

<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 #3</b> <b>Date of issue:</b> 14/01/2026	<b>Timeframe covered by this update:</b> From 30/08/2025 to 30/11/2025
<b>Operation timeframe:</b> 16 months (21/08/2025 - 31/12/2026)	<b>Number of people being assisted:</b> 261,620 (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

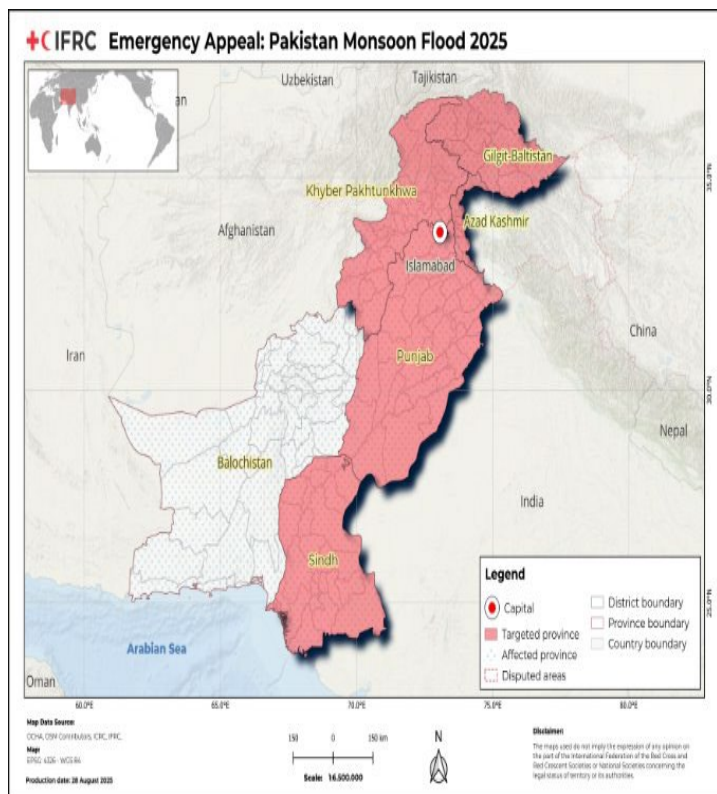
*To date, this Federation-wide Emergency Appeal, which seeks CHF 17 million, is 19 per cent funded. Further funding contributions are needed to enable the Pakistan Red Crescent Society, with the support of the IFRC, to continue providing humanitarian assistance to people affected by the disaster.*



*Medical camp arranged by MHU Shigar at village Doko (Photo: PRCS AJK branch)*

# A. SITUATION ANALYSIS

## Description of the crisis



The 2025 monsoon season, which intensified from late June and peaked through mid-September, delivered unprecedented rainfall across Pakistan, triggering widespread flash floods, glacial lake outburst floods (GLOFs), and riverine inundation. Secondary impacts, including lingering waterlogging, infrastructure breaches, and early winter conditions, persisted into November, but receding floodwaters and improved reservoir levels have supported a deeper shift toward recovery efforts in Punjab, the epicentre of the crisis and provinces like Khyber Pakhtunkhwa (KP), Sindh, and Gilgit-Baltistan (GB). As of 30 November 2025, the National Disaster Management Authority (NDMA) and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) report continued stabilization in acute needs, with the nationwide death toll steady at 1,037 (including 304 in Punjab and 504 in KP) and injuries at 1,067 (primarily in Punjab and KP). Displacement has further declined to around 80,000 people nationwide, down from 150,000 in October, as over 95 per cent of Punjab's 2.7 million evacuees have repatriated, bolstered by below-normal

November rainfall and enhanced access to de-flooded areas per Pakistan Meteorological Department forecasts.<sup>1</sup>

In Punjab, the worst flooding in four decades 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, an estimated 4.5 million continue to face challenges from the damaged houses (over 229,760 destroyed or partially destroyed nationwide, 92 per cent in Punjab), disrupted roads (2,811 km), and breached bridges (790 affected).

Southern districts such as Multan and Muzaffargarh, where depths reached up to 10 meters in September, have fully stabilized below danger level thresholds, enabling comprehensive assessment. However, isolated inundation from the embankment failures lingers in low-lying pockets, and emergency declarations in nine KP districts triggered by August cloudbursts exceeding 150 mm of rain in Buner have transitioned to recovery alerts.

Agricultural recovery has advanced significantly with the Rabi sowing season, targeting 30 million tons of wheat for 2025–26 to mitigate losses and enhance food security. Floods inundated 1.12 million hectares in Punjab (9 per cent of the arable land), including 220,000 hectares of rice fields, plus 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 over 22,800 livestock deaths and destroyed farming tools. As per the Indus River System Authority (IRSA) projection of only 8 per cent water shortage for Rabi, the flood replenished 99 per cent capacity.

<sup>1</sup> [Pakistan 2025 Monsoon Floods: Support Plan for Relief and Early Recovery \(October 2025 - April 2026\) | OCHA](#)

Wheat planting has reached 85 per cent completion in Punjab, aided by FAO's distribution of seeds and fertilizer to 500,000 smallholders. Wheat flour prices, which peaked at a 25 per cent surge in September, have stabilized at 10 per cent above baseline, though fodder shortage persists, threatening an additional 150,000 livestock. Total economic damage is estimated at Rs822 billion (approximately US\$3 billion), with infrastructure losses alone surpassing Rs307 billion<sup>2</sup>.

Vulnerable populations, women, children (over 500 child deaths reported nationwide), older persons, migrants (including Afghan refugees), and persons with disabilities face ongoing risk from mobility barriers, aid exclusion and inadequate shelters, particularly in northern areas bracing for one of the coldest winters in decades under La Niña conditions. Undocumented migrants and 1.5 million malnourished children remain highly susceptible to contaminated water, with WASH system now 30 per cent compromised (down from 50 per cent), fueling surges in the waterborne diseases like diarrhea and vector-borne illnesses such as dengue and malaria.

