

<b>Emergency appeal №:</b> MDRPK028 <b>Emergency appeal launched:</b> 30/08/2025 <b>Operational Strategy published:</b> 10/09/2025	<b>Glide №:</b> <a href="#">FL-2025-000139-PAK</a>
<b>Operation update #2</b> <b>Date of issue:</b> 30/11/2025	<b>Timeframe covered by this update:</b> From 21/08/2025 to 30/10/2025
<b>Operation timeframe:</b> 16 months (21/08/2025 - 31/12/2026)	<b>Number of people being assisted:</b> 239,702 (Fed-wide)
<b>Funding requirements (CHF):</b> CHF 16 million through the IFRC Emergency Appeal CHF 17 million Federation-wide	<b>DREF amount initially allocated:</b> CHF 999,711

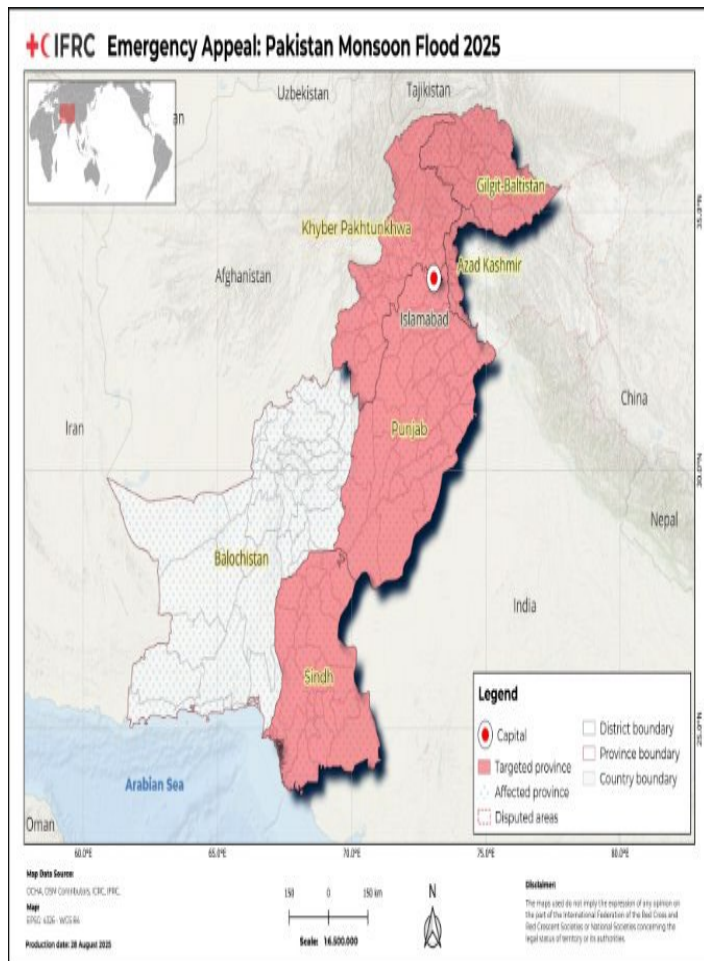
*As of 30 October 2025, this Federation-wide Emergency Appeal, which seeks CHF 17 million, is 14.3 per cent funded. Further funding contributions are needed to enable the Pakistan Red Crescent Society, with the support of the IFRC, to continue providing humanitarian assistance to people affected by the disaster.*



*A female volunteer is conducting household survey for the detail need assessment (Photo: PRCs)*

# A. SITUATION ANALYSIS

## Description of the crisis



The 2025 monsoon season, which intensified from late June and peaked through mid-September, brought unprecedented rainfall across Pakistan, triggering widespread flash floods, glacial lake outburst floods (GLOFs), and riverine inundation. Secondary impacts persisted into October, including lingering waterlogging and infrastructure breaches, though receding floodwaters have allowed a gradual shift to early recovery, particularly in Punjab and other affected provinces like Khyber Pakhtunkhwa (KP), Sindh, and Gilgit-Baltistan (GB). As of 30 October 2025, the National Disaster Management Authority (NDMA) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) report stabilization in acute humanitarian needs, with 1,037 deaths (including 304 in Punjab and over 500 in KP) and 1,067 injuries. Displacement has fallen sharply to around 150,000 people, down from 3.0 million in September, as over 90 per cent of evacuees in Punjab—totalling more than 2.7 million individuals—have returned to their areas of origin amid drier conditions and below-normal October rainfall forecasts from the Pakistan Meteorological Department.

Punjab experienced the worst flooding in four decades, with submerged vast riverine areas along the Sutlej, Chenab, and Ravi rivers, affecting nearly 4.9 million people overall, with over 4.2 million directly impacted in

August–September alone. While 2.7 million have returned home, an estimated 4.7 million continue to grapple with damaged homes (over 229,760 destroyed or partially destroyed nationwide, 92 per cent in Punjab), disrupted roads (2,811 km damaged), and breached bridges (790 affected). Southern districts such as Multan and Muzaffargarh, where flood depths reached up to 10 meters in September, have seen river levels fall below danger thresholds, improving access for assessments and aid. However, isolated inundation pockets remain due to embankment failures, and emergency declarations persist in nine KP districts following August cloudbursts that dumped over 150 mm of rain in Buner alone.<sup>1</sup>

Agricultural recovery has gained momentum with the Rabi sowing season underway, targeting a record 30 million tons of wheat for 2025–26 to offset losses and bolster food security. Floods inundated 1.2 million hectares in Punjab (9 per cent of the province's arable land), including 220,000 hectares of rice fields, alongside damage to cotton, sugarcane, and maize crops during peak harvest. Nationwide agricultural losses exceed US\$1.23 billion across Punjab, Sindh, and KP, compounded by thousands of livestock deaths and the destruction of farming tools and fodder. This has exacerbated food insecurity for smallholder farmers in southern Punjab, where wheat flour prices peaked at a

<https://www.unocha.org/publications/report/pakistan/pakistan-situation-report-1-monsoon-floods-intersector-coordination-group-10-october-2025>

25 per cent surge in early September before easing to 15 per cent above baseline by late October, aided by FAO-led emergency imports and cash-for-work initiatives. Total economic damage from the floods are estimated at Rs822 billion (approximately US\$3 billion), with infrastructure losses alone surpassing Rs307 billion.<sup>2</sup>

Vulnerable groups, including women, children (over 500 child deaths reported nationwide), older persons, migrants (including Afghan refugees), and persons with disabilities remain at elevated risk from mobility constraints, aid access barriers, and substandard shelters. Undocumented migrants and malnourished children (1.5 million affected) face acute threats from contaminated water sources, with 50 per cent of WASH systems still compromised, heightening outbreak risks for waterborne diseases like cholera and dengue.

Response efforts have transitioned from emergency rescue to recovery, with NDMA conducting an additional 1,200 operations in early October, elevating Punjab's total to 6,968 rescues and facilitating the evacuation of 2.9 million people and 450,000 animals since August. The number of relief camps have dwindled from 511 to 89 nationwide, while 351 medical sites and 321 veterinary facilities now serve as fixed recovery hubs. Relief distributions have reached 450,000 units, including 50,000 tents, with NDMA delivering 2,270 tons of essentials items (blankets, mosquito nets, water filters) to Punjab districts. The Pakistan Red Crescent Society (PRCS), supported by the IFRC, has supplied hygiene kits to 995 families in D.G. Khan and Rajanpur, over 6,000 food parcels in KP and Punjab deployed mobile water treatment plants in KP and Punjab, and established mobile health units to combat waterborne illnesses.

Humanitarian financing has complemented government efforts, with the OCHA Pakistan Central Emergency Response Fund allocating US\$5 million in September for life-saving aid, and the Pakistan Country-Based Pooled Fund disbursed US\$1.4 million to local NGOs for shelter, WASH, health, and livelihood activities, such as livestock support.

Despite these advances, the protracted WASH crisis underscores the need for sustained intervention, as contaminated systems threaten disease surges among 1.5 million vulnerable children. Long-term priorities include resilient drainage infrastructure, flood-resistant agriculture, enhanced early warning systems, and climate adaptation measures to counter Pakistan's escalating exposure to glacial melt, intensified monsoons, and upstream water releases—factors that amplified this year's disaster.

