

<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 # 4 (6-month update)</b> <b>Date of issue:</b> 29/4/2026	<b>Timeframe covered by this update:</b> From 30/08/2025 to 28/02/2026
<b>Operation timeframe:</b> 16 months (21/08/2025 - 31/12/2026)	<b>Number of people being assisted:</b> 399,092 (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, 16.69 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.*



*PRCS staff assisting patients at the MHU Neelum, Azad Jammu & Kashmir (Photo Source: PRCS)*

# A. SITUATION ANALYSIS

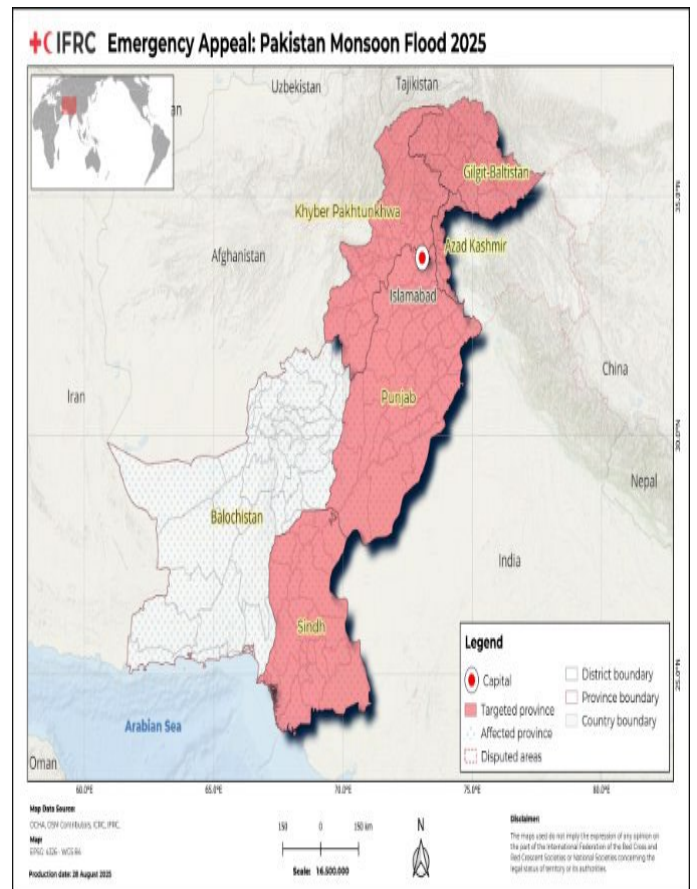
## Description of the crisis

The 2025 monsoon season, which began in late June and intensified between August and September, brought exceptionally heavy rainfall across Pakistan, triggering widespread flash floods, riverine inundation, and localized Glacial Lake Outburst Floods (GLOFs). The disaster affected all major provinces, with Khyber Pakhtunkhwa (KP) and Punjab emerging as the worst-hit regions.<sup>1</sup> Secondary impacts—including waterlogging, infrastructure damage, and disruption of essential services—persisted into late 2025, although receding floodwaters and improved weather conditions enabled a gradual transition from emergency response to early recovery.

Between September and November 2025, approximately 1,037 fatalities and over 1,060 injuries were reported nationwide, according to the National Disaster Management Authority (NDMA) and partner agencies.<sup>2</sup> Children were disproportionately affected, with hundreds of child deaths reported.<sup>3</sup> At the peak of the crisis, millions of people were affected and displaced. Estimates indicate that over 2.5 million people were temporarily displaced, and more than 3 million people evacuated or rescued through large-scale operations.<sup>4</sup> By late 2025, displacement levels had significantly decreased as floodwaters receded and affected populations began returning to their areas of origin.

Punjab experienced some of the most severe flooding in decades, particularly along the Sutlej, Ravi, and Chenab river systems. Reports indicate that approximately 4 to 4.5 million people were affected in Punjab alone, with widespread inundation of settlements and agricultural land.<sup>5</sup> Nationwide, the floods caused extensive infrastructure damage, including thousands of houses damaged or destroyed, hundreds of kilometres of roads and dozens of bridges washed away. Electricity, communication, and transport networks were also significantly disrupted.<sup>6</sup> In KP, intense rainfall and cloudbursts—particularly in districts such as Buner—triggered deadly flash floods and landslides, leading to high mortality and isolation of mountainous communities.<sup>7</sup>

The floods severely impacted Pakistan’s agrarian economy, with over 2.2 million hectares of agricultural land inundated nationwide, affecting staple and cash crops such as rice, cotton, maize, and sugarcane. Livestock losses



<sup>1</sup> [https://en.wikipedia.org/wiki/2025\\_Pakistan\\_floods](https://en.wikipedia.org/wiki/2025_Pakistan_floods)

<sup>2</sup> [https://en.wikipedia.org/wiki/2025\\_Pakistan\\_floods](https://en.wikipedia.org/wiki/2025_Pakistan_floods)

<sup>3</sup> <https://www.unicef.org/pakistan/documents/pakistan-floods-2025-update>

<sup>4</sup> <https://www.theguardian.com/global-development/2025/oct/01/floods-now-disease-cholera-dengue-malaria-stalks-millions-in-pakistan>

<sup>5</sup> <https://www.reuters.com/business/environment/boat-capsizes-pakistan-floods-killing-nine-authorities-say-2025-09-12>

<sup>6</sup> [https://en.wikipedia.org/wiki/2025\\_Pakistan\\_floods](https://en.wikipedia.org/wiki/2025_Pakistan_floods)

<sup>7</sup> <https://www.gwp.org/en/gwp-SAS/WE-ACT/change-and-impact/News-and-Activities/2025/floods-in-pakistan-2025>

and destruction of farming assets further weakened rural livelihoods.<sup>8</sup> Punjab, as the country's primary agricultural hub, faced significant crop losses during the Kharif harvest season, contributing to rising food prices and economic strain. Despite this, the transition to the Rabi planting season (2025–26) has supported early recovery, with improved water availability in reservoirs aiding wheat cultivation.

Flooding and stagnant water significantly increased public health risks. Additionally, overcrowded camps and contaminated water sources contributed to outbreaks of waterborne diseases (e.g., cholera, diarrhea) and vector-borne diseases (e.g., dengue, malaria).<sup>9</sup> Damage to water and sanitation infrastructure exacerbated risks, particularly for children and vulnerable populations. Millions of people remained at risk due to limited access to safe drinking water, sanitation, and healthcare services.

Vulnerable groups, including women, children (over 500 child deaths reported nationwide), older persons, migrants (including Afghan refugees), and Persons with Disabilities (PWDs), face ongoing risk from mobility barriers, aid exclusion and inadequate shelters, particularly in northern areas, where communities are 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. Approximately 30 per cent of Water, Sanitation and Hygiene (WASH) systems remain compromised (down from 50 per cent), fueling surges in waterborne diseases like diarrhea and vector-borne illnesses such as dengue and malaria.

The Government of Pakistan, led by NDMA and Provincial Disaster Management Authorities (PDMAs), mounted large-scale rescue and relief efforts. Over 3 million people were rescued or evacuated, placed in thousands of relief camps established at the peak of displacement. Assistance included the provision of food, shelter, and essential Non-Food Items (NFIs). Humanitarian partners, including the Pakistan Red Crescent Society (PRCS), the IFRC, United Nations (UN) agencies, and Non-Governmental Organizations (NGOs), provided multi-sectoral assistance covering health services and mobile medical units, WASH support, cash for immediate needs, food assistance and emergency shelter.

By late 2025, the response had transitioned toward early recovery, focusing on shelter reconstruction, livelihood restoration, agricultural recovery, strengthening resilience and disaster preparedness. While immediate life-saving needs have declined, recovery remains uneven and fragile. Key priorities include strengthening access to health facilities and services, restoration of agricultural livelihoods, strengthening of WASH systems to prevent disease outbreaks and preparedness towards climate-resilient interventions, including flood management and early warning systems. The 2025 floods once again underscore Pakistan's continued high vulnerability to climate-induced disasters, with increasing frequency and intensity of monsoon events linked to climate change.