Response efforts have solidified the transition to recovery, with NDMA concluding an additional 800 operations in November, raising Punjab's total to 7,768 rescues and evacuating 2.9 million people and 450,000 animals since August. Furthermore, relief camps have been reduced to 45 nationwide, while 351 medical sites and 321 veterinary facilities now operate as permanent hubs. Relief distributions have exceeded 500,000 units, including 55,000 tents, with NDMA delivering 3,000 tons of essentials (blankets, mosquito nets, water filters) to Punjab and KP districts. The Pakistan Red Crescent Society (PRCS), supported by the IFRC, has expanded hygiene kits to 2,500 families in Punjab and 2,800 families in KP, GB and Azad Jammu and Kashmir (AJK). Additionally, over 100,000 food parcels were distributed in KP and Punjab, mobile water treatment plants were deployed in KP and Punjab, and mobile health units were deployed to combat waterborne illnesses<sup>3</sup>.

The OCHA Pakistan Central Emergency Response Fund allocated an additional US\$3 million in November for Health and WASH, while the Pakistan Country-Based Pooled Fund disbursed US\$2.5 million to local NGOs for shelter, livestock support and Nutrition, reaching 300,000 beneficiaries.

Moreover, the protracted Water, Sanitation and Hygiene (WASH) crisis demands ongoing actions, as residual contamination disease surge among 1.5 million vulnerable children, with WHO-supported surveillance detecting early cholera clusters in Sindh and Punjab Long-term priorities encompass resilient drainage, flood-resistant agriculture, enhanced early warning systems, and climate adaptation measures to counter Pakistan's rising threats from glacial melt, intensified monsoons, and upstream water releases—exacerbated by La Nina's colder northern winters, which have isolated GB communities and heightened hypothermia risk for 200,000 in makeshift shelter.

The Humanitarian cluster team endorsed support for the relief and recovery plan from October 2025 to April 2026, targeting US\$150 million to assist 1.9 million people out of the 2.8 million in need across 14 prioritized districts in Punjab, KP, and GB. Comprising 100 vetted projects from UN agencies and partners, it guides mobilization for coordinated recovery, with 40 per cent funding secured by December, prioritizing shelter rehabilitation and livelihood restoration aimed at winter challenges.

## 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

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<sup>2</sup> [Pakistan 2025 Monsoon Floods: Support Plan for Relief and Early Recovery \(October 2025 - April 2026\) | OCHA](#)  
[Floods replenish reservoirs as IRSA limits Rabi 2025-26 water shortage to 8% - Profit by Pakistan Today](#)

<sup>3</sup> [Pakistan: Monsoon Floods 2025 | IFRC](#)  
[Communities struggle to rebuild following Pakistan's worst floods | UN News](#)

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.

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 November 2025, the Federation-Wide response collectively reached an estimated **261,620** people in KP, Punjab, Sindh, AJK and GB. Of these, **153,106** 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):

STRATEGIC SECTORS OF INTERVENTION		
	<b>Shelter, Housing, and Settlements</b>	<ul style="list-style-type: none"> <li>• 846 emergency shelter items distributed, reaching 5,922 people (1,658 men; 1,599 women; 1,362 boys; 1,303 girls) 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>
	<b>Livelihoods</b>	<ul style="list-style-type: none"> <li>• 7,095 dry food parcels distributed across KP and Punjab to support food-insecure households, reaching 49,665 people, 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> <li>• With IFRC network support, the Turkish Red Crescent Society (TRCS) assisted 1,020 flood-affected families with food in KP (370 families) and Punjab (650 families), while German Red Cross support enabled the distribution of 650 food parcels and hygiene kits with dignity items to 650 families (4,550 individuals) in Muzaffargarh (Alipur) and Multan (Jalapur Pirwala)</li> </ul>
	<b>Multi-Purpose Cash</b>	<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 1,929 households having received their cash assistance as per the last report shared.</li> </ul>

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



### Health & Care

- PRCS, with IFRC support, is delivering essential health services through four Mobile Health Units (MHUs) across KP, AJK and GB, providing over 24,340 medical consultations, extensive MHPSS/PFA support, and multiple referrals for higher-level care.
- Community health protection has been strengthened through wide-scale distribution of 1,200 Long Lasting Insecticidal Nets (LLINs), benefiting over 2,400 people, regular medicine supplies, and Epidemic Control for Volunteers (ECV) training for staff and volunteers across all deployed MHUs.
- 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.
- IFRC network support, including NorCross, provided critical maternal and child health assistance through safe delivery kits and NFIs, and plans to expand services with three new MHUs in Bajaur by October 2025 to further enhance health and protection coverage.



### Water, Sanitation, and Hygiene

- 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 3.7 million litres of water to date.
- 2,000 hygiene kits, 1,800 jerrycans, 1,800 mugs and 1,800 buckets distributed in KP, reaching 2,000 families (14,000 people).
- 136 hygiene promotion sessions were conducted in KP and GB on topics such as personal hygiene, disease transmission, and handwashing, reaching 4,505 people (2,297 men and 2,208 women).
- Procurement of 5,600 Jerrycans has been completed.






### Protection, Gender, and Inclusion

- 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.
- 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.
- PRCS National Headquarters (NHQ), with IFRC technical support, developed assessment tools for PWDs, now shared with field teams for data collection
- 598 vulnerable community groups including women, children and persons with disabilities were provided inclusive health, WASH, and MHPSS sessions. Among them 112 pregnant women have been supported with cash assistance to access health services in dignified manners.
- Keeping the damages and destruction in consideration, an assessment has been conducted in flood-affected areas of KP, GB and AJK aiming to identify people with disabilities and elderly people and provide assistive devices to reduce the barriers they have been facing and ensure access to the services and revive their mobility for daily routine tasks.