The Support for Relief and Early Recovery Plan, endorsed by HCT, has been developed to address the outstanding humanitarian needs and early recovery requirements for the period October 2025 to April 2026. The plan calls for US\$150 million to assist 1.9 million people out of the 2.8 million identified as in need across 14 prioritized districts in Punjab, Khyber Pakhtunkhwa, and Gilgit-Baltistan. It comprises approximately 100 sector-vetted projects submitted by UN agencies and partner organizations, providing a coordinated framework to guide resource mobilization and targeted response efforts.<sup>3</sup>

## Summary of response

### Overview of the host National Society and ongoing response

The PRCS is responding to the monsoon floods through a well-established and pre-positioned capacity framework. Its response is operationalised under the 2025 Monsoon Contingency Plan, leveraging a structured system that includes National and Branch Disaster Response Teams (NDRT/BDRTs), a network of over 20,000 trained community volunteers, and strategically located stockpiles containing essential relief items.

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<sup>2</sup> Pakistan Monsoon Floods: Needs, Response and Gaps Snapshot (As of 28 October 2025) | OCHA.





<https://www.unocha.org/publications/report/pakistan/pakistan-monsoon-floods-needs-response-and-gaps-snapshot-28-october-2025>

Pakistan Flood Situation Overview – 6 October 2025 | OCHA. <https://www.unocha.org/publications/report/pakistan/pakistan-flood-situation-overview-6-october-2025>





<sup>3</sup> [Pakistan – Situation Report 2: Monsoon Floods, Intersector Coordination Group – November 2025 - Pakistan | ReliefWeb](#)

The National Emergency Operations Centre (EOC), activated on 10 June 2025, serves as the central hub for coordinating all response activities, information management, and strategic planning. The Pakistani government's response to the 2025 monsoon floods has been coordinated through the NDMA, which leads the national framework under the National Disaster Management Plan 2025, emphasising proactive preparedness, mitigation, and response to climate-induced hazards such as flooding. The PRCS, as the national auxiliary to the public authorities, coordinates closely with the NDMA, ensuring alignment with the NDMA's directives while leveraging its volunteer base for community-level implementation.

As of 30 October 2025, the Federation-Wide response collectively reached an estimated **239,702** people in KP, Punjab, Sindh, AJK and GB. Of these, **120,387** people were reached through the IFRC Secretariat EA funding support<sup>4</sup>. The operation has made steady progress across all priority sectors, with notable achievements in Health, WASH, Non-Food Items (NFI), and food distribution. While implementation has accelerated in several areas, challenges remain due to accessibility to flood affected districts and other operational challenges, related to day-to-day processes and supply of material/medicine, continue to affect the pace of delivery in some areas. Below is the **summary** of key sectoral achievements during the reporting period (more details can be found in Section C):

<b>STRATEGIC SECTORS OF INTERVENTION</b>	
	<p><b>Shelter, Housing, and Settlements</b></p> <ul style="list-style-type: none"> <li>• 846 emergency shelter items distributed, reaching 5,922 people in Buner (KP) and Punjab.</li> <li>• Distribution included 60 tents, 530 shelter tool kits in Buner, and 256 tents in Punjab for families with significant housing damage.</li> </ul>
	<p><b>Livelihoods</b></p> <ul style="list-style-type: none"> <li>• 9,115 dry food parcels/food packets distributed across KP and Punjab to support food-insecure households, ensuring essential food support to vulnerable families affected</li> <li>• 111,064 cooked/hot meals provided across KP and Punjab for displaced and affected families reaching 1,851 people, supporting families with ready-to-eat food during displacement and the early recovery phase.</li> </ul>
	<p><b>Multi-Purpose Cash</b></p> <ul style="list-style-type: none"> <li>• 66 volunteers (20 female, 46 male) trained on Beneficiary Identification and Registration (BIR) methodology, Cash and Voucher Assistance (CVA) data collection tools, and key CVA principles, with emphasis on accountability, inclusion, and data protection.</li> <li>• 2,800 households successfully registered. Cash disbursement initiated, with 1,864 households having received their cash assistance so far.</li> </ul>
	<p><b>Health &amp; Care</b></p> <ul style="list-style-type: none"> <li>• PRCS, with IFRC support, is delivering essential health services through four Mobile Health Units (MHUs) across KP, AJK and GB, providing over 12,890 medical consultations, extensive MHPSS/PFA support, and multiple referrals for higher-level care.</li> <li>• Community health protection has been strengthened through wide-scale distribution of 1,200 LLINs benefiting over 2,400 people, regular medicine supplies, and Epidemic Control for Volunteers (ECV) training for staff and volunteers across all deployed MHUs.</li> <li>• Capacity building and staff training on MHPSS/PFA, PGI/CEA, data management, and outbreak preparedness have been delivered to over 100 staff and volunteers, ensuring improved service delivery and coordinated emergency response.</li> <li>• IFRC network support, including NorCross, provided critical maternal and child health assistance through safe delivery kits and NFIs, and plans to expand services</li> </ul>

<sup>4</sup> IFRC Secretariat EA inclusive of IFRC DREF funding support

	<p>with three new MHUs in Bajaur by October 2025 to further enhance health and protection coverage.</p>
 <p><b>Water, Sanitation, and Hygiene</b></p>	<ul style="list-style-type: none"> <li>• Water treatment plants in KP and Punjab (one each), and two water supply schemes in GB continue to provide clean drinking water to over 11,000 people daily, producing and distributing over 2.7 million liters of water to date.</li> <li>• 2,000 hygiene kits, 1,800 jerrycans, 1,800 mugs and 1,800 buckets distributed in KP reaching 2,000 families (14,000 people).</li> <li>• 110 hygiene promotion sessions were conducted in KP and GB on topics such as personal hygiene, disease transmission, and handwashing, reaching 3,705 people (1,890 men and 1,815 women).</li> </ul>
 <p><b>Protection, Gender, and Inclusion</b></p>	<ul style="list-style-type: none"> <li>• Orientation sessions on Dignity, Access, Participation and Safety (DAPS) principles were held for staff and volunteers in KP, GB and AJK, reaching 111 participants (47 women, 64 men). Sessions also covered PRCS safeguarding policies and internal reporting.</li> <li>• With IFRC support, PRCS gained membership in the national Gender Task Force and Protection from Sexual Exploitation and Abuse (PSEA) Group. Provincial branches were also linked to these platforms. Three PGI focal persons from PRCS completed specialized PSEA training by UNFPA.</li> <li>• PRCS NHQ, with IFRC technical support, developed assessment tools for persons with disabilities, now shared with field teams for data collection</li> </ul>
 <p><b>Community Engagement and Accountability</b></p>	<ul style="list-style-type: none"> <li>• 111 field staff and volunteers (64 men, 47 women) from KP, GB and AJK trained on community engagement and feedback collection.</li> <li>• PRCS hotline (1030) is widely disseminated through standees and banners in local languages to increase community access to confidential feedback channels.</li> <li>• A total 2,213 beneficiaries were reached by field volunteers and collected feedback. 1113 women, 314 adolescent girls, 568 men, and 216 boys across KP, GB and AJK</li> <li>• Three FGDs were conducted with 35 women and adolescent girls in Buner (KP) and Neelum (AJK).</li> </ul>
 <p><b>Migration and Displacement</b></p>	<ul style="list-style-type: none"> <li>• Under Restoring Family Links (RFL), IEC materials were printed and dispatched across affected provinces; 77 community sessions reached 1,179 people with key RFL messages.</li> <li>• 1,059 mobile cards distributed to support communication needs.</li> <li>• Radio awareness campaigns expanded outreach in remote areas.</li> <li>• RFL emergency needs assessments completed in all flood-affected districts.</li> <li>• 14 trained volunteers were deployed to support field activities.</li> <li>• Three RFL-in-emergency orientation sessions were held in KP, Punjab and AJK, along with an orientation for NHQ staff and 20 volunteers</li> </ul>
 <p><b>Risk Reduction, Climate Adaptation &amp; Recovery</b></p>	<ul style="list-style-type: none"> <li>• 71 Community Disaster Response Teams (CDRTs): 36 in Punjab and 35 in Sindh, supported early warning dissemination and evacuation in flood-affected/highly exposed areas.</li> <li>• With support from German Red Cross, PRCS activated agreed early actions for the Indus River (Sections 4 and 5), covering 86 villages and reaching 85,658 people with early warning messages through volunteers, megaphones, and mosque announcements.</li> <li>• 26,061 people were safely evacuated from high-risk locations through joint efforts of PRCS volunteers and local authorities.</li> <li>• 45 volunteers (36 men, 9 women) completed three DRR trainings in Lower Dir, Buner, and Swat; two additional DRR orientations in Swat and Lower Dir engaged 52 volunteers (36 men, 16 women).</li> </ul>



