members, including 108 women. PRCS also provided each district branch with banners and standees (two per district) displaying key CEA messages, the NHQ 24/7 hotline (1030), and details of channels for feedback and complaints. A Kobo-based questionnaire was also used to collect feedback from beneficiaries, while local-language materials supported confidential reporting within communities.

Through these efforts, 14,098 beneficiaries across KP, GB, and AJK were reached, including 5,437 women, 2,882 adolescent girls, 3,488 men, and 2,291 boys. The analysis of feedback directly collected during informative sessions reflects the trend of 80 percent respondents expressing satisfaction with PRCS services, while 50 percent requesting continuation or expansion of support. Around 70 per cent affected people highlighted additional needs, including medicines, women-friendly spaces, vocational training, and disability support. Furthermore, for a thorough review and analysis of the feedback being received, a dashboard was developed to analyze feedback of relevant sectors, enabling the National Society to respond quickly to concerns and suggestions and improve/adapt services for affected communities as per their needs and ensuring that our services remain safe, dignified, inclusive and free from harm and exploitation.

Programme interventions were adapted based on feedback from flood-affected communities. For example, following feedback from



women in Buner and Neelum districts, Psychosocial Support (PSS) sessions were organized for women and children. In the WASH sector, community suggestions informed the placement of water treatment plants and water taps. Electricity and lighting were also provided at these locations to ensure safe nighttime access and reduce risks of harm and harassment. These examples demonstrate how community feedback directly influenced programme implementation and service delivery.

Community feedback mechanisms also supported timely resolution of complaints, including two cash-related cases referred to and resolved by CVA focal persons. Strengthening and streamlining feedback and complaint mechanisms remain a priority during the recovery phase of the appeal.

Following community led participative programming approach, three FGDs were conducted with women and adolescent girls in district Buner (KP) and district Neelum (AJK) to identify post-flood challenges and priority needs. Participants highlighted ongoing stress and trauma, the need for menstrual hygiene support, dignity kits, awareness sessions, and livelihood skills training for women and girls. The key takeaways of such consultations directly informed the development of both emergency response activities and recovery planning. As a result, MHPSS sessions were integrated into MHU services, women and children's safe spaces were established, and dignity and hygiene kits were distributed alongside MHM awareness sessions. Feedback on vocational and technical skills training for women was also incorporated into the recovery plan to support longer-term resilience and livelihood opportunities for rural women.

As part of the Cash PDM exercise, it was revealed that 80 percent community members, including marginalized and at-risk groups, knew about the PRCS feedback mechanism and how and where to provide their feedback, complaint and queries/concerns about the operation.

Lessons Learnt

- Coordination with AAP Working Group, PSEA Network, and Gender Task Force enhanced harmonization of messaging, reduced duplication, and strengthened collective accountability efforts.

Door-to-door beneficiary identification improved inclusion of vulnerable groups.

Early and continuous engagement with communities enabled timely identification of concerns, misinformation, and emerging needs, allowing for adaptive programming.

Training and orientation of staff and volunteers on CEA approaches improved the quality of communication, feedback handling, and community interactions.

Community participation through FGDs and engagement with elders improved targeting quality.

Challenges

- Limited access to remote and hard-to-reach areas constrained consistent two-way communication with affected populations. Local volunteers and community networks/Community Based Organizations (CBOs) were utilized to maintain feedback collection and information sharing in remote areas.

Feedback mechanisms were not always fully accessible to PWDs or those with low literacy levels. Local volunteers were trained on the Kobo tool for collecting face-to-face feedback from PWDs; elderly and communities with low literacy levels and adjustments were made in emergency services based on the feedback.

The local context did not allow availability of multiple information-sharing and communication channels such as email, WhatsApp, and postal services. Therefore, the team relied on direct feedback collection besides receiving phone calls on the hotline number (1030).

The feedback and complaint mechanism experienced delays in certain cases (more than 5 days) to action on complaints and reporting back to complainant remains a challenge. Efforts were made to strengthen the feedback and complaint mechanism through clearer referral pathways, rigorous follow-ups and designation of focal persons responsible for timely case management and closure.



Secretariat Services

Budget: CHF 40,106

Targeted Persons: 350

Assisted Persons: 0

Targeted Male: -



Targeted Female: -

Indicators

Title	Target	Actual
Number of surge deployed	1	1
Movement coordination mechanism is described and active	1	1

Narrative description of achievements

To ensure the timely and efficient delivery of humanitarian assistance during the Monsoon Flood Response 2025 in Pakistan, a surge Procurement/Logistics Officer was deployed for one month to support the urgent operational needs. Following the completion of the first surge deployment, procurement and logistics functions continued to be managed through the support of the Procurement Manager at the Country Delegation.