## Summary of response

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

The Pakistan Red Crescent Society (PRCS) is responding to the monsoon floods of 2025 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.

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

---

<sup>8</sup> [https://en.wikipedia.org/wiki/2025\\_Pakistan\\_floods](https://en.wikipedia.org/wiki/2025_Pakistan_floods)





<sup>9</sup> <https://www.theguardian.com/global-development/2025/oct/01/floods-now-disease-cholera-dengue-malaria-stalks-millions-in-pakistan>

to climate-induced hazards such as flooding. 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 28 February 2026, the Federation-Wide response collectively reached an estimated **399,092** people in KP, Punjab, Sindh, AJK and Gilgit Baltistan (GB). Of these, **204,712** people were reached through the IFRC Secretariat EA funding support<sup>10</sup>. The operation has made steady progress across all priority sectors, with notable achievements in Health, WASH, NFI and cash distribution. While the implementation has accelerated in several areas, challenges remain due to limited funding and other operational challenges, related to day-to-day processes and supply of material/medicine, which 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 households (HHs) provided with emergency shelter items (tents, toolkits), 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>
	<b>Livelihoods</b>	<ul style="list-style-type: none"> <li>2,103 HHs provided with dry food parcels/food packets across KP and Punjab, reaching 72,481 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 during displacement and the early recovery phase.</li> </ul>
	<b>Multi-Purpose Cash</b>	<ul style="list-style-type: none"> <li>3,904 HHs (27,328 people) received multi-purpose cash assistance.</li> <li>Post-Distribution Monitoring (PDM) conducted to assess the effectiveness, relevance, and utilization of cash assistance among recipient households.</li> </ul>
	<b>Health &amp; Care</b>	<ul style="list-style-type: none"> <li>4 Mobile Health Units (MHUs) deployed across KP, AJK and GB,</li> <li>50,159+ medical consultations provided through MHUs, including multiple referrals for higher-level care.</li> <li>6,600 Long Lasting Insecticidal Nets (LLINs) distributed, benefiting 13,200 people,</li> <li>100+ staff and volunteers trained on MHPSS/PFA, PGI, CEA, data management, and outbreak preparedness, ensuring improved service delivery and coordinated emergency response.</li> <li>2,300 safe delivery kits distributed in Bajaur to support maternal and child health services, further enhancing health and protection coverage.</li> </ul>
	<b>Water, Sanitation, and Hygiene</b>	<ul style="list-style-type: none"> <li>3.7 million litres of safe water distributed, providing daily access to over 13,000 people through water treatment plants (WTPs) in KP and Punjab (one each), and two water supply schemes in GB.</li> <li>8,540 hygiene kits distributed across Punjab, KP and AJK and GB through the IFRC network.</li> <li>5,600 jerrycans, 3,600 mugs and 3,600 buckets distributed in KP, GB and AJK, benefiting 25,200 people.</li> </ul>

<sup>10</sup> IFRC Secretariat EA inclusive of IFRC DREF funding support

	<ul style="list-style-type: none"> <li>Hygiene promotion sessions conducted in KP, AJK and GB on topics such as personal hygiene, disease transmission, and handwashing, reaching over 14,800 people.</li> </ul>
 <p><b>Protection, Gender, and Inclusion</b></p>	<ul style="list-style-type: none"> <li>111 staff and volunteers oriented/trained on PGI minimum standards and Dignity, Access, Participation and Safety (DAPS) principles.</li> <li>587 PWDs identified and supported with assistive devices (eg. hearing aids, wheelchairs, crutches, walking sticks, walkers, blind sticks, air mattresses, and adult diapers).</li> <li>8,112 women and girls, and 3,346 men and boys accessed safe and friendly spaces in flood-affected areas of Swat, Buner, Dir (KP), Neelum, Muzaffarabad (AJK), and Shigar and Ghizer (GB) during the emergency response.</li> <li>2,800 women and adolescent girls supported with dignity kits, complemented by Menstrual Hygiene Management (MHM) sessions.</li> <li>364 people reached through community awareness sessions on PRCS safeguarding policies, reporting mechanisms, and protection from exploitation and abuse.</li> <li>Child Safeguarding Risk Analysis conducted in AJK and GB to assess capacities, systems, and gaps for strengthening child protection.</li> </ul>
 <p><b>Community Engagement and Accountability</b></p>	<ul style="list-style-type: none"> <li>111 staff and volunteers from KP, GB and AJK trained on community engagement and feedback collection.</li> <li>Feedback system established, such as ePRCS hotline (1030), widely disseminated through standees and banners in local languages to increase community access to confidential feedback channels.</li> <li>14,098 people informed about PRCS complaint and feedback mechanisms in flood-affected areas, including the PRCS hotline and whistleblower reporting channels, to enable them to share their feedback on services provided to communities.</li> <li>3 focus group discussions (FGDs), 38 community meetings, and consultations conducted during the emergency response</li> <li>Detailed Needs Assessment (DNA) conducted for the recovery programme, where the communities highlighted their needs in health, WASH, and livelihoods.</li> </ul>
 <p><b>Migration and Displacement</b></p>	<ul style="list-style-type: none"> <li>IEC materials (10,000 leaflets/brochures) printed and dispatched across affected provinces for dissemination.</li> <li>126 community sessions reached 1,479 people with key RFL messages.</li> <li>1,059 mobile cards distributed to support communication needs of separated families.</li> <li>Radio awareness campaigns expanded outreach in remote areas.</li> <li>14 RFL-trained volunteers deployed to support field activities.</li> <li>3 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>85,658 people reached with early warning messages through community-based dissemination mechanisms (eg. volunteers, megaphones, and mosque announcements).</li> <li>26,061 people safely evacuated from high-risk locations through joint efforts of PRCS volunteers and local authorities.</li> </ul>

- Disaster Risk Reduction (DRR) activities reached 1,747 people directly and over 22,800 people indirectly, through awareness sessions, community engagement, and preparedness initiatives.
- Plantation drives and clean-up campaigns conducted in flood-affected areas, engaging communities in environmental restoration and climate risk reduction efforts.
- Community Baithaks (FGDs) and service mapping exercises helped identify gaps in services for vulnerable groups, including religious minorities, supporting more inclusive humanitarian planning and response.



### Environmental Sustainability

- No progress yet to update at this stage

## Needs analysis

Rapid and multisector assessments conducted by PRCS and the partners confirmed widespread humanitarian needs in the affected areas, particularly in terms of health, WASH, livelihood, and shelter. A detailed Needs Assessment (DNA) was carried out across 11 priority districts to provide evidence-based and community-driven understanding of the post-flood situation, to inform and guide the recovery phase response operation. The DNA report has been finalized and below are the key findings:

### Health

The monsoon floods in Pakistan severely disrupted services and access to care. More than 2,811 kilometres of roads, 790 bridges, 130 health facilities and 12,569 houses were damaged<sup>11</sup>, isolating many communities in KP, AJK, GB and Punjab. In the high-impact KP districts, health facilities reported cases of skin infections, fever, malaria, and snakebites, already exceeding local capacities.<sup>12</sup> While some medical camps were operational, they were overstretched and unable to meet the demand. Additionally, large populations were unable to access health services due to damaged roads and bridges. A rapid assessment in KP indicated that 1.57 million people were affected across ten districts, of which 604,000 were in urgent need of assistance. Swat and Shangla were among the worst-hit areas, with 25 health facilities and 29 schools damaged in Buner alone.<sup>13</sup> Major health gaps included continuity of primary healthcare and referral services in cut-off valleys, shortage of essential medicines and diagnostics, inadequate 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 compounded the crisis.

Vector-borne diseases like Malaria and Dengue cases continued to rise in 2025, with malaria cases showing an increase of approximately 87 per cent between June and August. During the winter season, the cases dropped, but as the weather is again approaching spring and summer, there is a possibility of a surge in the cases of Malaria and dengue. 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, water-borne diseases remain a significant risk for people living in camps throughout the winter season as well. Similarly, seasonal diseases such as Flu and Pneumonia rose with the arrival of early winter in the northern part of the country and are on the rise once again with the changing weather. Cases of skin diseases (particularly scabies), snake bites, eye infection, and dog bites were reported at significantly higher levels.