### Community Engagement and Accountability

- 111 field staff and volunteers (64 men, 47 women) from KP, GB and AJK trained on community engagement and feedback collection.
- PRCS hotline (1030) is widely disseminated through standees and banners in local languages to increase community access to confidential feedback channels.
- A total 4038 beneficiaries were reached by field volunteers and collected feedback. 1828 women, 665 adolescent girls, 1042 men, and 503 boys across KP, GB and AJK. There are 33 persons with disabilities were engaged in feedback

	<p>collection by the field teams putting extra efforts to get their opinion regarding the services they have received from PRCS.</p> <ul style="list-style-type: none"> <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; 126 community sessions reached 1,479 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>• 89 volunteers (59 men, 309 women) completed five DRR trainings in Lower Dir, Buner, Swat, Shigar and Ghizer; two additional DRR orientations in Swat and Lower Dir engaged 52 volunteers (36 men, 16 women).</li> <li>• A range of community-based activities aimed at promoting local adaptation and environmental resilience. These included awareness sessions in Swat and Lower Dir with 50 participants, as well as clean-up drives in Lower Dir and Buner involving 49 participants. Furthermore, plantation drives in both districts mobilized 122 participants, contributing to environmental restoration efforts. The National Society also conducted Community Baitek sessions in Lower Dir, Buner, and Swat, engaging 80 participants, and completed the mapping of services for religious minorities in Buner, covering 32 individuals.</li> </ul>
 <p><b>Environmental Sustainability</b></p>	<ul style="list-style-type: none"> <li>• No progress yet to update at this stage</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 (DNA) 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:

<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>

## Health

The monsoon floods in Pakistan have severely disrupted services and access to care. More than 2811 kilometres of roads, 790 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 per cent 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 and 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 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 the 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 have 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>. As per the detailed need assessment carried out in 11 priority districts across three provinces, 3 districts in KP, Buner, Swat and lower Dir, 4 in Punjab Chiniot, Jang, Multan, and Muzaffargarh, 2 in GB Shigar and Ghizer, 2 in AJK Neelum and Muzaffarabad. Health continues to be a critical and high-priority need across assessed communities. Damaged health facilities, damaged sanitation services, and long distances from functional health facilities and an increase in seasonal sickness have put a burden on health systems and households simultaneously<sup>10</sup>.

Despite the leadership of the Government of Pakistan and engagement of local authorities, the scale and severity of the floods have exceeded national capacities. Health systems in the most affected areas are overwhelmed and under resourced, struggling with multiple challenges; an escalating burden of waterborne and vector-borne disease outbreaks (including active cholera outbreaks in KP and GB, and dengue outbreaks in AJK and Punjab); interruption of routine immunization and reproductive, maternal, newborn, and child health (RMNCH) services; acute shortages medicines, antibiotics, IV fluids, diagnostics, and rapid response teams (RRT) supplies; and urgent needs for mobile medical teams, surveillance support, and outreach services in both rural and peri-urban flood-affected areas. Furthermore, stagnant floodwaters are triggering a sharp surge in outbreaks of malaria, dengue, acute respiratory infections (ARI), and skin diseases.

## Water, Sanitation, and Hygiene (WASH)

The 2025 floods, driven by intensified climate-induced rainfall and glacial outbursts, inflicted extensive damage to WASH infrastructure, depriving millions of safe water and sanitation amid receding floodwaters and encroaching winters. Contamination persists in wells, boreholes, and piped schemes across KP, Punjab, Sindh, GB, and AJK, with sewage and runoff entering supplies. In KP alone, 217 water schemes were damaged, while Punjab's D.G. Khan,

<sup>6</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/Y5rkhKV6UOtdIPi3uvJH.pdf>

<sup>7</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/nAvCiy3KUrf7YCxmMdZN.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>

<sup>10</sup> <https://www.unocha.org/publications/report/pakistan/pakistan-2025-monsoon-floods-support-plan-relief-and-early-recovery-october-2025-april-2026>

Muzaffargarh and Rajanpur with 30 per cent residual contamination, down from 50 per cent. GB's Ghizer reported that one-third of systems were damaged by glacial floods, and in AJK, sewage and sediment runoff continue to infiltrate supplies despite de-flooding efforts. Power outages and partially damaged infrastructure, including 800 kilometres of roads and 551 bridges, at 60 per cent functionality, still impede access to isolated valleys and residual displacement sites, exacerbating vulnerabilities in northern areas under extreme winter conditions<sup>11</sup>.

The collapse of sanitation facilities has increased open defecation and overwhelmed urban sewage systems, compounding contamination risks. Health facilities are reporting a rise in acute watery diarrhea, cholera, typhoid, malaria, dengue, and skin infections, particularly in overcrowded camps with limited hygiene facilities<sup>12</sup>. Women, children, and displaced families remain most at risk, with malnourished children especially vulnerable. PRCS, supported by IFRC and Movement partners, is prioritizing repair and maintenance of hand pumps and small water schemes, the construction of household latrines, through the 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 2,811 kilometres of roads and 790 bridges. Livestock losses – estimated at 16,332 animals – have compounded household asset depletion<sup>13</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<sup>14</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 Persons with Disabilities (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 per cent 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>15</sup>. In KP alone, at least 57,892 acres of crops have been damaged, and over 5,412 animals have been lost<sup>16</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>17</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.

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<sup>11</sup> Pakistan – Situation Report 2: Monsoon Floods, Intersector Coordination Group – November 2025 | OCHA. <https://www.unocha.org/publications/report/pakistan/pakistan-situation-report-2-monsoon-floods-intersector-coordination-group-november-2025>

<sup>12</sup> WHO: Health Emergency Updates, [www.who.int](http://www.who.int)

<sup>13</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/Y5rkhKV6UOtdlPi3uvJH.pdf>

<sup>14</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>15</sup> <https://www.voyagefreight.co/supply-chain-management/floods-destroy-2-5-million-acres-pakistan-agriculture/>

<sup>16</sup> <https://www.arabnews.com/node/2613836/pakistan>

<sup>17</sup> <https://reliefweb.int/report/pakistan/pakistan-rain-monitor-issue-number-16-01-07-september-2025>

## Protection, Gender, and Inclusion (PGI)

With most families having returned to their homes, protection risks persist in different forms as communities work to rebuild their lives. Women and girls continue to face heightened vulnerability to GBV due to damaged housing structures, lack of secure livelihoods and limited access to confidential support services. Reduced community mobility disrupted social networks and inadequate health services, MHM and gender segregated WASH services still affect privacy and dignity. 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. Current gaps include strengthening safeguarding, inclusive livelihood support, accessible feedback mechanisms, community-based protection support and MHPSS services for all vulnerable community groups. Coordination within sectors (Health, WASH, CVA and DRR) as well as other stakeholders working on protection and GBV for effective and safe operations.