The officer supported urgent procurement processes, ensuring compliance with IFRC standards while expediting the acquisition of relief items such as hygiene kits, dignity kits, and essential non-food items. In addition, he maintained a transparent tracking system for monitoring the procurement processes and timelines, enhancing accountability and minimizing delays in delivery to affected communities.

Given the scale, complexity, and evolving operational requirements of the flood response, continued technical and coordination support was extended by IFRC at both Country Delegation and Regional Office levels. This support included procurement oversight, operational coordination, technical guidance, troubleshooting, and sustained engagement with the National Society to ensure adherence to quality standards, timely decision-making, and continuity of humanitarian assistance. The intensity of IFRC support including continued technical backstopping beyond the initial surge period and additional staff time dedicated to procurement and operational coordination, contributed to higher-than-anticipated personnel and support costs under this budget line. However, this additional investment was essential to address operational gaps, ensure compliance with procurement standards, and maintain the effectiveness and accountability of the response. •

Lessons Learnt

- Movement Coordination Agreement (MCA) proved highly effective for coordination among PRCS, IFRC, PNSs, and ICRC.

Unified contingency planning processes strengthened alignment across NHQ, provincial, and district levels.

Regular engagement with relevant authorities strengthened alignment, improved information sharing, and facilitated more coordinated and timely response actions.

Challenges

- A formal risk monitoring and context analysis system was not available, which limited the ability to systematically monitor evolving risks and operational context. This was especially important in remote operational areas where timely analysis and anticipatory risk management are essential for staff safety, operational continuity, and informed decision-making. During the operation, risk awareness was maintained through regular coordination, field-level information sharing, and close engagement with local authorities. Based on this experience, a more structured risk monitoring and context analysis mechanism has now been established for the Emergency Appeal operation.



National Society Strengthening

Budget: CHF 74,314

Targeted Persons: 1,600

Assisted Persons: 833

Targeted Male: -



Indicators

Title	Target	Actual
National Society has active coordination mechanism for operations (i.e. EOC, situation room)	1	1
Number of volunteers involved in the operation that have increased their skills in response and management of operations	1,180	449
National Disaster Response teams trained and management systems in place	420	384
Number of volunteers involved in response who are insured	350	500
Number of lessons learned workshop conducted	1	1

Narrative description of achievements

During the Monsoon Floods 2025 operation, the National Society maintained an active coordination mechanism through the Emergency Operations Centre (EOC) and about 17 situation room updates reports were prepared and disseminated through PRCS NHQ. This ensured timely information sharing, effective decision-making, and smooth coordination among all partners involved in the response. Coordination meetings were conducted regularly with the provincial branches' response teams, and relevant stakeholders to streamline operational planning, reporting, and implementation.

To keep pace with the evolving flood situation, PRCS mobilized 449 volunteers, including 106 women, for the response. The number of volunteers was driven by actual need on ground and their availability for subsequent reiteration. The deployed volunteers were provided with on-job training, orientation sessions, and deployment experience, which further boosted their skillset in emergency response, reporting, and operations management, going forward.

Leveraging its trained pool of emergency responders and management system, PRCS deployed 384 Emergency Response Team (ERT) members trained at national, provincial, district, and community levels. The deployment of experienced ERTs alongside PRCS staff, supported by established response systems and management structures, enabled effective field coordination, timely decision-making, and rapid response throughout the emergency.

500 volunteers, including those at standby to fill the gap alongside those deployed in the response, were covered through insurance mechanisms in line with PRCS volunteer safety and duty of care commitments. However, 449 volunteers were deployed in the response operation as needed.

To capture the best practices and lessons stemming from the DREF operation, a two-day Lessons Learnt Workshop (LLW) was conducted on 25-26 February, with the active participation of all relevant stakeholders, including NHQ departments, branch teams, operational staff, and key response partners including the International Committee of the Red Cross (ICRC), IFRC, German Red Cross (GRC), Norwegian Red Cross (NorCross) and Turkish Red Crescent (TRC). The workshop provided a collaborative platform to reflect on the overall response, identify operational successes, highlight existing gaps and challenges, and document practical recommendations for future emergency operations. The report of the event is available, and key takeaways are reflected against corresponding sectoral narrative progress. Through structured discussions aligned with the IFRC Preparedness for Effective Response (PER) framework, the exercise strengthened institutional learning and reinforced PRCS's commitment to improving preparedness, coordination, accountability, and effectiveness in future humanitarian interventions.

Lessons Learnt

- Maintaining active coordination mechanisms, including the EOC and situation room, along with regular coordination meetings, is critical for timely response management, interdepartmental coordination, and informed decision-making during emergencies. Coordination



meetings significantly improve operational efficiency and reporting compliance.