<sup>11</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/Y5rkhKV6UOtdIPi3uvJH.pdf>

<sup>12</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/nAvCiy3KUrf7YCxkMdZN.pdf>

<sup>13</sup> <https://reliefweb.int/report/pakistan/rapid-needs-assessment-assessing-scale-and-scope-impact-response-kp>

A total of 130 damaged health facilities were 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>14</sup>. As per the DNA carried out in 11 priority districts across three provinces, including KP, GB and AJK, health continues to be a critical and high-priority need across assessed communities. Damaged health facilities, damaged sanitation services, and long distances are creating access issues to functional health facilities, and lastly, an increase in seasonal sickness has put a burden on health systems and households simultaneously.<sup>15</sup>

Despite the leadership of the Government of Pakistan and engagement of local authorities, the scale and severity of the floods exceeded the national capacities. Health systems in the most affected areas were overwhelmed and under resourced, struggling with multiple challenges; 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 shortage of medicines, antibiotics, IV fluids, diagnostics, and Rapid Response Teams (RRT) supplies; urgent needs for mobile medical teams, surveillance support, and outreach services in both rural and peri-urban flood-affected areas. Furthermore, stagnant floodwaters were 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 infrastructures, depriving millions of safe water and sanitation facilities. Contamination persists in wells, boreholes, and piped schemes across KP (217 schemes damaged), Punjab, Sindh, GB, and AJK, with sewage and runoff entering supplies. In KP alone, 217 water schemes are damaged, while Punjab's D.G. Khan, Muzaffargarh and Rajanpur water facilities have 30 per cent residual contamination, down from 50 per cent. GB's Ghizer district reports that one-third of its water systems are damaged by glacial floods, and AJK reports sewage and sediment runoff continue to infiltrate supplies despite de-flooding efforts. Power outages and partially damaged infrastructures, including 2,811 kilometres of roads and 790 bridges at 60 per cent functionality, still impede access to isolated valleys and residual displacement sites, exacerbating the vulnerabilities, especially in the northern areas under extreme winter conditions.<sup>16</sup>

The collapse of sanitation facilities has increased open defecation and overwhelmed urban sewage systems, compounding the contamination risks. Health facilities<sup>17</sup> are reporting a rise in acute watery diarrhea, cholera, typhoid, malaria, dengue, and skin infections. 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, construction of household latrines 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 2,811 kilometres of roads and 790 bridges damaged. Livestock losses – estimated at 16,332 animals – have compounded household asset depletion.<sup>18</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>19</sup> Hundreds of relief

---

<sup>14</sup> <https://www.emro.who.int/images/stories/pakistan/Health-Emergency-Situation-Report-Monsoon-Floods-9-September-2025.pdf>

<sup>15</sup> <https://www.unocha.org/publications/report/pakistan/pakistan-2025-monsoon-floods-support-plan-relief-and-early-recovery-october-2025-april-2026>

<sup>16</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>17</sup> WHO: Health Emergency Updates, [www.who.int](http://www.who.int)

<sup>18</sup> <https://www.ndma.gov.pk/storage/sitreps/September2025/Y5rkhKV6UOtdlPi3uvJH.pdf>

<sup>19</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.>

camps and dozens of medical camps were established, but many remained overstretched, particularly in hard-to-reach valleys and areas outside media coverage. 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.

The DNA highlights that Shelter is among the highest needs in the household survey, reflecting the scale of housing damage, although it was less emphasized in qualitative discussions where focus shifted toward livelihoods and services. Overall, 41 per cent of houses were destroyed, and another 41 per cent were damaged, indicating widespread impact. Displacement remains a concern, with 17 per cent of households still living in tents, 8 per cent in makeshift shelters, and 9 per cent staying with host families. Women highlighted significant challenges related to privacy in temporary shelters. While government compensation support has been generally positive, coverage was inconsistent and sometimes scattered. In addition, winter preparedness was a key concern, particularly for households still residing in tents or partially damaged homes.

### **Livelihoods and Food Security**

Preliminary reports indicated severe losses to agriculture and livestock, threatening food security and livelihoods across affected provinces. Pakistan's agriculture sector faced a severe challenge with 2.5 million acres of crops devastated, equal to almost 7.7 per cent of the country's total cultivated land. This large-scale crop damage raised concerns about food security, export potential, and the long-term future of agriculture in Pakistan.<sup>20</sup> In KP alone, at least 57,892 acres of crops were damaged, and over 5,412 animals were lost.<sup>21</sup> Satellite-based assessments suggested that up to 892,075 hectares of cropland may be affected nationwide, including rice, sugarcane, cotton, and vegetable fields.<sup>22</sup> Livestock mortality and crop destruction caused multi-billion-rupee losses, followed by food prices mounting. The Food and Agriculture Organization (FAO) 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 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 repair of minor irrigation systems.

The IFRC DNA report reflects that livelihood and food security remain among the most critical needs, with 96 per cent of households reporting full or partial livelihood losses. The proportion of households with no income has sharply increased from 2 per cent before the floods to 38 per cent post floods, reflecting a significant decline in the earning capacity. Food insecurity is also a concern, with 34 per cent of households reporting insufficient food capacity. Furthermore, daily wage labor and agriculture, which were the primary pre-flood income sources, have been the most affected; 68 per cent of households rely on market purchases for food, 50 per cent reported disruptions in market supply, and a further 25 per cent reported partial disruptions. Communities consistently prioritize long-term livelihood recovery, particularly cash support, agricultural rehabilitation, and skills development for women.

### **Risk Reduction, Climate Adaptation & Recovery**

Disaster risk reduction capacities remain limited, with significant gaps in early warning coverage, preparedness structures, and community awareness. Access to early warning systems varies widely across regions, with high coverage in Punjab but very limited reach in KP and AJK. The IFRC supported DNA highlights that at the community level, preparedness mechanisms are largely absent, with 71 per cent of households reporting no local committees or volunteer structures. Exposure to DRR training is minimal, as 87 per cent of households have never received guidance on flood risks or response measures. As a result, confidence in dealing with future floods is low, with 54 per cent of households feeling unprepared and a further 31 per cent only partially prepared.

Furthermore, the communities have expressed a strong need for both structural and non-structural measures, including flood protection infrastructure such as gabion walls, improved early warning systems, and debris clearance

---

<sup>20</sup> <https://www.voyagefreight.co/supply-chain-management/floods-destroy-2-5-million-acres-pakistan-agriculture/>

<sup>21</sup> <https://www.arabnews.com/node/2613836/pakistan>

<sup>22</sup> <https://reliefweb.int/report/pakistan/pakistan-rain-monitor-issue-number-16-01-07-september-2025>

from rivers to reduce future risks. In mountainous areas like GB and AJK, additional hazards such as landslides further compound vulnerability. Overall, there is a clear need to strengthen community-based preparedness, expand DRR training, and invest in local mitigation measures to enhance resilience.

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

The DNA underscores that the PGI concerns are central to the recovery context and must be integrated across all sectors. PGI needs remain critical across all provinces, particularly in high-need districts and areas with access constraints. Women, children, older persons, PWDs, and low-income households face heightened barriers to accessing assistance, face increased safety risks, and ongoing psychosocial distress, compounded by inadequate shelter, health, and WASH conditions. Priority actions needed to ensure safe and equitable access to services include having clear and inclusive communication on aid distribution, expanding women's livelihoods and skills opportunities, and strengthening MHM support. Additionally, creating gender-sensitive safe spaces, improving lighting and privacy in temporary settings, enhancing accessibility for PWDs and the elderly, and reinforcing community-based protection mechanisms are essential to promote dignity, safety, and inclusion in the recovery response.

### **Migration and Displacement**

Migration and 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, they have access to life-saving information while enabling separated families to reconnect and restoring a sense of dignity and security.