## 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:

- **Logistics bottlenecks and supply chain disruptions** may slow the transportation of relief items; to address this, relief supplies have been 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 have been adopted, including maintaining flexibility to scale operations based on ground conditions and pre-positioning emergency supplies in flood-prone areas for a swift response.
- **Political demonstrations** and public unrest may disrupt movement, delay operations, and create unpredictable security conditions. Close monitoring of local developments and coordination with authorities is ensured for safe access of staff.
- **Cross-border firing** along the Line of Control (LoC) poses a significant safety risk to communities and responders. This may lead to restricted access, sudden evacuations, or temporary suspension of activities. Mitigation includes maintaining real-time updates, using safe routes, and adjusting field.
- Difficulty 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 are being ensured 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 have been mobilized and trained, work with surge staff and coordinate with Movement partners to provide temporary staffing support where needed.

## B. OPERATIONAL STRATEGY

### Update on the strategy

There is no change to the [Operational Strategy](#) published 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.

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.

A detailed multi-sectoral needs assessment (DNA) was conducted in November 2025 across 11 districts in KP, AJK, GB, and Punjab to inform evidence-based recovery planning. The data analysis has been completed and formally presented to the National Society operations team, highlighting clear sectoral and geographic priorities. The findings are now guiding the development of the recovery plan of action, ensuring that interventions are aligned with verified community needs. Based on these prioritized recovery requirements and area-specific vulnerabilities, the operational strategy will be revised to strengthen targeting, optimize resource allocation, and enhance the overall effectiveness and coherence of the response and recovery phase.

## 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



#### Shelter, Housing and Settlements

**People reached: 5,922**


Female > 18 1,599      Female <18 1,303

Male > 18 1,658      Male < 18: 1,362

#### Objective:

*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.*

	Indicator	Actual	Target
<b>Key indicators:</b>	<i>Number of people reached with shelter support</i>	5,922	91,000
	<i>Number of family kits prepositioned by the National Society</i>	0	5,000
<b>Progress Toward Objectives</b>			
<p>As of 30 November, PRCS with the support of the IFRC Network has reached 5,922 people (3,020 male, 2,902 female) with emergency shelter assistance. The figure remains unchanged from the previous update.</p> <p>In response to the urgent shelter needs, a total of 846 emergency shelter items were distributed to targeted households, reaching 5,922 people across Buner (KP) and Punjab. These distributions supported affected families 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.</p> <p>Overall, this intervention has contributed to strengthening household resilience, reducing exposure to risks, and supporting early recovery efforts in the affected areas.</p>			

	<b>Livelihoods</b>	<b>People reached: 69,828</b>	
		Female > 18: <b>N/A</b>	Female <18: <b>N/A</b>
		Male > 18: <b>N/A</b>	Male < 18: <b>N/A</b>

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

	Indicator	Actual	Target
<b>Key indicators:</b>	<i>Number of people reached with livelihoods support<sup>18</sup></i>	<b>69,828</b>	70,000

**Progress Toward Objectives**

As of 30 November, PRCS with the support of the IFRC Network has reached 69,828 people with food assistance. Other livelihood activities are planned for the recovery phase of the operation; however, food security and nutrition activities have been covered during the initial response period. Details are as below.

Dry food parcels distribution

PRCS distributed 7,095 dry food parcels across KP and Punjab, reaching 49,665 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: 5,525 parcels distributed to vulnerable households in the most affected districts.

<sup>18</sup> Including food assistance

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:

- KP: 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:*

The Turkish Red Crescent Society (TRCS) supported 370 families in KP with food support, while 650 families were supported in Punjab with food assistance.

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

An additional CHF 100,000 bilateral contribution from the Swiss Red Cross through the 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 to be carried out in January 2026. The procurement and distribution have been done in the districts of Muzaffargarh and Multan, Punjab Province.



### Multi-purpose Cash

**People reached: 13,503**

Female > 18: 3,611	Female < 18: 3,103
Male > 18: 3,494	Male < 18: 3,295

#### **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
<i>Number of people reached - Cash Transfer Programming</i>	13,503	70,000

## Progress Toward Objectives

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

A total of 66 volunteers, including 46 males and 20 females, have been trained and oriented on the BIR processes, Cash and Voucher Assistance (CVA) data collection tools, and key CVA considerations, with a strong emphasis on accountability, inclusion and data protection, to strengthen the capacities of staff for effective delivery. Data was collected through KOBO across seven districts of the country and was analyzed at the NHQ level. The selected beneficiaries of each location were shared with the PRCS district and Provincial headquarters, which were endorsed by the relevant PRCS district branch and government authorities. The lists were then shared with financial service providers (FSPs) for cash disbursement.

As of the reporting period, a total of 1,929 households have collected their cash, with overall 13,503 people reached. Each targeted household received PKR 45,000 (approx. CHF 128) through mobile banking.

### *IFRC Network Support:*

Through the Norwegian Red Cross (NorCross), the PRCS/NoRC-ECHO Budgeted project in Bajaur completed the first tranche of the Multi-Purpose Cash Assistance (MPCA) programme. The activities carried out included comprehensive stakeholder consultations at district and village levels, finalization of targeting criteria for flood- and conflict-affected families, and community sensitization through meetings with village committees and by engagement of local volunteers. Beneficiary registration was conducted using the KOBO digital platform, with verification of CNICs and informed consent to ensure accuracy, transparency, and accountability. Multi-level verification was completed, including NACTA screening, household visits for 30 per cent of registered beneficiaries, cross-verification by the NoRC team, and endorsement of the final beneficiary list by the district administration. The FSP was selected based on coverage, liquidity, legal compliance, and capacity to handle large cash volumes while ensuring beneficiary data protection.

During the disbursement phase, PKR 25,000 (approx. CHF 71) was successfully transferred to a total of 1,441 beneficiaries, including 340 flood-affected (tehsil Salarzai) and 1,101 conflict-affected (tehsil Mamund) households, comprising 361 women and 1,080 men. Cash transfers were conducted through biometric verification, CNIC matching, thumb impression collection, and SMS confirmation, with PRCS volunteers present to ensure transparency and accountability. Special facilitation measures were provided for beneficiaries facing difficulties in biometric verification or SMS confirmation. All receipts and verification records were documented for financial reconciliation, monitoring, and audit purposes. Beneficiaries and communities were continuously provided with clear information on eligibility criteria, payment schedules, and support mechanisms.