## Needs analysis

As of 18 September, an estimated 6.9 million people are reported to be affected across the country<sup>5</sup>. Rapid and multisector assessments conducted by PRCS and partners confirmed widespread humanitarian needs in the affected areas, particularly in terms of health, WASH, livelihood, and shelter. A detailed needs assessment is now being carried out across 11 priority districts to provide an evidence-based and community-driven understanding of the post-flood situation to inform and guide the recovery phase. The report will be finalized before the end of the year. Based on other assessments already conducted, below are the key findings:

### Health

The monsoon floods in Pakistan have severely disrupted services and access to care. More than 1,981 kilometers of roads, 239 bridges, 130 health facilities and 12,569 houses have been damaged<sup>6</sup>, isolating many communities in KP, AJK GB and Punjab. In high-impact KP districts, health facilities report surges in cases of skin infections, fever, malaria, and snakebites, already exceeding local capacity.<sup>7</sup> While some medical camps are operational, they are overstretched and unable to meet demand. Additionally, large populations are unable to access health services due to damaged roads and bridges. A rapid assessment in KP indicates that 1.57 million people have been affected across ten districts, of which 604,000 are in urgent need of assistance. Swat and Shangla are among the worst-hit areas, with 25 health facilities and 29 schools damaged in Buner alone.<sup>8</sup> Major health gaps include continuity of primary healthcare and referral services in cut-off valleys, shortages of essential medicines and diagnostics, inadequate mental health and psychosocial support (MHPSS), gaps in vector control, and limited emergency obstetric and newborn care. Damage to health facilities and last-mile access constraints caused by washed-out roads and bridges further compound the crisis.

Vector-borne diseases like Malaria and Dengue cases continued to rise, with malaria cases showing an increase of approximately 87 percent between June and August. Dengue outbreaks have also been reported in Jhang, Lahore, and Rawalpindi (Potohar Town) in Punjab. Waterborne diseases like Acute Watery Diarrhea (AWD) continued to rise in KP during July August, showing a notable 15 per cent increase between June and August. However, now the winter season is starting, which decreases the case load of vector-borne diseases, but water-borne diseases still remain a significant risk for the persons living in camps. Similarly, seasonal diseases such as Flu and Pneumonia are on the rise with the arrival of early winter in northern part of the country. Cases of skin diseases (particularly scabies), snake bites, eye infection and dog bites are reported at significantly higher levels. Additionally, a total of 130 damaged health facilities has been reported in Sindh (25), KP (60), Punjab (38) and GB (7). Of these, 130 sustained partial damage, while 7 were completely damaged – 2 in Sindh, 3 in KP and 2 in GB<sup>9</sup>.

### Water, Sanitation, and Hygiene (WASH)

The floods, intensified by climate-driven heavy rainfall, have caused widespread damage to WASH systems, leaving millions without safe water and sanitation. Wells, boreholes, and piped schemes have been contaminated across KP, Punjab, Sindh, GB, and AJK, with sewage and runoff entering supplies. In KP's alone, 217 water schemes are damaged,

<sup>5</sup> European Commission DG ECHO / ERCC, *Echo Flash – Daily Flash, Echo-Flash item 29694*, <https://erccportal.jrc.ec.europa.eu/ECHO-Products/Echo-Flash#/echo-flash-items/29694>

<sup>6</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/Y5rkhKV6UOtIdIPi3uvJH.pdf>

<sup>7</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/nAvCiy3KUrf7YCxkMdZN.pdf>

<sup>8</sup> <https://reliefweb.int/report/pakistan/rapid-needs-assessment-assessing-scale-and-scope-impact-response-kp>

<sup>9</sup> <https://www.emro.who.int/images/stories/pakistan/Health-Emergency-Situation-Report-Monsoon-Floods-9-September-2025.pdf>

while Punjab's D.G. Khan, Muzaffargarh and Rajanpur face up to 50 percent contamination. Urban centers like Karachi and Lahore are struggling with sewage overflows, and GB's Ghizer reports one-third of systems damaged by glacial floods. Power outages and damaged infrastructure including 800 km of roads and 551 bridges continue to hinder pumping, wash service delivery, and repair works, leaving isolated valleys and displacement sites in critical need.<sup>10</sup>

The collapse of sanitation facilities has increased open defecation and overwhelmed urban sewage systems, compounding contamination risks. Health facilities<sup>11</sup> are reporting a rise in acute watery diarrhea, cholera, typhoid, malaria, dengue, and skin infections, particularly in overcrowded camps with limited hygiene facilities. Women, children, and displaced families remain most at risk, with malnourished children especially vulnerable. PRCS, supported by IFRC and Movement partners, is prioritizing, repair maintenance of hand pumps and small water schemes, construction of household latrine, through provision of material/cash, desludging of damaged systems, hygiene promotion sessions, distribution of IEC material and provision of hygiene kits to reduce outbreak risks in the worst-affected areas.

### **Shelter and Essential Household Items**

The floods have caused widespread destruction of housing and public infrastructure, with 229,763 houses damaged nationwide, along with 2811 kilometers of roads and 790 bridges. Livestock losses – estimated at 16,332 animals – have compounded household asset depletion.<sup>12</sup> In Punjab, heavy riverine flooding along the Chenab, Ravi, and Sutlej rivers has displaced an estimated 1.9 million people and affected over 4.7 million, with evacuations still ongoing.<sup>13</sup> Hundreds of relief camps and dozens of medical camps have been established, but many remain overstretched, particularly in hard-to-reach valleys and areas outside media coverage. Urgent needs for shelter and essential household items include emergency tents, shelter repair kits, bedding, kitchen sets, blankets, solar lighting, and mosquito nets, with special prioritization for female-headed households, older persons and PWDs who face greater barriers to recovery.

### **Livelihoods and Food Security**

Preliminary reports indicate severe losses to agriculture and livestock, threatening food security and livelihoods across affected provinces. Pakistan's agriculture sector is facing a severe challenge since recent floods have devastated 2.5 million acres of crops, equal to almost 7.7 percent of the country's total cultivated land. This large-scale crop damage has raised concerns about food security, export potential, and the long-term future of agriculture in Pakistan.<sup>14</sup> In KP alone, at least 57,892 acres of crops have been damaged and over 5,412 animals lost.<sup>15</sup> Satellite-based assessments suggest that up to 892,075 hectares of cropland may be affected nationwide, including rice, sugarcane, cotton, and vegetable fields.<sup>16</sup> Livestock mortality and crop destruction are already causing multi-billion-rupee losses, with analysts warning of food price pressures mounting in the coming weeks. The Food and Agriculture Organization (FAO) has highlighted the risk of deepening food insecurity, especially as food stocks and productive assets are depleted ahead of the next Integrated Food Security Phase Classification (IPC) analysis. The most urgent gaps include emergency cash for basic needs such as food, unconditional grants for smallholders and tenant farmers, provision of certified seeds, tools, and fodder for re-sowing, veterinary outreach for surviving livestock, and cash-for-work schemes to support debris clearance and repair of minor irrigation systems.

### **Protection, Gender, and Inclusion (PGI)**

Disaggregated data on the impact remains limited, however, rapid assessments and field reports indicate that women, girls, children, older persons and PWDs face disproportionate risks. Women and girls are particularly

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<sup>10</sup> NDMA: Monsoon 2025 Daily Situation Reports, [www.ndma.gov.pk](http://www.ndma.gov.pk)

UNICEF: Flood Response Updates, [www.unicef.org/pakistan](http://www.unicef.org/pakistan)

<sup>11</sup> WHO: Health Emergency Updates, [www.who.int](http://www.who.int)

<sup>12</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/Y5rkhKV6UOtdlPi3uvJH.pdf>

<sup>13</sup> <https://reliefweb.int/report/pakistan/pakistan-monsoon-floods-2025-flash-update-6-04-september-2025#:~:text=Flood%20waters%20have%20forced%20over,displacement%20sites%20across%20the%20country.>

<sup>14</sup> <https://www.voyagefreight.co/supply-chain-management/floods-destroy-2-5-million-acres-pakistan-agriculture/>

<sup>15</sup> <https://www.arabnews.com/node/2613836/pakistan>

<sup>16</sup> <https://reliefweb.int/report/pakistan/pakistan-rain-monitor-issue-number-16-01-07-september-2025>

vulnerable to gender-based violence in displacement settings, while also struggling with a lack of privacy, inadequate MHM facilities and limited access to safe WASH infrastructure. Pregnant women need regular health checkups and access to safe deliveries. The Floods have caused multiple effects on the community from damaging infrastructures to affecting people's livelihood, access to regular health checkups and safe deliveries is affected. Children face heightened psychosocial distress, disruption of education, and increased protection risks, while PWDs and older people experience barriers in reaching shelters, water points and distribution sites. Damaged bridges and roads have further restricted mobility and access to services for vulnerable groups. Critical PGI gaps include the provision of safe, gender-segregated WASH facilities, distribution of dignity and MHM kits, women and child-friendly spaces, inclusive distribution and feedback mechanisms that account for women, PWDs, minorities, and older persons, and scaled-up MHPSS services for all age groups.<sup>17</sup>

### **Migration and Displacement**

Migration and Restoring Family Links (RFL) are critical considerations in flood emergencies, as large-scale displacement results in family separation, loss of communication and heightened protection risks, particularly for vulnerable groups such as women, children, older persons, PWDs and undocumented migrants. Floods frequently impact populations already on the move, including seasonal labor migrants and Afghan refugees, who face barriers in accessing services and assistance. Integrating migration and RFL interventions into the emergency response ensures that displaced and migrant communities are not excluded, while enabling separated families to reconnect, access life-saving information and restoring a sense of dignity and security.