Continuous investment in volunteer capacity-building through refresher training, and practical exposure strengthens response quality and institutional preparedness, while well-managed NDRTs, updated deployment systems, and strengthened branch capacities improve rapid and localized response.

Ensuring volunteer insurance coverage prior to deployment, supported by streamlined documentation and pre-established procedures, improves volunteer safety and reduces administrative delays during emergency operations.

Movement Coordination Agreement (MCA) proved highly effective for coordination among PRCS, IFRC, PNSs, and ICRC.

Digital systems such as Kobo, Power BI, and live dashboards improved visibility and accountability.

Challenges

- Delays in receiving timely field-level data from branches and sectors affected operational reporting, progress tracking, and consolidation of NSD indicators. Reporting coordination was strengthened through the establishment of simplified data collection tools and regular follow-ups with the National Society and sectoral leads.

Limited refresher trainings and resource constraints affected the strengthening of Disaster Response Teams, particularly for newly engaged volunteers requiring structured capacity-building support. In some locations, volunteer turnover also impacted continuity and institutional memory. Periodic refresher trainings and induction sessions will be planned under the Monsoon Floods Emergency Appeal, given funding availability. Additional resource mobilization efforts will also be undertaken as part of the EA, to support sustained volunteer development initiatives, and volunteer rotations will be ensured to manage workloads.

Although volunteer insurance mechanisms were available, delays in documentation and verification sometimes created challenges in ensuring complete and timely coverage for all deployed volunteers, particularly in remote operational areas. Volunteer insurance procedures should be streamlined via simplified documentation requirements and pre-deployment verification processes. Orientation sessions for branch staff and volunteers on insurance procedures and documentation requirements can further reduce delays, while improved coordination between headquarters and branches can support timely verification and coverage, especially in remote operational areas.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRPK028 - Pakistan - Flood

Operating Timeframe: 21 Aug 2025 to 31 Dec 2026

Reporting Timeframe	Selected Parameters	Operation	MDRPK028
2025/8-2026/12	Budget	APPROVED	
		Prepared on 28/May/2026	

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	999,711
DREF Response Pillar	999,711
Expenditure	-912,228
Closing Balance	87,483

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	396,686	390,521	6,165
PO04 - Health	253,196	248,152	5,044
PO05 - Water, Sanitation & Hygiene	92,142	77,272	14,870
PO06 - Protection, Gender and Inclusion	31,612	20,863	10,749
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	99,472	92,256	7,216
PO10 - Community Engagement and Accountability	4,692	4,996	-304
PO11 - Environmental Sustainability			0
Planned Operations Total	877,799	834,059	43,740
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	42,459	53,063	-10,604
EA03 - National Society Strengthening	79,452	25,105	54,347
Enabling Approaches Total	121,911	78,168	43,743
Grand Total	999,711	912,228	87,483

. Internal

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

Please explain variances (if any)

A total of CHF 999,711 was allocated to PRCS for the Pakistan Floods 2025 response. By the end of the operation, expenditures amounted to CHF 912,228, representing 92 per cent of the total allocation, with an unspent balance of CHF 87,483 to be returned to the DREF pool.

The variance is primarily attributable to the depreciation of the local currency (around 15% on average) during the implementation period, which increased the purchasing power of the CHF allocation in-country. As a result, planned activities were fully implemented,



and operational needs were met at a lower than budgeted CHF requirement. The remaining balance therefore reflects exchange rate gains rather than any under-expenditure or incomplete implementation. In line with DREF financial procedures, the unspent amount will be returned to the DREF pool.

In addition to the exchange rate gains, several budget lines were carefully and efficiently managed throughout the operation. Where alternative funding sources were available, DREF resources were prioritized for immediate humanitarian needs. Consequently, certain planned expenditures were either reduced or not charged to the DREF budget. For example in the NSD planned budget, visibility items were not procured under DREF, planning and review meetings were covered through other funding sources, and National Society management costs were charged based on actual expenditures, resulting in additional savings. Furthermore, the National Society Solidarity Fund was not activated during the operation; therefore, the related insurance allocation was not transferred to the National Society.

Collectively, these adjustments and efficiencies contributed to an additional balance in the NSD planned budget. In line with DREF financial procedures, the total unspent balance will be returned to the DREF pool.



Contact Information

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

National Society contact: Abaidullah Khan, Secretary General, sg@prcs.org.pk, 00923041030290

IFRC Appeal Manager: Andreas Weissenberg, Head of Delegation, andreas.weissenberg@ifrc.org, 03088888053

IFRC Project Manager: Manzoor Ali, Programme Coordinator, manzoor.ali@ifrc.org, 03085559071

IFRC focal point for the emergency: Nusrat Hassan, Operations Coordinator, opscoord.southasia@ifrc.org

National Society Hotline: 1030

[Click here for reference](#)