### **Health & Care**

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

### **People reached: 45,667**

Female > 18: 11,728	Female < 18: 10,385
Male > 18: 12,473	Male < 18: 11,081

### **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>	29,660	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>	4,665	13,500
	<i>Number of social workers, volunteers, and staff who participated in psychological first aid training, psycho-social educational activities or support</i>	72	575
	<i>Number of people receiving Long Lasting Insecticide-treated Nets (LLINs)</i>	13,200	27,600
	<i>Number of women reached by the National Society's Cash for Health (CfH) assistance</i>	207	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**

PRCS, with the support of IFRC, is delivering essential healthcare services in the most devastated 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). Below is a district-wise break-up of the services provided:

#### District Buner:

In Buner district, health interventions are progressing well, with 8,728 consultations conducted during the reporting period, with 5,464 females and 3,264 males receiving outpatient services. Alongside curative care, a total of 374

people attended group psychoeducation sessions (240 females and 134 males), while 492 people (282 females and 210 males) received individual Psychological First Aid (PFA) sessions. Some 62 cases required higher-level care and were referred to hospitals through PRCS ambulances. A training on Mental Health and Psychosocial Support (MHPSS) and PFA was conducted for the staff and volunteers of the MHU in October. The training was attended by 25 participants (8 females and 17 males). Additionally, 1,200 LLINs were distributed to 400 families, benefiting 2,400 people. The Epidemic Control for Volunteers (ECV) training has been completed for 25 staff and volunteers of MHU Buner (11 females and 14 males). MHU Buner has completed its operations in November.

#### Districts Ghizer and Shigar:

Two MHUs have been deployed in GB province, in the districts of Shigar and Ghizer. In district Ghizer, the MHU was able to conduct a total of 3,189 basic medical consultations (2,006 females and 1,183 males). Out of the total patients, 35 per cent were under 18 years of age. In addition, 51 combined sessions of PFA were conducted in which 1,132 people participated, along with individual PFA sessions, held for 83 people (27 males and 561 females). In district Shigar, the MHU was able to conduct a total of 1,683 basic medical consultations (976 females and 707 males). Out of the total patients, 40 per cent were under 18 years of age. In addition, 25 combined sessions of psychoeducation were conducted for 258 participants, along with 250 individual PFA sessions for 116 males and 134 females.

Staff orientation and training on Protection, Gender and Inclusion (PGI)/Community, Engagement and Accountability (CEA), MHU operations data recording and reporting, along with MHPSS and PFA, have already been conducted in both districts for a total of 47 staff members and volunteers (22 females and 25 males). Additionally, ECV trainings have been conducted for 41 people (18 females and 23 males), in order to support the health authorities in case of any disease outbreak in the district. In addition, 1,500 LLINs have also been distributed to the communities, benefitting 3,000 people.



*Medical camp at village Doko arranged by MHU Shigar team (Photo: PRCS GB branch)*

#### District Neelum:

One MHU has been deployed in district Neelum, AJK, where all staff and volunteers have been oriented. The MHU conducted a total of 6,164 basic medical consultations (3,735 females and 2,429 males). Out of the total patients, 44 per cent were under 18 years of age. In addition, 78 combined sessions of PFA were conducted for 714 participants along with 112 individual PFA sessions, for 54 males and 58 females. A total of 1,400 LLINs were distributed in Neelum, benefitting 2,800 people. Additionally, ECV training has been conducted for 21 staff and volunteers (9 females and 12 males) of the MHU to prepare them for any disease outbreak in the district. These

coordinated actions reflect the strong progress towards strengthening community health services and ensuring essential care, prevention and referral pathways for flood-affected populations.

Cash for Health (CfH) has been disbursed to 280 women, of whom 207 women have collected their cash already in all seven target districts. In addition, 2,500 LLINs were distributed in Punjab with PRCS's own resources, benefitting 5,000 people.



*Psychosocial Support Sessions for women and girls in district Neelum (Photo: PRCS AJK branch)*

#### *IFRC Network Support:*

During the reporting period, NorCross provided critical healthcare 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 to safe delivery kits distribution, addressing immediate maternal and child health needs. To address other urgent needs, NorCross also supported the distribution of 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.

Furthermore, NorCross has expanded 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. Below are the achievements so far:

#### Two MHUs Bajaur (ECHO):

- Total OPD consultations: 6,597 people (2,433 males and 4,164 females)
- No of people referred: 78 people (23 males and 55 females)
- Hygiene awareness sessions: 1,787 people benefited (559 males and 1,228 females)
- PSS sessions: 1,420 people benefited (241 males and 1,179 females)

#### One MHU Bajaur (CanCross):

- Total OPD consultations: 3,299 people (1,261 male and 2,038 females)
- No of people referred: 121 people (60 males and 61 females)
- Hygiene awareness sessions: 1,036 people (341 male and 695 females)
- PSS sessions: 889 people (166 males and 723 females)



## Water, Sanitation and Hygiene

**People reached: 69,828**

Female > 18: 19,499      Female < 18 14,718

Male > 18: 20,293      Male < 18:15,318

**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 litres of safe water distributed through RCRC emergency water supply (cumulative)	3,700,000	10,000,000
	Number of people reached by WASH assistance	67,005	121,100
	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	4,505	35,000

\*714 people (102 HH) benefitting from rehabilitated water supply schemes in GB province

### Progress Toward Objectives

PRCS, with the support of IFRC and movement partners, continued to scale up its Water, Sanitation and Hygiene (WASH) services across the affected districts. Water treatment plants in district Buner (KP) and Muzaffargarh (Punjab) and the rehabilitated community water supply system in Ghizer (GB) are providing access to safe drinking water to more than 13,000 people daily, contributing to improved access to clean water and reduced exposure to water-borne diseases. As of the reporting period, the total cumulative production and distribution of drinking water has reached more than 3.7 million litres.

To support household-level hygiene, 2,800 families (19,600 people) in Lower Dir, Swat, and Buner districts received essential WASH items, including 2,800 hygiene kits, 1,800 jerrycans, 1,800 mugs, and 1,800 water buckets.

At the national level, the procurement of 3,500 additional hygiene kits has been initiated, with the tender process completed, and the Purchase Order (PO) issued. The delivery of the kits is anticipated by mid-December, which will further strengthen the 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.

Hygiene promotion efforts also continued alongside the distribution of WASH items, with 136 sessions conducted in KP and GB, reaching 4,505 people with key messages on personal hygiene, disease prevention, and handwashing practices.