## **Operational risk**

Several factors affecting the speed, scale and efficiency of the response:

- **Limited access to flood-affected areas** due to damaged infrastructure will likely impede outreach; to mitigate this, the operation will coordinate closely with local authorities and community-based volunteers to identify and utilize alternative access routes and transport options such as boats, tractors, and motorbikes.
- **Logistics bottlenecks and supply chain disruptions** may slow the transportation of relief items; to address this, relief supplies will be pre-positioned in strategic locations, complemented by the engagement of local communities to support last-mile delivery.
- **Delays in delivery of essential supplies** due to high-risk operating; to mitigate this, agile programming approaches will be adopted, including maintaining flexibility to scale operations based on ground conditions and pre-positioning emergency supplies in flood-prone areas for a swift response.
- Challenges in **ensuring the quality and sustainability** of shelter, WASH, and health interventions due operational challenges, related to day-to-day processes and supply of material/medicine; to reduce this risk, robust monitoring systems, including regular field visits and refresher training for staff and volunteers will be implemented to uphold quality standards.
- Response capacity is constrained by **Human resource limitations**, with branch staff already heavily engaged in response operations; to mitigate this, additional volunteers will be mobilized and trained, work with surge staff and coordinate with Movement partners to provide temporary staffing support where needed.

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<sup>17</sup> <https://www.dawn.com/news/1710660/floods-double-protection-risks-for-women-and-children>

## B. OPERATIONAL STRATEGY

### Update on the strategy

There are no changes to the [Operational Strategy](#) for the operation issued on 10 September 2025, in complement to the Emergency Appeal launched on 30 August 2025. This operation aims to assist **250,000 people (35,714 households)** across 23 districts over a 16-month period with both immediate relief and longer-term recovery support. The operation prioritizes shelter, health, WASH, livelihoods, and basic needs, while embedding resilience, climate adaptation, and risk reduction into recovery efforts. The IFRC-DREF allocation of CHF 999,711 as part of the emergency appeal will help kick-start immediate relief and response activities to prioritise the needs of affected people.


In the immediate phase, PRCS is providing multipurpose cash, emergency shelters, hygiene kits, clean drinking water through deployment of water treatment plants, and mobile health services. In the Recovery measures include health, WASH, livelihood restoration (livestock, small business grants, climate-smart agriculture), nature-based solutions, and expanded community-based DRR and early warning systems that strengthen resilience and adaptive capacity. Furthermore, the response gives particular attention to women, children, older persons, PWDs, migrants and refugees, with integrated Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches. Migration and Restoring Family Links (RFL) services are also being extended to support displaced and undocumented populations.

PRCS is mobilizing its extensive volunteer network, strengthening coordination with the government authorities, UN agencies, Movement partners, and other humanitarian partners, as well as reinforcing branch and NSD capacities to deliver accountable, inclusive, and climate-smart interventions. Anticipated risks, including continued flooding, landslides, and public health outbreaks, are being addressed through risk-informed and preparedness-oriented programming.

## C. DETAILED OPERATIONAL REPORT

Note: Disaggregation of Federation-wide contributions, including IFRC Secretariat (multilateral) and Partner National Societies (bilateral) will be provided in the 'Progress Toward Objectives' narrative, whenever possible.

### STRATEGIC SECTORS OF INTERVENTION

	<b>Shelter, Housing and Settlements</b>	<b>People reached: 5,922</b>	
		Female > 18 1,599	Female <18 1,303
		Male > 18 1,658	Male < 18: 1,362
<b>Objective:</b>	<i>Ensure that people affected by the crisis have their immediate needs met through timely, adequate, and flexible in-kind assistance, while providing emergency shelter and essential household support that upholds safety, dignity, privacy, and protection in disrupted living conditions.</i>		
<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>Number of people reached with shelter support</i>	5,922	91,000

Number of family kits prepositioned by the National Society

0

5,000

### Progress Toward Objectives

As of 30 October, the PRCS with IFRC support has reached 5,922 people (3,020 male, 2,902 female) with emergency shelter assistance, including temporary tents and shelter toolkits in KP and Punjab.

In response to the urgent shelter needs, a total of 846 emergency shelter items have been distributed to targeted households, reaching 5,922 people across Buner (Khyber Pakhtunkhwa) and Punjab. These distributions aim to support families affected by recent emergencies in restoring safe and dignified living conditions. The assistance included 60 tents and 530 shelter tool kits in Buner, where several communities experienced significant housing damage, and 256 tents in Punjab, ensuring that the most impacted families have immediate protection from the elements.

The provision of shelter tool kits also enhances household self-recovery by enabling minor repairs and reinforcing damaged structures.

This intervention has contributed to strengthening household resilience, reducing exposure to risks, and supporting early recovery efforts in the affected areas.



PRCS teams assisting flood-affected families with emergency shelter and essential support (Photo: PRCS)



### Livelihoods

People reached: 66,631

Female > 18: 18,070

Female <18: 14,800

Male > 18: 18,560

Male < 18: 15,225

#### Objective:

Restore and strengthen the livelihoods of flood-affected households, enhancing their economic resilience and capacity to withstand future shocks.

#### Key indicators:

##### Indicator

##### Actual

##### Target

Number of people reached with livelihoods support<sup>18</sup>

66,631

70,000

### Progress Toward Objectives

As of 30 October, the PRCS, with IFRC and Movement partners support, has reached 66,631 people (33,784 male and 32,847 female) with food assistance, including dry foods parcels, cooked meals and food packets in KP and Punjab provinces.

<sup>18</sup> Including food assistance

Livelihood activities under the IFRC Secretariat EA are planned for the recovery phase of the operation; however, food security and nutrition activities are covered during the initial response period detailed below.

#### Dry food parcels distribution

PRCS distributed 6,445 dry food parcels across Khyber Pakhtunkhwa (KP) and Punjab, reaching 45,115 people, ensuring essential food support to vulnerable families affected by recent emergencies:

- Khyber Pakhtunkhwa: 1,570 parcels distributed across Buner (1,100), Swat (216), Lower Dir (104), Shangla (50), and Swabi (100).
- Punjab: 4,875 parcels distributed to vulnerable households in the most affected districts.

These distributions targeted households with limited access to markets or income sources, ensuring food security during the immediate relief phase

#### Cooked/Hot meals distribution

Additionally, PRCS provided 111,064 cooked/hot meal parcels to affected populations across KP and Punjab, reaching 1,851 people, supporting families with ready-to-eat food during displacement and the early recovery phase:

- Khyber Pakhtunkhwa: 17,614 cooked/hot meal parcels distributed.
- Punjab: 93,450 cooked/hot meal parcels distributed.

This support helped meet short-term nutritional needs and reduce coping pressures on displaced and vulnerable households.

#### *IFRC Network Support:*

Additionally, the Turkish Red Crescent (TRC) supported 1,020 families (7,140 people) with food packets assistance - 370 families in KP and 650 families in Punjab.

With German Red Cross (GRC) support, a total of 650 food parcels and 650 family hygiene kits, which also include dignity items, were distributed among 650 flood-affected families (4,550 people) in Muzaffargarh (Tehsil Alipur) and Multan (Tehsil Jalalpur Pirwala) districts. Hygiene promotion sessions accompany the distributions. Furthermore, GRC provided food packages to 1,000 affected families (7,000 people) in KP.