## **Operational risk**

The implementation of the flood recovery operation may face several operational and external risks that could affect the timely delivery and quality of planned activities. The National Society, with support from Movement partners, monitors these risks closely and implements mitigation measures to minimize their impact.:

- **Early or intense monsoon season:** The anticipated early onset of the monsoon season during June and July 2026 may disrupt recovery activities, particularly shelter and WASH infrastructure works, and may limit access to certain areas. To mitigate this risk, the operation will prioritize and accelerate construction activities before the peak monsoon period. Climate-resilient designs, including elevated plinth levels and raised sanitation facilities, will be incorporated to reduce flood risks. The operation will also monitor weather forecasts closely and adjust implementation schedules where necessary.
- **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.
- **Financial constraints within the National Society:** Financial limitations or delays in the availability of operational funds could affect the procurement processes and timely payments to contractors and suppliers, potentially slowing the programme implementation. To mitigate this risk, the National Society will maintain close financial planning and monitoring, including cash flow forecasting aligned with the operational workplan. Procurement planning will be strengthened to avoid delays, and regular communication with partners and donors will be maintained to ensure timely financial support and oversight.
- **Delays in delivery of essential supplies** due to high-risk operating areas; 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.

- **Political demonstrations** and/or public unrest may disrupt movement, delay operations, and create unpredictable security conditions. Close monitoring of local developments and coordination with authorities is essential to ensure safe access for staff.
- **Cross-border firing** 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 the field.
- **Limited staff capacity at branch level:** Following the completion of the emergency phase, a number of surge staff contracts have ended, leaving limited technical and operational capacity at branch level to oversee recovery activities. This may lead to delays in implementation, reduced supervision of field activities, and challenges in maintaining technical quality standards. To mitigate this risk, the National Society will conduct targeted refresher trainings for branch staff and volunteers, particularly in shelter, WASH, monitoring and reporting. Technical support and remote backstopping will be provided where required, and simplified technical guidelines and supervision tools will be used to support field teams. In addition, the implementation schedule will be phased to match the available operational capacity and the DNA findings.
- **Coordination challenges:** Insufficient coordination between headquarters, branches, government authorities and partners could result in duplication of assistance or gaps in coverage. To address this, regular coordination meetings will be held between headquarters and branches to review progress and address operational issues. The National Society will also continue to participate in district-level coordination platforms and maintain regular liaison with relevant authorities and partners to ensure alignment and complementarity of interventions.
- Challenges in **ensuring the quality and sustainability** of shelter, WASH, and health interventions due to 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.

## B. OPERATIONAL STRATEGY

### Update on the strategy

There is no change to the [Operational Strategy](#) published on 10 September 2025, complementing the Emergency Appeal launched on 30 August 2025. This operation aims to assist **250,000 people** (35,714 HHs) across 23 districts over 16 months 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 provided multipurpose cash, food, emergency shelters, hygiene kits, clean drinking water through deployment of water treatment plants, and mobile health services. 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 PGI and CEA approaches. Migration and RFL services were also extended to support displaced and undocumented populations.

PRCS mobilizes its extensive volunteer network, maintains coordination with the government authorities, UN agencies, Movement partners, and other humanitarian partners, as well as reinforces branch and NSD capacities to deliver accountable, inclusive, and climate-smart interventions. Anticipated risks are being addressed through risk-informed and preparedness-oriented programming.

A detailed multi-sectoral DNA was conducted across 11 most affected districts in KP, AJK, GB, and Punjab to inform evidence-based recovery planning. The data analysis was formally presented to the National Society operations team, highlighting clear sectoral and geographic priorities. The findings of the DNA are now guiding the development of the recovery plan of action, ensuring that interventions are aligned with verified community needs.

However, due to limited funding received against the EA, the recovery phase is being implemented in a more targeted manner, focusing on **four priority districts** (one in KP, two in Punjab, and one in GB) out of the 11 assessed districts. While needs remain significant across all assessed areas, this prioritization reflects the need to **concentrate available resources in the most vulnerable locations to ensure meaningful and quality support**. Additional resources will be critical to expand the geographical coverage and address unmet needs in other affected districts.

## C. DETAILED OPERATIONAL REPORT

### STRATEGIC SECTORS OF INTERVENTION

	<h3>Shelter, Housing and Settlements</h3>	<p><b>People reached: 5,922</b></p> <p>Female &gt; 18 1,599      Female &lt;18 1,303</p> <p>Male &gt; 18 1,658      Male &lt; 18: 1,362</p>	
<p><b>Objective:</b></p>	<p><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></p>		
	<p><b>Indicator</b></p>	<p><b>Actual</b></p>	<p><b>Target</b></p>
<p><b>Key indicators:</b></p>	<p><i>Number of people reached with shelter support</i></p>	<p>5,922</p>	<p>91,000</p>
	<p><i>Number of family kits prepositioned by the National Society</i></p>	<p>0</p>	<p>5,000</p>
<p><b>Progress Toward Objectives</b></p> <p>As of the reporting period, PRCS with the support of the IFRC Network, has reached 5,922 people (2,902 females and 3,020 males) with shelter assistance.</p> <p><i>IFRC Emergency Appeal</i></p> <p>In response to the urgent shelter needs, a total of 846 emergency shelter items were distributed to targeted HHs, reaching 5,922 people across Buner (KP) and Punjab. These distributions aimed to support the 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>			



## Livelihoods

**People reached: 74,332**

Female > 18: 36,423

Female <18:

Male > 18: 37,909

Male < 18:

### 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>23</sup>*

74,332

70,000

### Progress Toward Objectives

As of the reporting period, PRCS has reached 74,332 people (36,423 females and 37,909 males) with food assistance. While other livelihood activities are planned for the recovery phase, food security and nutrition interventions have been prioritized during the initial response period.

#### *IFRC Emergency Appeal*

#### Dry food parcels distribution

PRCS distributed 7,095 dry food parcels across KP and Punjab, reaching 49,665 people, and ensuring essential food support to vulnerable families affected by the floods:

Province	Districts Covered	# of Parcels
<b>KP</b>	Buner (1,100), Swat (216), Lower Dir (104), Shangla (50), Swabi (100)	1,570
<b>Punjab</b>	Most affected districts	5,525
<b>Total</b>	—	<b>7,095</b>

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:

Province	# of Cooked/hot meal
<b>KP</b>	17,614
<b>Punjab</b>	93,450
<b>Total</b>	<b>111,064</b>

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

<sup>23</sup> Including food assistance

## PNS Bilateral Support

### Turkish Red Crescent Society (TRCS):

A total of 1,020 HHs received food assistance (food packets): KP - 370 and Punjab - 650.

### German Red Cross (GRC):

A total of 1,400 HHs (8,676 people) in the Muzaffargarh and Multan districts of Punjab received standard food parcels, family hygiene kits (including dignity items), and hygiene awareness sessions. Additionally, 1,000 HHs in district Buner (KP) were supported with standard food parcels.



## Multi-purpose Cash

People reached: 27,328

Female > 18:  
13,391

Female < 18:

Male > 18: 13,937

Male < 18:

### 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

27,328

70,000

### Progress Toward Objectives

As of the reporting period, PRCS has reached 3,904 HHs or 27,328 people (13,391 females and 13,937 males) with multi-purpose cash assistance (MPCA).

#### IFRC Emergency Appeal

Coordination with local authorities and key stakeholders in flood-affected communities guided the area selection for the Beneficiary Identification and Registration (BIR) process. To ensure efficient and reliable data collection, a KOBO-based tool was developed and rolled out to staff and volunteers. A total of 66 volunteers (male: 46; female: 20) were 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 of staff for effective delivery.

Data collection of 3,800 vulnerable HHs was completed in the flood-affected areas, and cash disbursement has been initiated. Out of the total registered HHs, 3,564 HHs (24,948 people) have collected their cash grants from the Financial Service Provider (FSP) through mobile banking:



*A targeted recipient collecting Multipurpose Cash grant in flood affected areas of district Swat (Photo: PRCS NHQ)*


- Cash assistance to 2,784 HHs with PKR 45,000 per HH (CHF 127), disbursed in two tranches, in line with the full Minimum Expenditure Basket (MEB).
- Food-related cash assistance, based on the MEB food component, provided to 780 HHs, with PKR 25,000 per HH (CHF 70).

Furthermore, Post-Distribution Monitoring (PDM) was conducted among the cash recipients across the flood-affected areas to assess the effectiveness and relevance of the cash interventions. A PDM report has been developed, providing further details of the methodology, sampling, and analysis.