A WASH strategy is currently being developed, which will be aligned with the findings of the DNA, with a focus on early recovery/ recovery interventions, including mass hygiene promotion campaigns and the rehabilitation and construction of critical water and sanitation facilities. Overall, the WASH interventions remain on track, contributing to improved access to safe water and hygiene services for flood-affected communities.

*IFRC Network Support:*

The Movement Partners further reinforced these efforts. NorCross provided 3,000 hygiene kits and 3,300 dignity/winterization kits, with initial distributions reaching 150 households in Buner. The identification, rehabilitation, and reconstruction process of eight drinking water supply schemes have been completed under ECHO Bajaur for the flood and conflict-affected areas. Tender for the selection of vendor is under process.

Additionally, the German Red Cross supported the procurement and distribution of 650 hygiene kits in Multan and Muzaffargarh.



**Protection, Gender and Inclusion**

**People reached: 598**

Female:  
488

Female: 110

**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>	598	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.



*Volunteers from Muzaffarabad collecting PWDs data from flood affected areas (Photo: PRCS AJK branch)*

The 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 to the visiting community members. Additionally, separate medical checkup spaces for men and women have been established to respect the local customs and gender sensitivities. This approach has strengthened the patient trust by safeguarding their privacy and promoting a sense of safety during consultations. Aligning the health services with the community values and PGI integration has enhanced access and dignity for all individuals. Moreover, 386 Persons with Disabilities (PWDs) 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 from PRCS to support safe deliveries. These interventions aimed to reduce barriers to essential healthcare, promote dignity, and ensure that the most vulnerable, especially women and PWDs, could access timely and appropriate assistance.

Moreover, Psychosocial Support (PSS) sessions were organized for 60 women and 40 children in district Buner KP based on the needs highlighted by women in the earlier conducted FGDs. 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 and in multiple locations keeping in view accessibility. 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 are well-lit, allowing community members to collect water safely at any time of the day.

PRCS, with the technical support of IFRC, successfully secured memberships in the Gender Task Force and the Protection from Sexual Exploitation and Abuse (PSEA) Group led by the United Nations (UN) agencies in Pakistan. At the provincial level, the PRCS branches were also facilitated to join these groups for strengthening synergies and representation of PRCS at coordination forums. In addition, the PGI focal persons from NHQ and Provincial

Headquarter (PHQ) KP, attended the PSEA training organized by The United Nations Population Fund (UNFPA), whereby 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, which has been shared with the provincial branches to carry out an 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 and identification of their most urgent needs.

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: 4,629**

Female > 18: 2048      Female < 18: 685

Male > 18: 1378      Male < 18: 518

**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 questionnaire has been transferred to the KoBo Tool to collect face-to-face feedback, suggestions, complaints and queries from community members with the help of this tool. Furthermore, 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 of 4,629 people were reached by field volunteers for feedback collection (2,048 women, 685 adolescent girls, 1,378 men, and 518 boys) across KP, GB and AJK provided their opinions and feedback. The feedback collected shows that 89 per cent of community members were satisfied with the services, while some requested an increased number of medical camps in their areas.

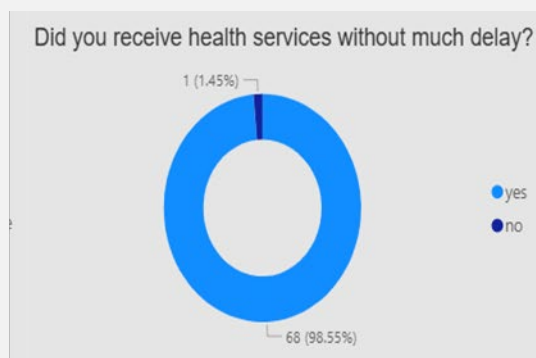
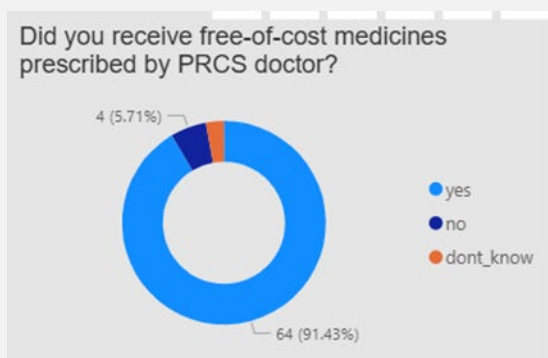
A dashboard has been generated by the IM Surge to review the analysis of relevant sectors, enabling them to respond quickly to concerns and suggestions and improve services for affected communities as per their needs. Based on the experience from the CEA feedback mechanism piloting, the KoBo tool was cleaned and redeployed, and a live dashboard linked to KoBo was developed. It has been set up so it can be maintained by the PGI Manager after the surge deployment. Further details are outlined in the IM section.

PRCS and IFRC CEA teams participated in two online meetings of Accountability to Affected Populations (AAP) Working Group, 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 across the affected communities.



Volunteer from district Swat collecting face to face feedback from a community member (Photo Source: PRCS KP branch)

Based on the piloting of the feedback dashboard a community feedback report has been developed and shared with the sectoral leads, highlighting the community voices around the health, CVA, WASH, DRR and PGI needs, with some relevant recommendations to improve services based on the suggestions from communities. Below is one example provided regarding health services.



The above feedback shows that health services were reported as timely by an overwhelming majority. Out of 69 respondents, 68 people (98.55 per cent) stated that they received health services without significant delays, while only one respondent (1.45 per cent) experienced delays. This reflects the effectiveness and responsiveness of health service delivery during the emergency response. In addition, most beneficiaries confirmed receiving free-of-cost medicines prescribed by PRCS health staff. A total of 64 respondents (91.43 per cent) acknowledged receiving these medicines, while four people (5.71 per cent) stated that they did not. A small proportion, approximately 3 per cent, reported that they were unsure. Overall, the findings demonstrate strong satisfaction with essential services, particularly in cash assistance and health-related support.

However, two complaints came through volunteers on accessing the cash grant as part of the CVA component, which were immediately referred to the CVA focal person. The complaints were successfully resolved, and the complainants received their cash amount within a few days.

Three Focus Group Discussions (FGDs) were conducted during the reporting period with women and adolescent girls in district Buner, KP and district Neelum, AJK, with 35 women and adolescent girls who 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 were 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 help them address their needs. Furthermore, the feedback collected during the mobile health camps revealed that the women community members appreciated PRCS’s assistance and acknowledged that community members were consulted before any interventions were implemented. They also appreciated the field staff and volunteers.