An additional CHF 100,000 bilateral contribution from the Swiss Red Cross through German Red Cross has been allocated for the distribution of 1,000 food parcels and 1,000 family hygiene kits, followed by hygiene awareness sessions. The procurement and distribution has been done in districts Muzaffargarh and Multan in Punjab Province.



Distribution of food packages and mosquito nets for flood affected families of district Jhang (Photo: PRCS)



## Multi-purpose Cash

**People reached: 13,048**

Female > 18: 3,523

Female < 18: 2,871

Male > 18: 3,653

Male < 18: 3,001

### Objective:

*Provide timely and dignified cash assistance to affected households, enabling them to address their basic needs in alignment with their priorities, while simultaneously strengthening local markets and supporting early recovery.*

### Key indicators:

#### Indicator

#### Actual

#### Target

*Number of people reached - Cash Transfer Programming*

13,048

70,000

### Progress Toward Objectives

As of 30 October, the PRCS has reached 13,034 people (6,654 male and 6,394 female) with multipurpose cash assistance (MPCA) in KP province.

During the reporting period, significant progress was made in preparing for the implementation. Coordination has been initiated with local authorities and key stakeholders in flood-affected communities to guide for the area selection process for Beneficiary Identification and Registration (BIR). To ensure efficient and reliable data collection, a KOBO-based tool has been developed and rolled out.



Cash collected by a male beneficiary in district Buner (Photo: PRCS KP branch)



Biometric of a female beneficiary for cash collection in district Buner (Photo: PRCS KP branch)

A total of 66 volunteers including 46 male and 20 female have been trained and oriented on the BIR processes, CVA data collection tools, and key CVA considerations, with a strong emphasis on accountability, inclusion and data protection, to strengthen the capacities for effective delivery. Data collection has been successfully completed in seven districts of three provinces, and cash disbursement has been initiated. A total of 1,864 households (13,048 people) have collected their cash in KP. Each selected household will receive cash of PKR 45,000 (CHF 128) which is the full Minimum Expenditure Basket (MEB) determined by the Cash Working Group in Pakistan based on several indicators like the market functionality and the market rates. The national society has decided to provide the full MEB in two tranches to the selected beneficiaries to fulfill their immediate needs.

By empowering families to make their own choices, MPCA enables households to prioritize their most urgent needs, whether food, health or other essentials based on their individual circumstances.



### Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

**People reached: 18,293**

Female > 18: 7,697      Female < 18: 3,743

Male > 18: 3,372      Male < 18: 3,481

**Objective:**

The health and dignity of communities in emergencies and disease outbreaks are maintained by providing access to appropriate primary healthcare and mental health psychosocial services.

<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>Number of local health facilities supported with staff, equipment, and/or running costs for the provision of medical services in emergencies</i>	0	46
	<i>Number of mobile health service units deployed to provide quality primary health care</i>	4	15
	<i>Number of consultations through primary health care rooms, outreach services, mobile units, or clinics operated by the National Society</i>	12,890	162,000
	<i>Number of staff and volunteers trained in epidemic control and RCCE</i>	87	600
	<i>Number of people reached with Mental Health and Psychosocial Services (MHPSS) and Psychological First Aid (PFA) from the National Society in emergencies</i>	2,553	13,500
	<i>Number of social workers, volunteers, and staff who participated in psychological first aid training, psycho-social educational activities or support</i>	93	575
	<i>Number of people receiving Long Lasting Insecticide-treated Nets (LLINs)</i>	2,400	27,600
	<i>Number of women reached by the National Society's Cash for Health (CfH) assistance</i>	112	920
	<i>Number of staff and volunteers trained in Epidemics Preparedness and Control in Communities (EpiC)</i>	0	600
	<i>Number of people reached by the National Society's community health promotion</i>	846	2,300

### **Progress Toward Objectives**

As of 30 October, the PRCS, with IFRC and Movement partners support, has reached 18,293 people with essential health and care services, including consultations, referrals to hospitals, Psychological First Aid (PFA), and cash for health assistance in KP, AJK and GB provinces.

PRCS is delivering essential health services in flood affected areas. Four Mobile Health Units (MHUs) have been deployed in three different provinces; one in district Buner of KP province, one in district Neelum of AJK and two in GB province (district Ghizer and Shigar).

In Buner, health interventions are progressing well, with 7,031 consultations conducted during the reporting period including 4,382 females and 2,649 males receiving outpatient services. Alongside curative care, a total 298 beneficiaries attended group psychoeducation sessions (202 females and 96 males), while 281 persons received individual PFA sessions including 148 women and 133 males, and 56 cases requiring higher-level care were referred to hospital through PRCS ambulances. A training on Mental Health and Psychosocial Support (MHPSS) and PFA was conducted for the staff and volunteers of MHU in October in district Buner (8 females and 17 males). Additionally, in KPK, 1,200 LLINs have been distributed to 400 families, benefiting 2,400 persons. The second month's supply of medicines for the MHU have been dispatched to support continued service delivery and disease prevention. ECV training has been completed for 25 staff and volunteers of MHU Buner (11 females and 14 males)

Two MHUs have been deployed in GB province; in districts Shigar and Ghizer. In district Ghizer, the MHU was able to conduct a total of 1,451 basic medical consultations so far, for 968 females and 483 males. Out of the total patients, 35 per cent are beneficiaries are under 18 years of age. In addition, 26 combined sessions of PFA were conducted in which 547 participants participated, along with 760 individual PFA sessions, were held for 248 males and 512 females. In district Shigar, the MHU was able to conduct a total of 1,022 basic medical consultations, for 557 females and 465 males. Out of the total patients, 40 percent beneficiaries are under 18 years of age. In addition, 18 combined sessions of Psychoeducation were conducted for 79 participants, along with 70 individual PFA sessions for 37 males and 33 females.

Staff orientation and training on Protection, Gender and Inclusion (PGI)/Community, Engagement and Accountability (CEA), and MHU operations data recording and reporting, along with MHPSS and PFA, have already been conducted in two districts (Shigar and Ghizer), a total of 47 staff members and volunteers (22 females and 25 males) benefited. Additionally, Epidemic Control for Volunteers (ECV) training workshops have been conducted for both teams of Shigar and Ghizer for 41 persons (18 females and 23 males), in order to support the health authorities in case of any disease outbreak in the district. 1,500 LLINs and three months' supply of medicines have been dispatched to the branch.

One MHU has also been deployed in the district of Neelum of AJK. Staff and volunteers have been oriented. In district Neelum, the MHU conducted a total of 3,386 basic medical consultations for 2,021 females and 1,365 males. Out of the total patients, 44 percent are beneficiaries under 18 years of age. In addition, 50 combined sessions of PFA were conducted for 450 participants along with 68 individual PFA sessions, for 29 males and 39 females. A total of 1,400 LLINs and three months' supply of medicines have been dispatched to the branch. Additionally, the ECV training workshop has been conducted for the staff and volunteers (21 persons – 9 females and 12 males) of the MHU to prepare them for any disease outbreak in the district. These coordinated actions reflect strong progress towards strengthening community health services and ensuring essential care, prevention and referral pathways for flood-affected populations.

A total of 112 women received and collected the Cash for Health (CfH) support from the PRCS. CfH was carried out based on the data received from the relevant Basic health Units (BHUs) for a grant of PKR 22,000 (CHF 63) per pregnant woman. This cash grant is conditional to pregnancies and is only for the explicit purpose of healthy deliveries. A PDM exercise is planned for the CfH grants at a later stage once all beneficiaries receive their grants. Additionally, a total of 1,200 LLINs have been distributed to 400 families, benefiting a total of 2,400 persons.

#### *IFRC Network Support:*

During the reporting period, the Norwegian Red Cross (NorCross) provided critical support to flood-affected communities in KP and Merged Areas (MA) with an MHU in district Buner for 14 days under the Crisis Modifier Budget. The MHU contributed for safe delivery kits distribution, addressing immediate maternal and child health needs. To address urgent needs, NorCross also supported the distribution of Non-Food Items (NFIs), including a

total of 2,300 safe delivery kits—1,150 in KP and 1,150 in MA—ensuring access to safe childbirth for affected families. Overall, these interventions reached more than 15,000 people.

Looking ahead, NorCross plans to expand health service coverage through the deployment of three additional MHUs in Bajaur with one unit supported by the Canadian Red Cross (CRC) and two through the ECHO funding. Further NFI distributions, including hygiene, dignity, and safe delivery kits are also planned for the coming weeks to support household health, hygiene and protection needs.