#### *PNS Bilateral Support*

#### **Norwegian Red Cross:**

The BIR process was completed for 1,700 people in flood-affected populations in district Bajaur, and cash was disbursed through FSP mobile banking. The MPCA was provided to 340 HHs (2,380 people) under the ECHO-supported project, to help meet their essential needs following the emergency.

	<b>Health &amp; Care</b> <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	<b>People reached: 65,939</b>	
		Female > 18: 39,833	Female < 18:  Male > 18: 26,106    Male < 18:
<b>Objective:</b>		<i>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.</i>	
<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>	50,159	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>	7,363	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>	280	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>	0 <sup>24</sup>	2,300

### **Progress Toward Objectives**

As of the reporting period, PRCS has reached 65,939 people (39,833 females and 26,106 males) with essential healthcare services.

#### *IFRC Emergency Appeal*

PRCS, with the support of IFRC, delivered the essential healthcare services in the most devastated flood-affected areas till 31 January 2026. Four MHUs had 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 provided services:

#### **District Buner:**

In Buner district, health interventions concluded, with 8,728 consultations conducted during the reporting period, including 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 received PFA sessions (282 females and 210 males), and 78 cases required higher-level care and were referred to hospitals through PRCS ambulances.

A training on MHPSS and PFA was conducted for the staff and volunteers of the MHU in October 2025. The training was attended by 25 people (8 females and 17 males).



*MHPSS group session in Gilgit (Photo: PRCS)*

<sup>24</sup> Figure updated from the previous report following data reconciliation; health promotion activities not yet commenced.

Additionally, 1,200 LLINs were distributed to 400 HHs, benefiting 2,400 persons. Lastly, ECV training was completed for 25 staff and volunteers of MHU Buner (11 females and 14 males). MHU Buner completed its operations in November 2025.

### **Districts Ghizer and Shigar:**

Two MHUs were deployed in GB province; one in district Shigar and one in district Ghizer to provide essential health services to affected communities. In district Ghizer, the MHU conducted a total of 7,387 basic medical consultations for 4,509 females and 2,878 males. Out of the total patients, 35 per cent were under 18 years of age. In addition, 111 combined sessions of PFA were conducted, reaching 2,169 people. Additionally, individual PFA sessions were also held for 975 people (335 males and 640 females). In district Shigar, the MHU conducted a total of 2,731 basic medical consultations (1,121 females and 1,610 males), with 40 per cent of the patients under 18 years of age. In addition, 54 combined sessions of psychoeducation were conducted for 371 participants. Additionally, 514 people (151 males and 363 females) were reached through individual PFA sessions.

To strengthen service delivery, staff orientation and training on PGI/CEA, MHU operations data recording and reporting, along with MHPSS and PFA, were conducted in both districts for a total of 47 staff members and volunteers (22 females and 25 males). Additionally, ECV training was conducted for both teams of 41 persons (18 females and 23 males), in order to support health authorities in case of any disease outbreak in the district. A total of 1,500 LLINs were also distributed to the communities, benefitting 3,000 people.

### **District Neelum:**

One MHU deployed in district Neelum, AJK, conducted a total of 12,866 basic medical consultations (7,751 females and 5,115 males), with 44 per cent of the patients under 18 years of age. In addition, 152 combined PFA sessions were conducted, reaching 1,690 participants. Additionally, 259 people (134 males and 125 females) were reached through individual PFA sessions. A total of 1,400 LLINs were distributed in Neelum, benefitting approximately 2,800 people. Additionally, ECV training was imparted to 21 staff and volunteers (9 females and 12 males) of the MHU, in order to prepare them for any disease outbreak in the district. These coordinated actions reflected strong progress towards strengthening community health services and ensuring essential care, and lastly, prevention and referral pathways for flood-affected populations.

To date, Cash for Health (CfH) has been disbursed to 280 women, out of whom 276 have collected their cash already in all seven target districts. Lastly, 2,500 LLINs were distributed in Punjab with PRCS's own resources, benefitting 5,000 people.

### *PNS Bilateral Support*

### **Norwegian Red Cross:**

During the reporting period, the Norwegian Red Cross (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.

A total of 2,300 safe delivery kits were provided to women through deployed mobile health teams to support safe and hygienic childbirth practices, including 1,150 kits in Buner and 1,150 kits in Bajaur.

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

- Primary Healthcare Services: A total of 18,147 people (6,354 males and 11,793 females) accessed outpatient services through two Mobile Health Teams (MHTs), improving access to primary healthcare in the flood-affected tehsils of district Bajaur. This includes 9,617 people (3,192 males and 6,425 females) reached through one MHT under the ECHO-supported project, and 8,530 people (3,162 males and 5,368 females) reached through one MHT under the CRC project.
- Psychosocial Support Services (PSS): A total of 670 people (334 males and 336 females) received PSS services through PSS Officers deployed with the MHTs in district Bajaur. This includes 252 people (116 males and 136 females) reached under the ECHO-supported project, and 418 people (218 males and 200 females) reached under the CRC project.



Female Medical Officer during MHU OPD, AJK (Photo: PRCS)



Male Medical Officer during MHU service delivery in Gilgit (Photo: PRCS)



## Water, Sanitation and Hygiene

**People reached: 82,716**

Female > 18: 25,940

Female < 18: 14,591

Male > 18: 26,998

Male < 18: 15,187

### 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 liters of safe water distributed through RCRC emergency water supply (cumulative)*

3,700,000

10,000,000

*Number of people reached by WASH assistance*

82,716

121,100

<i>Number of water sources constructed or rehabilitated (wells with pumps, spring protection, community ponds with filtration)</i>	3	120
<i>Number of people supplied by the RCRC with an improved protected source of drinking water (according to WHO and Sphere standards)</i>	3,614*	25,200
<i>Number of people covered with hygiene promotion activities</i>	47,216	35,000

*\*714 people (102 HHs) benefitting from rehabilitated water supply schemes in GB province and 2,900 benefitted in Bajaur*

### **Progress Toward Objectives**

As of the reporting period, PRCS has reached 82,716 people (40,531 females and 41,185 males) with essential WASH services.

#### *IFRC Emergency Appeal*

PRCS, with the support of IFRC, installed Water Treatment Plants (WTPs) in district Buner (KP) and Muzaffargarh (Punjab) and rehabilitated the community water supply system in Ghizer (GB), 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. The total cumulative production and distribution of drinking water was more than 3.7 million litres.

To support household-level hygiene, 2,800 HHs (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. The procurement of 5,700 additional hygiene kits was completed during the reporting period, for the PRCS stock replenishment, of which 4,500 kits were distributed in flood-affected areas.

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.

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

#### *PNS Bilateral Support*

##### **German Red Cross:**

A total of 1,400 HHs received family hygiene kits in Multan and Muzaffargarh districts of Punjab, benefiting 8,676 people (4,437 females and 4,239 males).

##### **Norwegian Red Cross:**

With the support of NorCross, the identification, rehabilitation, and reconstruction process of two drinking water supply schemes have been completed under ECHO Bajaur for the flood and conflict-affected areas. Additionally,

under the ECHO-supported project, 2,900 people (1,392 females and 1,508 males) were reached through the rehabilitation and reconstruction of two drinking water supply schemes.

A total of 3,390 hygiene kits were distributed among affected communities, reaching 23,730 people (11,628 females and 12,102 males) to support and maintain proper hygiene practices. This includes 390 HHs (2,730 people) in district Bajaur through ECHO support, and 3,000 hygiene kits (1,500 kits each in Buner and Bajaur) reaching 21,000 people distributed with the support of NorCross.

Furthermore, 10,305 people (5,221 females and 5,084 males) were reached through health and hygiene awareness sessions conducted by trained hygiene promoters and volunteers to promote healthy practices and disease prevention in flood-affected areas. This includes 5,993 people (2,876 females and 3,117 males) reached under the ECHO-supported project, and 4,312 people (2,345 females and 1,967 males) under the Canadian Red Cross (CRC) project.