During the FGDs, the women and girls also highlighted the need for improved Menstrual Hygiene Management (MHM), including access to hygiene kits and awareness sessions to address related taboos. They also requested skills training programmes for women and girls in the village to enhance their livelihood opportunities and promote economic independence. Community feedback has been well incorporated into the emergency response; dignity kits and hygiene kits have been procured, and awareness sessions are planned alongside the distribution of these kits to address the needs of women and adolescent girls in a dignified and respectful manner. Additionally, feedback regarding technical and vocational skills training for women has been well documented and discussed with technical leads. The provision of such training will be incorporated into the recovery program to enhance women’s capacities, making them more resilient and self-sufficient.

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 engaged communities prior to initiating any interventions in their villages. Through community meetings, FGDs, and feedback from participants was carefully listened to and incorporated into the planning and implementation of activities.

*IFRC Network Support:*

Additionally, 171 people (15 female, 156 male) from KP, Punjab and Sindh registered their feedback through the German Red Cross-supported feedback and complaint mechanism. Of these, 61 cases were sensitive in nature and were successfully addressed within three days of the date they were registered.



**Migration and Displacement**

**People reached: 2,538**

Female > : 655

Female < 18:  
**579**

Male > 18: 690

Male < 18: 614

**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>	2,538	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, 126 community sessions have been conducted, reaching 1,479 community members with key messages on RFL services and how separated families can seek assistance. To further support the communication needs, especially for migrants who have lost contact with relatives and family members, 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 NHQ and 20 volunteers (10 males and 10 females), enhancing the overall readiness, while reinforcing the integrated approach of the migration component.



### Risk Reduction, Climate Adaptation & Recovery

**People reached: 85,991**

Female > 18:                      Female < 18:  
Male > 18:                              Male < 18:

**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
	<i>Number of people reached with disaster risk reduction</i>	85,991	70,000
	<i>Number of community disaster response team (CDRT) training sessions</i>	5	89
	<i>Number of communities that developed a risk informed community plan of action with the National Society's support, based on vulnerability and capacity assessments</i>	0	50

### Progress Toward Objectives

The German Red Cross, 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.

During the reporting period, 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 with early actions, and 85,658 people received early warning messages delivered through megaphones, mosque announcements, and direct community outreach.

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

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

In addition, with the support of IFRC, the National Society has conducted a series of community resilience and preparedness initiatives across the districts of Lower Dir, Buner, Ghizer, Shigar, and Swat. A total of 89 volunteers (59 males and 30 females) have completed Disaster Risk Reduction (DRR) trainings, significantly strengthening community preparedness and enhancing local response capacities to various hazards. Additionally, orientation sessions on DRR were organized for volunteers in Swat and Lower Dir, engaging 52 participants (36 male and 16 female).

The operation also facilitated a range of community-based activities aimed at promoting local adaptation and environmental resilience. These included awareness sessions in Swat and Lower Dir with 50 participants, as well as clean-up drives in Lower Dir and Buner involving 49 participants. Furthermore, plantation drives in both districts mobilized 122 participants, contributing to environmental restoration efforts. The National Society also conducted Community Baitek sessions in Lower Dir, Buner, and Swat, engaging 80 participants, and completed the mapping of services for religious minorities in Buner, covering 32 individuals.



### 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
	<i>Number of people reached by public campaigns involving clean-up and greening</i>	0	32,500

## Progress Toward Objectives

No progress to report at this stage. More details will be reported in the next reporting cycle, once planned activities are implemented.

## 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*

Key indicators:	Indicator	Actual	Target
	<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 2026. To date, PRCS has deployed 447 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), Detailed Needs Assessment (DNA) 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 also contributed to rapid assessments and facilitated the distribution of relief items, cooked meals, and safe drinking water in targeted locations.

Under the DREF flood response, PRCS mobilized volunteers in AJK, KP, and GB. In AJK, 244 volunteers contributed to response activities following a major recruitment drive in Neelum and Muzaffarabad that registered 596 volunteers, supported by a district-wide social media campaign. Key activities in Neelum included a general orientation for 150 volunteers and a specialized Youth as Agents of Behaviour Change (YABC), Protection Gender

and Inclusion (PGI), and Community Engagement and Accountability (CEA) session for 20 volunteers, along with volunteer support to BIR and DNA processes (12 volunteers each), LLIN distribution (10 volunteers), Epidemic Control for Volunteers (ECV) training (25 volunteers), and the winter items and medicine acquisition drives (25 volunteers).

Capacity building for staff and volunteers remains an ongoing priority 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 NSD support, 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 policy are under revision by the legal department to ensure alignment with the 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 a safe working environment for its staff. Furthermore, to reinforce accountability, PRCS has developed a reporting mechanism that provides a dedicated email address and contact number on its website, enabling the public to report safeguarding concerns or financial misconduct confidentially.

In KP, 138 volunteers (111 males, 27 females) were deployed across Lower Dir, Buner, Swat, and Shangla for flood response and relief, including BIRs, DNA, and community support activities, while 179 volunteers (145 males, 34 females) participated in various sessions and trainings. Completed activities in Swat, Dir, and Buner include recruitment drives, CEA/PGI/YABC orientations, and general volunteer orientations.

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.

In GB, 67 volunteers supported flood relief efforts, with 32 volunteers deployed in Ghizer and 35 in Skardu, conducting 52 PGI & CEA sessions and 52 PFA sessions in Ghizer, and 48 PGI & CEA sessions and 48 PFA sessions in Shigar, along with DNA, hygiene kit distribution, and BIR activities, significantly contributing to the overall operational objectives.



## 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

Number of strategic partnerships the National Society is engaged in

0

3

### Progress Toward Objectives

The National Society, IFRC, and the Partner National Societies (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 with 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 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, OCHA and/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
<i>Movement coordination mechanism is described and active</i>	Yes	Yes
<i>Number of evaluations conducted</i>	0	1

### Progress Toward Objectives

The Movement Coordination Mechanism is active through the MCA, and regular meetings at the strategic, operational and technical levels, which are held with relevant staff from the NS, IFRC, and ICRC. The IFRC, PRCS, and ICRC have signed the MCA, which 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 of the response is enhanced. Currently, the provincial branches are providing oversight and are in close coordination with the district branches, and field level activities are being implemented smoothly. With increased funding, the capacity of the district branches would be further strengthened, however, current focus is on the emergency response to reach out to the most vulnerable communities.