## Water, Sanitation and Hygiene

**People reached: 56,255**

Female > 18: 17,642      Female < 18: 9,923

Male > 18: 18,362      Male < 18: 10,328

### Objective:

*Ensure equitable access to safe water, improved sanitation, and hygiene services for the affected population while building community resilience and mitigating public health risks.*

### Key indicators:

Indicator	Actual	Target
Number of people reached by WASH assistance	56,255	121,100
Number of litres of safe water distributed through RCRC emergency water supply (cumulative)	2,700,000	10,000,000
Number of water sources constructed or rehabilitated (wells with pumps, spring protection, community ponds with filtration)	2	120
Number of people supplied by the RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)	714	25,200
Number of people covered with hygiene promotion activities	6,705	35,000

### Progress Toward Objectives

PRCS, with its partners' support, continues to scale up WASH services across the affected districts. As of 30 October, the PRCS, with IFRC and Movement partners support, has reached 56,255 people (28,690 male and 27,565 female) with WASH services, including safe water distribution, WASH items distribution, and hygiene promotion in GB, KP and Punjab provinces.

PRC with IFRC support continues to provide safe water to affected people. The water treatment plant in Buner (KP province) and Muzaffargarh (Punjab province) along with the rehabilitated community water supply system in Ghizer (GB province) are providing access to more than 11,000 people daily, contributing to improved access to clean water and reduced exposure to waterborne diseases. The total cumulative production and distribution of drinking water has reached more than 2.7 million liters to date, benefiting at least 13,000 people.

Additionally, to support household-level hygiene, 2,000 families (approximately 14,000 individuals) in Lower Dir, Swat, and Buner districts received essential WASH items, including 2,000 hygiene kits, 1,800 jerrycans, 1,800 mugs, and 1,800 buckets. Hygiene promotion efforts also continued alongside the distribution, with 110 sessions conducted in KP and GB, reaching 3,705 people (1,890 men and 1,815 women) with key messages on personal hygiene, disease prevention, and handwashing practices.

At the national level, the procurement of 2,800 additional hygiene kits has been initiated, with the tender process completed and CBA finalized. The Purchase Order (PO) is expected to be issued within a week, and delivery of the kits is anticipated by mid-November, which will further strengthen ongoing hygiene support in the targeted areas.

Overall, the WASH interventions are progressing steadily towards their targets, contributing to improved access to safe water and hygiene practices among flood-affected communities. Furthermore, a WASH strategy is currently being developed which will be aligned with the finding of the Detail need assessment, with the focus on early recovery/ recovery interventions, including mass hygiene promotion campaigns and the rehabilitation and construction of critical water and sanitation facilities.



NFI distribution in KP (Photo: PRCS KP branch)

Overall, the WASH interventions remain on track, contributing to improved access to safe water and hygiene services for flood-affected communities.

*IFRC Network Support:*

NorCross provided 3,000 hygiene kits and 3,300 dignity/winterization kits, with initial distributions reaching 150 households in Buner (KP province).

Meanwhile, the German Red Cross supported the procurement and distribution of 650 hygiene kits in Multan and Muzaffargarh in Punjab province, reaching 4,550 people.



**Protection, Gender and Inclusion**

People reached: 386

Female: 327

Female: 59

**Objective:**

*Communities in crisis-affected areas and displaced individuals in vulnerable situations are safe from harm, including violence, discrimination, and exclusion, and their needs and rights are met.*

**Key indicators:**

**Indicator**

**Actual**

**Target**

<i>Number of people reached by protection, gender, and inclusion programming</i>	386	31,878
<i>Number of people trained on implementing the PGI Minimum Standards</i>	111	300
<i>Number of girls, female adolescents, and women reached by information dissemination sessions on menstrual hygiene management and who receive dignity kits (MHM)</i>	0	5,000
<i>Programme has completed the IFRC Child Safeguarding Risk Analysis</i>	0	Yes

## **Progress Toward Objectives**

Orientation sessions were organized for field staff and volunteers from districts Swat, Buner, Dir (KP), and Shigar and Ghizer (GB) and Neelum in AJK on mainstreaming of the DAPS principles, with an emphasis on protection, gender, diversity, and inclusion across all sectoral interventions. A total of 111 participants, including 47 women and 64 men, attended the sessions, who were briefed on the PRCS safeguarding policies and the internal reporting mechanisms.

Integration of PGI principles in the MHU services has been central to addressing the diverse needs of flood-affected communities. The MHU teams are gender-balanced, ensuring both male and female staff are present to provide culturally appropriate care. Additionally, separate medical checkup spaces for men and women have been established to respect local customs and the gender sensitivities. This approach has strengthened the patient trust by safeguarding their privacy and promoting a sense of safety during consultations. By aligning health services with the community values, PGI integration has enhanced access and dignity for all individuals. Moreover, 386 persons with disabilities were provided medical assistance through the mobile health units, ensuring they had accessible and inclusive health services. In addition, 112 pregnant women received cash assistance to support safe deliveries. These interventions aimed to reduce barriers to essential healthcare, promote dignity, and ensure that the most vulnerable specially women and persons with disabilities could access timely and appropriate assistance. Similarly, PGI principles were ensured during the 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. In areas without direct access, safe drinking water is being transported and distributed through vehicles and jerry cans. Special attention is given to the placement of water points to ensure safety and ease of access for women, children, elderly, and PWDs. All water collection points are well-lit, allowing community members to collect water safely at any time.

PRCS, with the technical support of IFRC, successfully secured membership in the Gender Task Force and the PSEA Group led by UN agencies in Pakistan. At the provincial level, PRCS branches were also facilitated to join these groups for strengthening synergies and representation of PRCS at coordination forums. In addition, PGI focal persons from PRCS NHQ and PHQ KP, have attended PSEA training organized by The United Nations Population Fund (UNFPA) further enhancing the organizational capacity to protect communities, especially women, children and marginalized groups.

PRCS with the technical assistance of IFRC developed the assessment tool, that has been shared with provincial branches to carry out the assessment of PWDs in the flood affected areas. The purpose of the assessment is to identify the nature of assistance required by the PWDs post flood.

Similarly, the PGI sectoral assessment tools have been developed to review the existing services and identify opportunities to integrate DAPS standards into sectoral interventions where required.



## Community Engagement and Accountability

**People reached: 3,492**

Female > 18: 1,643      Female < 18: 502

Male > 18: 991      Male < 18: 356

**Objective:** *The diverse needs, priorities and preferences of the affected communities guide the response through a people-centred approach and meaningful community participation*

Key indicators:	Indicator	Actual	Target
	<i>Percentage of people surveyed who report they know how to provide feedback about the operation</i>	0	30%
	<i>Number of opportunities for communities to participate in planning and managing the programme/operation (e.g. number of community committee meetings, planning workshops, focus group discussions, town hall meetings, etc.).</i>	15	32
	<i>Number of staff, volunteers, and leadership trained on community engagement and accountability</i>	111	300

### Progress Toward Objectives

A total of 111 staff and field volunteers, 47 women and 64 men have been trained on the feedback collection mechanism, including feedback channels, methods and tools, to ensure meaningful participation of affected communities in decision-making. A questionnaire has been transferred to the Kobo Tool with the technical assistance of IM Surge colleague. As a result, the field volunteers are able to collect face-to-face feedback, suggestions, complaints and queries from beneficiaries with the help of this tool. This approach supports timely sharing of feedback with sectoral leads in PRCS and IFRC, facilitating informed decision-making & course correction, and lastly, ensures that services remain safe, inclusive, and free from harm or exploitation. Based on the community feedback, the field teams adjusted their activities, for example, medical camps were arranged on the dates suggested by the community members, and they were also engaged in the selection of location, date and timing of distribution of Non-Food Items (NFIs). Similarly, encashment issues of beneficiaries were resolved after receiving complaints about accessibility and/or other technical issues.

To promote accessibility and trust, the PRCS NHQ hotline number has been widely disseminated through standees and banners in local languages in target districts, allowing the community members to share feedback confidentially and without the fear of stigma or judgment. A total 3,072 beneficiaries were reached by field volunteers and collected feedback, including 1,419 women, 502 adolescent girls, 795 men, and 356 boys across KP, GB and AJK. Feedback collected by dedicated PRCS volunteers shows that most community members 65% were satisfied with the services, while around 35% requested an increased number of medical camps in their areas. Furthermore, the feedback questionnaire has been transferred to Kobo Tool and linked with Power BI with the technical assistance of the surge IM colleague. A dashboard has been generated to provide analysis to relevant sectors, enabling them to respond quickly to concerns and suggestions and improve services for affected communities. Additionally, the PRCS and IFRC

CEA teams participated in two online meetings of Accountability to Affected Populations (AAP), where they presented the ongoing PRCS interventions in flood-affected areas. This contributes to avoiding duplications, fostering coordination, and promoting a collective, inclusive and accountable humanitarian response.