Females collecting drinking water from the distribution point in KP (Photo: PRCS)



Hygiene kits, buckets and jerrycan distribution in AJK (Photo: PRCS)



## Protection, Gender and Inclusion

**People reached: 38,309**

Female >18: 22,663      Female < 18:

Male >18:              Male < 18:  
15,646

### 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>	38,309	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>	25,900	5,000
	<i>Programme has completed the IFRC Child Safeguarding Risk Analysis</i>	Yes	Yes

### Progress Toward Objectives

As of the reporting period, PRCS has reached 38,309 people (22,663 females and 15,646 males) through PGI interventions.

#### *IFRC Emergency Appeal*

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 dignity, access, protection, and safety (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.

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



*Hearing aid provided to the flood affected elderly man in district Ghizer, GB. (Photo: PRCS GB Branch)*

PWDs were identified through a comprehensive needs assessment conducted across all seven flood-affected districts of KP, GB, and AJK. The assessment revealed a significantly higher number of persons requiring assistive devices support; however, due to limited resources, the project was able to support 201 of the most vulnerable PWDs based on prioritization criteria. They received tailored assistive devices according to their specific needs. The items distributed included hearing aids, wheelchairs, crutches, walking sticks, walkers, blind sticks, air mattresses, and adult diapers.

In addition to the distributions, dedicated orientation sessions were conducted for beneficiaries and their caregivers on the proper handling, safe usage, and basic maintenance of the assistive devices. These sessions aimed to ensure effective utilization of the equipment, enhance mobility and independence of beneficiaries, prevent misuse or injury, and promote dignity and inclusion of PWDs within their communities. Moreover, 386 PWDs (225 men and 161 women) were provided services through MHU and explained the complaint and feedback mechanism by field volunteers in term of providing suggestions to improve services.

Moreover, PSS sessions were organized for 11,458 people (8,112 females and 3,346 males) across the three districts of KP, two districts of AJK, and two districts of GB based on needs identified by women and men during earlier FGDs. Separate sessions were conducted on MHM for 2,800 women and adolescent girls, on the safe use and proper disposal of sanitary pads, and discussions on PRCS safeguarding policies, including reporting mechanisms in cases of harassment or exploitation affecting beneficiaries. Similarly, PGI minimum standards were ensured during the WASH interventions i.e. installation of water treatment plants by actively consulting communities beforehand. Water was distributed through taps at multiple accessible locations, catering to the needs of diverse community groups 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, the elderly, and PWDs. All water collection points are well-lit, allowing community members to collect water safely at any time of the day.



*Psychosocial support sessions were arranged for flood affected women in district Muzaffarabad, AJK after needs identified in FGDs (Photo: PRCS AJK Branch)*

Seven community awareness sessions—one in each flood-affected district—were conducted, reaching 219 women and 145 men. The sessions focused on PRCS safeguarding policies, prevention of SGBV and harm by service providers, and informed participants about available, confidential reporting mechanisms to safely report any incidents during the emergency response.

The integration of PGI in the CVA interventions ensured inclusive and dignified support to affected communities. Trained, gender-balanced teams were engaged in beneficiary selection, taking cultural sensitivities and local norms into careful consideration. Close coordination with field volunteers, staff, and FSP facilitated beneficiary registration, addressed queries promptly, and ensured the safe, timely, and transparent withdrawal of cash assistance.

A Child Safeguarding Risk Analysis was conducted in AJK and GB to assess the existing level of expertise and experience, the extent of engagement with children, and the availability of policies and systems within the provincial branches. The analysis also reviewed staff capacity, reporting mechanisms, and risk mitigation measures in place. It identified key gaps, operational challenges, and priority areas for strengthening institutional frameworks, accountability systems, and staff competencies to ensure safer, more inclusive, and child-sensitive service delivery across all programs and interventions.

Considering the gaps and challenges that came forward from the analysis, PRCS NHQ is currently in the process of finalizing its Child Safeguarding Policy to further strengthen systems, enhance institutional capacity, and ensure safer and more child-sensitive programming across all levels.

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, PRCS branches were also facilitated to join these groups for strengthening synergies and for the representation of PRCS at coordination forums. In addition, the PGI focal persons from NHQ and 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.

The PRCS PGI Department, with technical assistance of IFRC, developed the PGI sectoral assessment tools to review the existing services and identify opportunities to integrate DAPS standards into sectoral interventions.

*PNS Bilateral Support*

**Norwegian Red Cross:**

NorCross supported PRCS in the provision and distribution of 3,300 dignity/winterization kits (1,650 kits each in district Buner and Bajaur) to 3,300 flood-affected HHS, reaching 23,100 people (11,319 females and 11,781 males).



**Community Engagement and Accountability**

**People reached: 14,851**

Female > 18: 5,718      Female < 18: 2,882  
 Male > 18: 3,960      Male < 18: 2,291

**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>	38	32
	<i>Number of staff, volunteers, and leadership trained on community engagement and accountability</i>	111	300

**Progress Toward Objectives**

As of the reporting period, PRCS has reached 14,851 people (8,600 females and 6,251 males) through CEA interventions.

*IFRC Emergency Appeal*

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.

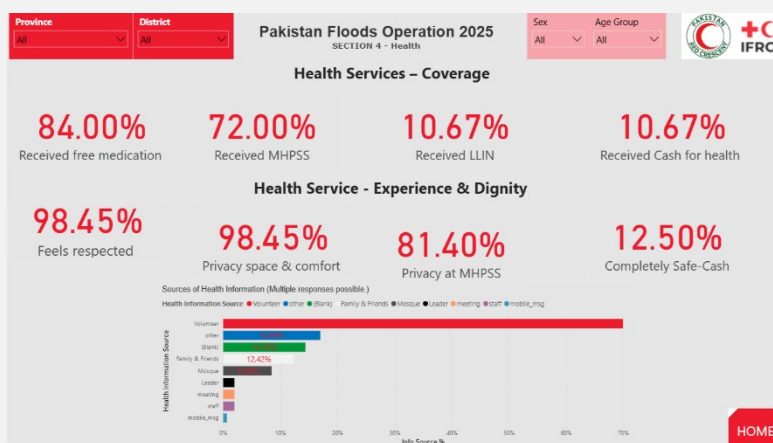
A total of 111 staff and field volunteers (47 females and 64 males) were trained on community engagement, meetings, consultations and feedback collection mechanisms, including feedback channels, methods and tools, to ensure meaningful participation of affected communities in decision-making. A questionnaire was transferred to the Kobo Tool with the technical assistance of an IFRC IM Surge colleague, for field volunteers to be able to collect face-to-face feedback, suggestions, complaints and queries from beneficiaries with the help of this tool. This approach enabled the timely sharing of feedback with the sectoral leads in PRCS and IFRC, facilitating informed decision-making and course correction, and lastly, it ensured that our services remain safe, inclusive, and free from harm or exploitation.

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 14,098 people were briefed through awareness sessions by field volunteers for feedback collection. A total of 5,437 women, 2,882 adolescent girls, 3,488 men, and 2,291 boys across KP, GB and AJK provided their opinions and feedback. The feedback collected showed that most community members were satisfied with PRCS's services, while some requested an increased number of medical camps in their areas. For a thorough review and analysis of the feedback being received, a dashboard was developed by the IM Surge colleague to analyze the feedback of relevant sectors, enabling the National Society to respond quickly to concerns and suggestions and improve services for affected communities as per their needs.

A total of 38 community meetings, briefing sessions on feedback and complaint mechanisms, FGDs, and meetings with community leaders remained a central component of the flood emergency response across all seven districts of Pakistan. These activities were complemented by stakeholder coordination meetings with relevant departments, including Women Development, Health, and Social Welfare. Community groups representing both men and women were formed to ensure inclusive participation. FGDs, community meetings, and consultations were conducted during both the emergency response and the DNA for the recovery programme. Communities highlighted priority needs in Health, WASH, and Livelihoods, and strongly recommended technical and vocational skills training for women and girls who remain at home without sustainable sources of income, to support income generation, livelihood diversification, and long-term resilience.