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

The IFRC PMER team facilitated the publishing of several IFRC Federation-wide Situation Reports and Operations Updates, while supporting continuous data quality improvement at the field level. The PMER team also supported the very important exercise of DNA 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 data analysis has now been completed, and the sharing of initial findings with all relevant IFRC and PRCS staff was done via focused meetings. A formal DNA report will be developed by the IM Surge Coordinator by the end of December, to support PRCS recovery planning.

The monitoring tools for DREF and Emergency Appeal have been developed by the PMER IFRC department. The tools, including the Indicator Tracking Tool (ITT), Work Plan, People Reached, M&E Plan, Pledge Tracker, Financial Tracker and Procurement Plan, have all been developed for proactive management, accountability, and data-driven decision-making. These tools will help provide a clear, real-time picture of where the operation stands compared to the original plan, helping to monitor task completion rates and milestone achievements, while identifying any delays, challenges or underspending.

**Information Management (IM) Support to DNA:** The IM Surge officer supported the design and finalization of the DNA tools, including household surveys and ensured they were Kobo-friendly for field deployment. The tools were prepared and deployed in Kobo, and IM provided data preparation and quality assurance support to enable reliable analysis. Since the last reporting period, household survey data has been cleaned and analyzed in Power BI, and a narrative interpretation of the results has been shared with the assessment team. A structured priority scorecard was also developed to support systematic comparison of districts and operational areas.



*Detailed Needs Assessment (DNA) exercise in Shigar, GB (Photo: IFRC Communication Surge)*

**The PGI-CEA Feedback Tool and Dashboard:** The PGI/CEA community feedback questionnaire was reviewed, cleaned, and adapted for Kobo to enable user-friendly deployment. The tool was uploaded and tested successfully, and a live dashboard was established for initial data review. Following the successful piloting, the form was updated based on volunteer feedback and redeployed after testing. Community feedback collection is now underway across response areas, and the dashboard will be updated as additional data is received.

**Programme Performance Dashboard:** A comprehensive Programme Performance Dashboard was developed and shared with the programme teams, consolidating operational data from Health, WASH, Livelihoods, CVA and PGI/CEA, along with relevant financial information. Sectoral inputs are currently being incorporated, after which the dashboard will serve as the primary visualization tool for monitoring progress and communicating operational achievements.

**Response One-Pager Infographic:** A one-page infographic summarizing the major achievements since the onset of the response was produced and shared with the senior management to support internal and external communication. The product provides a concise overview of the programme reach and key results, and an additional one-pager may be developed at a later stage, based on the evolving operational needs.

**Health Services Dashboard:** Data cleaning and structuring for the health services dashboard has been completed, and the dashboard has been finalized and shared with PRCS and IFRC teams. The Power BI layout visualizes consultations, PFA sessions, referrals, LLIN distributions and medicines tracking across MHUs.

IM Training: Materials for the Information Management sessions within the Public Health in Emergencies training were prepared, and IM training was delivered to the newly recruited branch and headquarters health professionals. The sessions covered key IM concepts including data collection, reporting standards, and operational data flows.

Upcoming Priorities: Preparations have begun for the development of an IM Strategy (pending programme direction), and potential Power BI training for PRCS/IFRC staff is under consideration based on identified needs.



Registration desk in Balgarah during the deployment of a Mobile Health Unit (Photo: IFRC Communication Surge)



PRCS volunteers meeting with community leaders in villager Dhoogro (GB) (Photo Source: IFRC Communications Surge)

## Communication

Multiple interviews, videos, and photos with affected families and staff and volunteers have been gathered and uploaded in SHARED and other published Red Cross Red Crescent (RCRC) Movement platforms. Additionally, two sets of key messages have been prepared in accordance with the current situation in the field. An inspiring story about a shepherd was published in [local](#) and [regional newspapers](#), [IFRC website](#) and on [social media](#) in [English](#), [Chinese](#), and [Malay](#).

PRCS relief and response efforts were covered by several local national print media outlets as well as on PRCS social media like [Facebook](#), [Instagram](#) and [X](#) platforms for sharing the activities and updates. Below are some links to access these:

[https://www.threads.com/@ifrc/post/DQ4Qe\\_tCHHT?xmt=AQF0HSHBQoSMI8tXlj2ETlym8ezLMFmxqFzb\\_bvfGsfGHZ\\_A2NgPSQMK2YUx-DuxITaZgb1MN&slof=1](https://www.threads.com/@ifrc/post/DQ4Qe_tCHHT?xmt=AQF0HSHBQoSMI8tXlj2ETlym8ezLMFmxqFzb_bvfGsfGHZ_A2NgPSQMK2YUx-DuxITaZgb1MN&slof=1)

[https://x.com/prc\\_official/status/1988492405503668641?s=12](https://x.com/prc_official/status/1988492405503668641?s=12)

## Logistic and Procurement

The procurement of LLINs, Hygiene, Dignity Kits, Medicines, Jerry Cans, Visibility Material and CDRT Kits has been initiated. The Purchase Order (PO) for the provision of Jerry Cans has already been issued and the delivery to the National Society has been completed. The manufacturer of LLINs (with World Health Organization (WHO) standards) has been identified, the PO has been issued, and the delivery is expected in early December. Furthermore, the PO for the Hygiene and Dignity Kits have also been issued, and the delivery is expected within the coming weeks. Following the technical validation conducted by MedLog, the procurement of medicines through the repeat order process has also been completed and the POs have been issued.

## D. FUNDING

As of 30 November 2025, the funding coverage of the Federation-Wide contribution to support the operation is **CHF 3,170,977**, out of which, the IFRC Secretariat total (hard and soft pledges, including in kind) for the support of this operation totalled to **CHF 2,778,148**, making it 17 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	2,778,148	13,221,852	17%
Bilateral (PNS)	1,000,000	449,591	550,409	45%
<b>Total Federation-wide contribution (Secretariat + bilateral) + in kind</b>	<b>17,000,000</b>	<b>3,170,977</b>	<b>13,829,023</b>	<b>19%</b>

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

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

### Contact information

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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](#)