Three FGDs were conducted during reporting period with women and adolescent girls in district Buner, KP and district Neelum, AJK, with 35 women and adolescent girls participated and shared their issues and challenges following the devastating floods in their areas. The women expressed that they are still experiencing trauma and stress due to the severity of the destruction. As a result, MHPSS sessions have been integrated into the MHU services, and the team also coordinated with the provincial and district branches to immediately establish women and children’s safe spaces to address their need. Furthermore, feedback was collected on the mobile health camp services, whereby the community women appreciated the PRCS assistance and acknowledged that community members were consulted before any interventions were implemented. They appreciated the field staff and volunteers. During the FGDs the girls highlighted the need for improved Menstrual Hygiene Management (MHM), including access to hygiene kits and awareness sessions to address related taboos. They also requested for skills training program for women and girls in the village to enhance their livelihood opportunities and promote economic independence.

Moreover, 15 community meetings were conducted, engaging 385 community members from district Neelum (AJK), Shigar and Ghizer (GB), and Swat, Buner, Dir (KP). These meetings were aimed to engage communities prior to initiating any interventions in their villages. Through community meetings and FGDs, feedback from participants was carefully listened to and incorporated into the planning and implementation of field activities.



## Migration and Displacement

**People reached: 2,238**

Female > : 1,141      Female < 18: 1,097  
 Male > 18: -      Male < 18: -

**Objective:** *Prevent suffering and reduce vulnerabilities among migrants, host communities, and displaced people by ensuring timely access to family link services and humanitarian assistance, thereby strengthening protection, dignity, and resilience during emergencies*

Key indicators:	Indicator	Actual	Target
	<i>Number of migrants and displaced persons reached with services for assistance and protection</i>	2,257	22,500

### Progress Toward Objectives

During the reporting period, PRCS continued to strengthen 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. Staff and volunteers engaged in the Beneficiary Information and Registration (BIR) process were sensitized on the specific needs of migrants and refugees, enabling them to better identify, prioritize, and refer at-risk individuals during assessments and service delivery. The PRCS Migration and Displacement Lead conducted a field mission to the flood-affected districts of Punjab to observe displacement dynamics firsthand and assess the immediate needs of migrant communities, contributing to improved planning and targeted support.

As part of ongoing efforts to enhance access to Restoring Family Links (RFL) services, PRCS completed the printing and dispatch of IEC materials to all flood-affected provinces, improving visibility and awareness of available support. Cumulatively, 77 community sessions have been conducted, reaching 1,179 community members with key messages on RFL services and how separated families can seek assistance. To further support communication needs, especially migrants who have lost contact with relatives, PRCS distributed 1,059 mobile cards, enabling affected individuals to restore communication channels. In addition, 19 free phone calls were facilitated to help people reconnect with their families during emergencies.

To ensure wider outreach, radio awareness campaigns have been launched across flood-affected areas, broadcasting information about RFL services and referral pathways. RFL emergency needs assessments were carried out across all affected locations, allowing PRCS to identify gaps and tailor its response accordingly. To sustain service delivery capacity, 14 trained RFL volunteers were deployed in multiple districts to provide frontline support, while three RFL-in-emergency orientation sessions were conducted for volunteers in KP, Punjab, and AJK. Furthermore, an orientation session on RFL services and emergency mechanisms was provided to three male staff of PRCS National Headquarters and 20 volunteers (10 male and 10 female), enhancing overall readiness and reinforcing the integrated approach of the migration response.



### Risk Reduction, Climate Adaptation & Recovery

**People reached: 85,658**

Female > 18: 25,177

Female < 18:  
16,804

Male > 18: 26,205

Male < 18:  
17,472

#### Objective:

*Communities are empowered to take proactive and sustained climate smart risk reduction actions that strengthen their resilience against evolving and multiple shocks and hazards.*

#### Key indicators:

Indicator	Actual	Target
Number of people reached with disaster risk reduction	85,658	70,000
Number of community disaster response team (CDRT) training sessions	3	50
Number of communities that developed a risk informed community plan of action with the National Society's support, based on vulnerability and capacity assessments	0	50

#### Progress Toward Objectives

The German Red Cross (GRC), in close collaboration with PRCS, continued to strengthen community preparedness and early action capacities across flood-affected and high-risk areas. Cumulatively, 71 Community Disaster Response Teams (CDRTs) 36 in Punjab and 35 in Sindh played a vital role in supporting their communities through early warning dissemination, preparedness messaging, and evacuation assistance. These community-led structures remained the frontline mechanism for translating early warning information into practical, life-saving action at the household level.

In the early stages, PRCS, with technical and operational support from GRC, supported Early Actions for riverine floods for the Indus River and its major tributaries. The early actions were supported in Sections 4 and 5. In total,

86 villages were covered, and 85,658 people received early warning messages delivered through megaphones, mosque announcements, and direct community outreach.

As part of evacuation support, PRCS volunteers worked together with local authorities to assist the safe movement of vulnerable families, resulting in the evacuation of 26,061 people from high-risk areas ahead of anticipated flooding. These early actions significantly contributed to reducing exposure and preventing loss of life.

In parallel, the IFRC continued supporting PRCS efforts to strengthen anticipatory action and disaster response capacity. While the national EAP for riverine floods remains under approval during the timeframe, however with PNS backing enabled the implementation of two early actions agreed under the draft EAP framework. Additionally, PRCS completed rapid needs assessments across the five flood-affected provinces to better understand community priorities and inform subsequent operational planning. The procurement process for CDRT kits has been initiated to enhance volunteer readiness, and transportation of food items from existing PRCS stocks (without replenishment at this stage) has begun to ensure timely assistance to affected households.

Capacity strengthening activities remained ongoing, with 45 volunteers (36 men and 9 women) completing three Disaster Risk Reduction (DRR) trainings in Lower Dir, Buner, and Swat. Furthermore, two DRR orientation sessions were conducted for volunteers in Swat and Lower Dir, engaging 52 participants (36 men and 16 women) to enhance understanding of risk reduction, preparedness actions, and community-level engagement. Together, these actions continue to reinforce the resilience of at-risk communities and the overall preparedness of PRCS and its partners.



### Environmental Sustainability

People reached: -

Female > 18: -

Female < 18: -

Male > 18: -

Male < 18: -

**Objective:** *Improve the operation's environmental sustainability by minimising and mitigating ecological impacts, promoting responsible resource use and strengthening community-driven environmental resilience*

Key indicators:	Indicator	Actual	Target
	Number of people reached by public campaigns involving clean-up and greening	0	32,500

### Progress Toward Objectives

No progress to report at this stage and will be reported in the upcoming reporting cycle.

## Enabling approaches



### National Society Strengthening

**Objective:** *Strengthen the PRCS's preparedness and response capacities by reinforcing branch-level structures and the workforce, mobilising inclusive and trained volunteer networks for effective operation, and advancing youth-led initiatives that improve community resilience*

<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>National Society has a Protection of Sexual Exploitation and Abuse (PSEA) policy to enforce prevention and support survivors</i>	In progress	Yes
	<i>National Society covers health, accident, and death compensation for all of its volunteers</i>	Yes	Yes
	<i>National Society has a safeguarding focal person</i>	Yes	Yes
	<i>Number of branches that have the capacity to lead the operation at the local level</i>	4	5

**Progress Toward Objectives**

Volunteer insurance for PRCS has been maintained through the IFRC Geneva annual subscription, with 500 volunteers currently covered under this mechanism. The coverage remains valid until December 2025 and is scheduled for renewal in December 2026. To date, PRCS has deployed 207 trained volunteers across flood-affected areas to support vulnerable communities. Their efforts include safe evacuations, dissemination of early warning messages in high-risk zones, beneficiary identification and registration (BIR), and feedback collection. In addition, trained Community Disaster Response Teams (CDRTs), Emergency Response Teams (ERTs), and community volunteers are actively engaged in WASH, health, cash, and relief assistance. After receiving orientations, volunteers have contributed to rapid assessments and facilitated the distribution of relief items, cooked meals, and safe drinking water in targeted locations.