A community feedback report is generated and shared with the sectoral leads, highlighting the community voices around 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 dashboard data indicates strong coverage of health services, with 84 per cent of respondents confirming that they received free medication and 72 per cent accessed the MHPSS support. Dignity indicators remain high, as 98.45 per cent reported feeling respected and comfortable. However, only 12.5 per cent reported feeling completely safe accessing cash assistance. The comparatively low feedback on CVA is primarily attributed to delayed implementation in some districts, compounded by weak cellular signals, limited communication channels in mountainous regions, and resulting delays in cash withdrawals for beneficiaries.



However, two complaints also came through the 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 after their concern was registered.

Three FGDs were conducted during the reporting period with women and adolescent girls in district Buner, KP and district Neelum, AJK, with 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 MHM, including access to hygiene/dignity 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.



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

Community feedback has been well incorporated into the emergency response; dignity kits and hygiene kits have been procured, and awareness sessions were arranged 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.

*PNS Bilateral Support*

**German Red Cross:**

A total of 333 people (57 females and 276 males) from KP, Punjab and Sindh registered their feedback through the GRC-supported feedback and complaint mechanism. Of these, 81 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
	Number of migrants and displaced persons reached with services for assistance and protection	2,538	22,500

**Progress Toward Objectives***IFRC Emergency Appeal*

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 BIR process were sensitized on the specific needs of migrants and refugees, enabling them to better identify, prioritize, and refer at-risk people during assessments and service delivery. The PRCS Migration and Displacement Lead conducted a field mission to the flood-affected districts of Punjab to observe the displacement dynamics firsthand and assess the immediate needs of migrant communities, contributing to improved planning and targeted support. In addition, two orientation sessions on IFRC principal approach on Migration & Displacement were conducted for PRCS staff and volunteers. The sessions were attended by 50 participants (17 females and 33 males).

As part of the ongoing efforts to enhance access to 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/displaced persons who have lost contact with relatives and family members, PRCS distributed mobile cards to 1,059 people, enabling them to restore communication channels. In addition, 19 free phone calls were facilitated to help people reconnect with their families/loved ones during this emergency.

To ensure wider outreach, radio awareness campaigns were 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, three orientation sessions on RFL services and emergency mechanisms were conducted for PRCS staff and volunteers, enhancing the overall readiness while reinforcing the integrated approach of the migration component.


**Risk Reduction, Climate  
Adaptation & Recovery**
**People reached: 87,822**

Female &gt; 18: 23,238

 Female < 18:  
19,795

Male &gt; 18: 24,186

 Male < 18:  
20,603

**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.*

<b>Key indicators:</b>	<b>Indicator</b>	<b>Actual</b>	<b>Target</b>
	<i>Number of people reached with disaster risk reduction</i>	87,822	70,000
	<i>Number of community disaster response team (CDRT) training sessions</i>	7	134
	<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**

As of the reporting period, PRCS has reached 87,822 people (43,033 females and 44,789 males) through early warning dissemination, anticipatory and evacuation support, and disaster risk reduction and community resilience activities.

*PNS Bilateral Support*

The PRCS, in close collaboration with **GRC**, continued to strengthen community preparedness and early action capacities across flood-affected and high-risk areas. Cumulatively, 71 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.

*IFRC Emergency Appeal*

In parallel, the IFRC continued supporting PRCS's efforts to strengthen anticipatory action and disaster response capacities. While the national Early Action Protocol (EAP) for riverine floods was under approval during this timeframe, the PNS enabled the implementation of early actions agreed under the draft EAP framework. Additionally, PRCS also completed the rapid needs assessment across five flood-affected provinces to better understand community priorities and inform subsequent operational planning. Lastly, the procurement process for the CDRT kits has been completed 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, DRR activities were successfully implemented across several districts in KP, GB, and AJK, reaching 1,747 people directly and indirectly benefiting more than 22,800 community members. Through awareness sessions, community dialogues, and volunteer engagement, local knowledge on disaster preparedness and climate adaptation was strengthened. Additionally, seven CDRTs were trained to enhance local

emergency response capacity. During the training, 134 participants (51 females and 83 males) were trained on disaster response

Lastly, environmental resilience was promoted through plantation drives and clean-up campaigns in flood-affected areas. In addition, community consultations and service mapping exercises supported more inclusive DRR efforts by identifying gaps in services for vulnerable groups, including religious minorities.



## 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. Given the current funding constraints, the operation has prioritized activities aligned with the PRCS focus. As a result, environmental sustainability activities have not yet been initiated.

## 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, BIR, DNA and feedback collection. In addition, trained 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, registering 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), PGI, and CEA session for 20 volunteers, along with volunteer support to BIR and DNA processes (12 volunteers each), LLIN distribution (10 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 and Emergency Appeal Plan of Action, for which the implementation of NSD activities is ongoing. Parallel to these efforts, PRCS is also strengthening its safeguarding framework. Its Protection from Sexual Exploitation and Abuse (PSEA) policy, together with the 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.

In KP, 138 volunteers (27 females and 111 males) were deployed across Lower Dir, Buner, Swat, and Shangla for flood response and relief, including BIRs, DNA, and community support activities, while 179 volunteers (34 females and 145 males) 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 and the Operational Strategy is revised based on the detailed need assessment conducted recently. 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
	National Society has a membership coordination mechanism in place	Yes	Yes
	Number of government-led coordination platforms the National Society is a part of	6	8
	Number of strategic partnerships the National Society is engaged in	3	3

### Progress Toward Objectives

The National Society, IFRC, and the Participating National Societies (PNS) maintain regular coordination to ensure a harmonized response in the flood-affected areas. The coordination efforts were further strengthened through the three Partners Calls held between August and September 2025. These calls, facilitated with the support of the IFRC regional office, assured complementarity, reinforced collaborations, and helped explore avenues for deeper engagement with partners. PRCS, IFRC, ICRC and PNS (in-country and remote) maintain close coordination and consultation since the onset of the flood operation and have regular information sharing to support the 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 has expired in December 2025.

The National Society is also 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 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

### Movement Coordination

The Movement Coordination Mechanism is active through the MCA, and regular meetings at the strategic, operational and technical levels are held with relevant staff from the NS, IFRC, and ICRC. The IFRC, PRCS, and ICRC had signed the MCA, which was valid till 31 December 2025, however a new one is under process to be signed for the next three years (2026-2028)

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 and operational strategy is revised based on the DNA findings. 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.

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

The PMER team facilitated the publishing of the IFRC Federation-wide Operations Update #3, 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. A formal DNA report was developed by the IM Surge Coordinator before the end of the year to support the recovery planning of the NS.

The monitoring tools for DREF and the Emergency Appeal have been developed by the PMER IFRC department. The Indicator Tracking Tool, Work Plan, People Reached, M&E Plan, Pledge Tracker, Financial Tracker and Procurement Plan have also been developed for proactive management, accountability, and data-driven decision-making. These tools are regularly updated by the PRCS/IFRC teams and 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. Household survey data was cleaned and analysed in Power BI, and a narrative interpretation of the results was shared with the assessment team for preparing their report. A structured priority scorecard was also developed to support the systematic comparison of districts and operational areas.

The PGI-CEA Feedback Tool and Dashboard: The PGI/CEA community feedback tool was uploaded successfully on Kobo, and a live dashboard was established for data review. Community feedback collection is now underway across response areas, and the dashboard is live as data is received.

Programme Performance Dashboard: A comprehensive Programme Performance Dashboard is 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 were incorporated, after which the dashboard serves 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 senior management to support internal and external communication. The product provides a concise overview of the programme reach and key results.

Health Services Dashboard was developed 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: Information Management material was prepared for the Public Health in Emergencies training session, 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: A draft IM Strategy was prepared for the National Society and shared with them. However, the strategy is pending approval and endorsement of PRCS management for finalization.

### **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 and shared with field teams. Visibility on IFRC social media channels: [X](#), [LinkedIn](#), [FB](#) and [IG](#). A human-interest story by IFRC comms surge highlighting how a shepherd's early warning saved his entire village was published in Pakistan's leading newspaper, [Dawn](#), featured in [Malay](#) and [Chinese](#) media in Malaysia, and shared across IFRC English and Chinese social media channels ([website](#), [X](#), [FB](#), [LinkedIn](#), [Weibo](#), [WeChat](#)).