Capacity building for staff and volunteers remains an ongoing priority throughout the appeal and is integrated across all interventions. While the current appeal coverage is limited and focused primarily on immediate emergency assistance, increased funding will enable PRCS to strengthen National Society Development (NSD), including branch development and capacity enhancement, as outlined in the operational strategy. Parallel to these efforts, PRCS is also strengthening its safeguarding framework. Its Protection from Sexual Exploitation and Abuse (PSEA) policy, together with child safeguarding under revision by the legal department to ensure alignment with national laws. PRCS has recently approved and launched two policies, the Whistle Blower Protection Policy and Prevention and Response to Workplace Harassment and Discrimination Policy to provide safe working environment for its staff. To reinforce accountability, PRCS is also developing a reporting mechanism that will provide a dedicated email address and contact number on its website, enabling the public to confidentially report safeguarding concerns or financial misconduct.

PRCS district branches in KP, Punjab, AJK, and GB are actively supporting the flood operation, with oversight provided by the respective provincial branches to ensure smooth implementation of field-level activities. Although the immediate focus remains on reaching the most vulnerable communities through emergency response, further investments in district and branch capacities will be prioritized once additional funding becomes available. Strengthening these structures will not only enhance the effectiveness of the ongoing response but also reinforce PRCS's long-term capacity to address future emergencies.



## Coordination and Partnerships

**Objective:** *Strengthen coordination and collaboration within the IFRC membership and the wider Movement ensuring technical and operational complementarity, while enhancing cooperation with external partners to improve the effectiveness and reach of PRCS operations*

Key indicators:	Indicator	Actual	Target
	<i>National Society has a membership coordination mechanism in place</i>	Yes	Yes
	<i>Number of government-led coordination platforms the National Society is a part of</i>	6	8
	<i>Number of strategic partnerships the National Society is engaged in</i>	0	3

### Progress Toward Objectives

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

The Movement Coordination Agreement (MCA) is signed between PRCS, IFRC, and ICRC, whereby coordination efforts at the strategic, operational and technical levels are ensured. The MCA will be reviewed and signed for the next three years starting from January 2026 as the current one expires by 31 December 2025.

The National Society is part of different government led coordination forums which include but are not limited to the Health Technical Committee, Protection Working Group (WG), National Emergency WG, Food Security and Agriculture WG, Cash WG and Disaster Risk Reduction (DRR) WG. Some of these meetings are jointly held by the NDMA and/or OCHA or other United Nations (UN) agencies.



## Secretariat Services

**Objective:** *Strengthen and reinforce internal support functions and systems to drive an effective and adaptive flood response operation, enhance coordination, and leverage digital tools for timely, data-driven decision-making and community-centred action.*

Key indicators:	Indicator	Actual	Target
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<i>Movement coordination mechanism is described and active</i>	Yes	Yes
<i>Number of evaluations conducted</i>	0	1

### **Progress Toward Objectives**

Movement coordination mechanism is active through the MCA and regular meetings at the strategic, operational and technical levels are held with relevant staff from NS, IFRC and ICRC. The IFRC, PRCS and ICRC have signed the MCA and is valid till 31 December 2025.

The PRCS district branches in KP, Punjab, AJK and GB are actively supporting the operation and further investment will be made in the branches once the funding coverage is increased. Currently, the provincial branches are providing oversight in close coordination with the district branches, and the field level activities are being implemented smoothly. With increased funding, the capacity of the district branches would be further strengthened. However, the current focus is on the emergency response reaching out to the most vulnerable communities.

### **Planning, Monitoring, Evaluation, and Reporting (PMER)**

As of reporting period, regular reporting for the operation has been maintained, including the issuance of IFRC Federation-wide Situation Reports (4 & 5), and the appeal's Operations Update # 1, while supporting continuous data quality improvement at the field level. The PMER team is also supporting the very important exercise of Detailed Needs Assessment to chalk out the priority areas and activities for the recovery phase of the flood response based on the needs of the people with the changing local context. The development of the data collection tools including field survey, Key Informant Interviews (KII) and Focus Group Discussion (FGD) tools have been finalized with the support of the Assessment Coordinator (Surge) and the IM Surge support. The data collection in the field has now been completed, which will be followed by data analysis and response planning – all to be shared in a report before the end of the year.

### **Information Management (IM)**

**Programme Performance Dashboard:** A comprehensive Programme Performance Dashboard was developed and shared with the IFRC programme teams, consolidating operational data from Health, WASH, Livelihoods, CVA and PGI/CEA, along with relevant financial information. Once finalized with sectoral input, the dashboard will serve as the primary visualization tool for monitoring progress and presenting operational achievements.

**Response One-Pager Infographic:** A one-page infographic summarizing major achievements since the onset of the response was developed and shared with senior management to support internal and external communication. The product provides a concise snapshot of programme reach and key results.

**PGI-CEA Feedback Tool and Dashboard:** The PGI/CEA community feedback questionnaire was reviewed, cleaned and adapted for Kobo to enable user-friendly field deployment. The form was uploaded and tested successfully, and a live dashboard has been established for initial review of the incoming data. Further refinements will be made following the first round of data collection.

**Support to Detailed Needs Assessment (DNA):** IM contributed to the design and finalisation of DNA tools, including household surveys, KIIs and FGDs, and ensured the tools were Kobo-friendly for field use. The forms were prepared and deployed in Kobo, and IM provided support on data preparation and quality assurance to enable reliable analysis in the next phase.

**Health Services Dashboard:** Data cleaning and structuring for the Health Services Dashboard were initiated, and a draft Power BI layout is under development to visualise consultations, PFA sessions, referrals, LLIN distribution and medicines tracking across MHUs.

IM Training Preparation: Development of materials for upcoming Information Management sessions for PRCS branch staff participating in the Public Health in Emergencies training has been initiated.

### Communication

Content related to the actions taken on the field for the two-month mark approval has been developed, with some of the contents already published (LinkedIn), including texts and infographics on the IFRC website and other platforms. [A press release](#) was issued, and the operational activities were featured in the [media](#) including [international media](#). [Photos](#) from the field are shared via IFRC Newswire and posted on IFRC [shaRED](#), as well as social media postings to enhance visibility, including [X](#), [FB](#), [LinkedIn](#). A comms surge (for two months) has been deployed to support the flood operation.

PRCS relief and response efforts were covered by several local national print media outlets as well as PRCS is using social media like [Facebook](#), [Instagram](#) and [X](#) platforms for sharing the activities and update.

### Logistic and Procurement

The procurement of LLINs, Hygiene and Dignity Kits, Medicines, Jerry Cans, Visibility Material for which the procurement process has been initiated. The Purchase Order for the provision of Jerry Cans has already been issued and the delivery is expected to be made in the coming weeks. The manufacturer of WHO standard LLINs has been identified, and the Purchase Order will be issued in the coming weeks. Similarly, the procurement of Dignity Kits will be initiated through a repeat order ensuring the timely delivery of items. Though the procurement of medicines will require the validation of MedLogs, the suppliers are identified, and the procurement process will also be done through a repeat order ensuring timely delivery of medicines.

## D. FUNDING

As of 30 October 2025, the funding coverage of the Federation-Wide contribution to support the operation is CHF 2,439,076.51 out of which, IFRC Secretariat total (hard and soft pledges, including in kind) for the support of this operation totalled CHF 1,953,367.51 (14.3 per cent) coverage of the IFRC Secretariat funding requirement).

Funding Coverage	Funding Requirement (CHF) <b>A</b>	Amount Raised (CHF) <b>B</b>	Funding Gap (CHF) <b>C = A-B</b>	Coverage (%) <b>D = (B/A)x100</b>
IFRC Secretariat (including DREF grant)	16,000,000	1,953,367.51	14,046,632.49	12.2%
Bilateral (PNS)	1,000,000	485,709	514,291	48.6%
<b>Total Federation-wide contribution (Secretariat + bilateral) + in kind</b>	<b>17,000,000</b>	<b>2,439,076.51</b>	<b>14,560,923.49</b>	<b>14.3%</b>

**IFRC extends its heartfelt gratitude to all donors and earnestly appeals for further contributions to bridge the gap remaining. This support is crucial for the National Society and the IFRC to continue delivering vital humanitarian assistance during both the emergency and recovery phases.**

*Note: A financial report will only be attached for the 6-month update for the operation, due in March 2026.*

## Contact information

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

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### For In-Kind Donations and Mobilisation table support:

- **Manager – Regional Logistics Unit:** Nuraiza Khairuddin; email: [nuraiza.khairuddin@ifrc.org](mailto:nuraiza.khairuddin@ifrc.org)

## Reference



Click here for:

- [Previous Appeals and updates](#)
- [Emergency Appeal](#)
- [Operational Strategy](#)
- [DREF Application](#)