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 of activities and updates. Below are some links to access these:

[https://www.threads.com/@ifrc/post/DQ4Qe\\_tCHHT?xmt=AQF0HSHBQoSMI8tXlj2ETlym8ezLMFmxqFzb\\_bvfGsfGHZ\\_A2NgPSQMK2YUx-DuxlTaZgb1MN&slof=1](https://www.threads.com/@ifrc/post/DQ4Qe_tCHHT?xmt=AQF0HSHBQoSMI8tXlj2ETlym8ezLMFmxqFzb_bvfGsfGHZ_A2NgPSQMK2YUx-DuxlTaZgb1MN&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 LLIN, Medicines, Visibility Material, Jerry Cans, Hygiene Kits, CDRT Kits, and Dignity Kits has been completed as of February 2026. The Purchase Order (PO) for Jerry Cans was issued earlier, and the delivery to the National Society has been successfully completed. The manufacturer of LLINs (compliant with World Health Organization (WHO) standards) was identified, the PO was issued, and the delivery was completed by February 2026.

Furthermore, the POs for the Hygiene Kits and Dignity Kits were issued, and the deliveries have been completed. Following the technical validation conducted by MedLog, the procurement of medicines through the repeat order process has also been finalized, with the POs issued and deliveries completed to the National Society.

## D. FUNDING

As of 28 February 2026, the funding coverage of the Federation-Wide contribution to support the operation is CHF **2,836,695** out of which, the IFRC Secretariat total pledges (hard and soft pledges, including in kind) for the support of this operation totalled to CHF 2,387,104 making it 14.92 percent coverage of the IFRC Secretariat funding requirement.

Funding Coverage	Funding Requirement (CHF)	Amount Raised (CHF)	Funding Gap (CHF)	Coverage (%)
IFRC Secretariat (including DREF grant)	16,000,000	2,387,104	13,612,896	14.92%
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>2,836,695</b>	<b>14,163,305</b>	<b>16.69%</b>

An interim financial report is attached at the end of this report. At this stage, only expenditure data related to the IFRC Secretariat Emergency Appeal expenditure is available.

**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.**

## Contact information

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

### **At the Pakistan Red Crescent Society:**

- **Secretary General:** Abaid ullah Khan, Secretary General; email: [sg@prcs.org.pk](mailto:sg@prcs.org.pk), phone: +92 304 1030 290
- **Operational Coordination:** Asima Nasim, JD Operations; email: [spm@prcs.org.pk](mailto:spm@prcs.org.pk), phone: +92 304 1030 426

### **At the IFRC Country Delegation Pakistan:**

- **Head of Country Delegation:** Andreas WEISSENBERG, email: [andreas.weissenberg@ifrc.org](mailto:andreas.weissenberg@ifrc.org) phone: +92 308 8888 053

### **At the IFRC Asia-Pacific Regional Office in Kuala Lumpur:**

- **Regional Director:** Alexander Matheou; email: [alexander.matheou@ifrc.org](mailto:alexander.matheou@ifrc.org)
- **Deputy Regional Director:** Juja Kim; email: [juja.kim@ifrc.org](mailto:juja.kim@ifrc.org)
- **Head of Health, Disaster, Climate and Crisis Unit:** Joy Singhal; email: [joy.singhal@ifrc.org](mailto:joy.singhal@ifrc.org)
- **Lead of Evolving Crises and Disasters:** Felipe Delcid; email: [felipe.delcid@ifrc.org](mailto:felipe.delcid@ifrc.org)
- **Large Scale Disasters and Crises Coordinator:** Anne-Sophie Pétri; email: [anne-sophie.petri@ifrc.org](mailto:anne-sophie.petri@ifrc.org)
- **Operations Coordinator:** Nusrat Hassan; email: [opscoord.southasia@ifrc.org](mailto:opscoord.southasia@ifrc.org)
- **Regional Communications Manager:** Afrhill Rances; email: [afrhill.rances@ifrc.org](mailto:afrhill.rances@ifrc.org)
- **Regional Head, PMER and Quality Assurance:** Alice Ho; email: [alice.ho@ifrc.org](mailto:alice.ho@ifrc.org)

**At IFRC Geneva:**

- **Senior Officer Operations Coordination:** Christina Duschl; email: [christina.duschl@ifrc.org](mailto:christina.duschl@ifrc.org)

**For IFRC Resource Mobilisation and Pledges support:**

- **Senior Officer Partnerships-in-Emergencies:** Mohd Hisham Ahmad Nazri; email; [PartnershipsEA.AP@ifrc.org](mailto:PartnershipsEA.AP@ifrc.org)

**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](#)

# Operational Strategy

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/8-2026/2	Operation	MDRPK028
Budget Timeframe	2025/8-2026/12	Budget	APPROVED

Prepared on 28 Apr 2026

All figures are in Swiss Francs (CHF)

### MDRPK028 - Pakistan - Flood

Operating Timeframe: 21 Aug 2025 to 31 Dec 2026; appeal launch date: 30 Aug 2025

## I. Emergency Appeal Funding Requirements

<b>Total Funding Requirements</b>	<b>16,000,000</b>
<b>Donor Response* as per 28 Apr 2026</b>	<b>2,429,760</b>
<b>Appeal Coverage</b>	<b>15.19%</b>

## II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO PO01 - Shelter and Basic Household Items	0	0	0
PO02 - Livelihoods	0	0	0
PO03 - Multi-purpose Cash	654,686	469,204	185,482
PO04 - Health	253,196	141,189	112,007
PO05 - Water, Sanitation & Hygiene	127,494	81,263	46,231
PO06 - Protection, Gender and Inclusion	40,012	23,434	16,578
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	2,025,769	165,122	1,860,647
PO10 - Community Engagement and Accountability	4,692	4,996	-304
PO11 - Environmental Sustainability	0	0	0
<b>Planned Operations Total</b>	<b>3,105,848</b>	<b>885,207</b>	<b>2,220,641</b>
EA EA01 - Coordination and Partnerships	0	0	0
EA02 - Secretariat Services	47,759	17,662	30,097
EA03 - National Society Strengthening	89,452	24,960	64,492
<b>Enabling Approaches Total</b>	<b>137,211</b>	<b>42,622</b>	<b>94,589</b>
<b>Grand Total</b>	<b>3,243,060</b>	<b>927,830</b>	<b>2,315,230</b>

## III. Operating Movement & Closing Balance per 2026/02

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,387,104
Expenditure	-927,830
<b>Closing Balance</b>	<b>1,459,275</b>
Deferred Income	0
Funds Available	1,459,275

## IV. DREF Loan

* not included in Donor Response	Loan :	0	Reimbursed :	0	Outstanding :	0
----------------------------------	--------	---	--------------	---	---------------	---

# Operational Strategy

## INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/8-2026/2	Operation	MDRPK028
Budget Timeframe	2025/8-2026/12	Budget	APPROVED

Prepared on 28 Apr 2026

All figures are in Swiss Francs (CHF)

### MDRPK028 - Pakistan - Flood

Operating Timeframe: 21 Aug 2025 to 31 Dec 2026; appeal launch date: 30 Aug 2025

#### V. Contributions by Donor and Other Income

Opening Balance						
						0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
American Red Cross	227,330				227,330	
British Red Cross	157,716				157,716	
British Red Cross (from Guernsey Overseas Aid Commission*)	78,858				78,858	
DREF Response Pillar				999,711	999,711	
Government of Malta	18,628				18,628	
Hong Kong Red Cross, Branch of the Red Cross Society of China	20,541				20,541	
Japanese Red Cross Society	26,221				26,221	
On Line donations	1,875				1,875	
Red Cross of Monaco	18,619				18,619	
Swiss Government	400,000				400,000	
The Canadian Red Cross Society (from Canadian Government*)	142,126				142,126	
The Netherlands Red Cross (from Netherlands Government*)	295,477				295,477	
<b>Total Contributions and Other Income</b>	<b>1,387,393</b>	<b>0</b>	<b>0</b>	<b>999,711</b>	<b>2,387,104</b>	<b>0</b>
<b>Total Income and Deferred Income</b>					<b>2,387,104</b>	<b>0</b>