International Medical Corps

SITUATION UPDATE

Pakistan Flooding Response
Situation Report #6
October 23, 2025

International Medical Corps staff members assess flood-affected Bishnoi village in Buner, Khyber Pakhtunkhwa.

Three months after the start of a prolonged monsoon season and flooding across Khyber Pakhtunkhwa (KP) and Punjab provinces and Gilgit Baltistan administrative territory, most people forced to evacuate to higher ground are returning to their areas of origin. Thousands of families are returning to damaged homes and communities. More than 229,760 homes have been damaged or destroyed, forcing many families to sleep outside, with little protection from the elements or vector-borne diseases carried by mosquitoes. Water pumps, the primary source of water for many rural communities, have either stopped working or pump murky water not suitable for human consumption. Schools and health facilities have lost essential supplies and are damaged or covered in thick mud, preventing the resumption of classes or ability to provide health services. Food and fodder stocks were either washed away or now lay waterlogged and rotten, increasing food insecurity and reliance on humanitarian food rations.

Livelihood losses are severe, as flooded crop fields, lost livestock and destroyed agricultural assets have disrupted income-generating activities. A food and agriculture organization geospatial assessment found that floods inundated 1.2 million hectares in Punjab, damaging major rice, cotton and sugarcane crops during the critical winter planting season, further threatening food security.

Stagnant water continues to pose serious health risks, fueling outbreaks of cholera, diarrhea, typhoid, malaria and dengue. Poor sanitation and limited access to clean drinking water, especially for children and pregnant women, exacerbate vulnerabilities. Authorities are deploying mobile health clinics, but access remains constrained by damaged infrastructure.

FAST FACTS

- Almost 230,000 houses have been damaged or destroyed across Khyber Pakhtunkhwa and Punjab provinces, and Gilgit Baltistan administrative territory, leaving thousands of families exposed to harsh weather and risk of disease.
- About 1.2 million hectares of cropland in Punjab were inundated, damaging major rice, cotton and sugarcane fields and disrupting the winter crop planting season, threatening food security and livelihoods.
- Stagnant floodwaters continue to fuel outbreaks of cholera, diarrhea, typhoid, malaria and dengue, compounded by poor sanitation and lack of safe drinking water.

OUR FOOTPRINT

- Since 1984, International Medical Corps has been providing services in health, protection, livelihoods, mental health and psychosocial support (MHPSS), and water, sanitation, and hygiene (WASH) in 15 districts of Khyber Pakhtunkhwa.
- Since then, we have supported provincial and district governments in responding to natural disasters like earthquakes and floods, as well as the needs of refugees and internally displaced people, tailoring our multi-sectoral rehabilitation and development interventions to community needs.

OUR RESPONSE

- Our mobile medical teams have conducted 9,257 outpatient consultations.
- The MHPSS team conducted 141 individual counseling sessions and 104 group sessions, reaching 449 people.
- In Shangla and Buner, our hygiene promotion team conducted 20 health and hygiene awareness sessions, reaching 255 people.
- The WASH team completed a technical assessment for the rehabilitation of four major water supply schemes in Buner and Shangla.

Colder-than-usual winter temperatures are expected due to a La Niña climate pattern, particularly in Gilgit Baltistan and northern KP, further straining coping mechanisms of flood-affected households.

Meanwhile, the response capacity of government and humanitarian partners has declined, as prepositioned stocks and emergency funds deplete. Additional funding is urgently needed to sustain basic services and support the transition from emergency relief to early recovery.

International Medical Corps Response

Our mobile medical teams in Buner and Shangla have provided 9,257 outpatient consultations as part of our integrated emergency flood response to support affected communities in both districts.

The MHPSS team has conducted 141 individual counseling sessions and 104 group sessions, reaching 449 people. Through these efforts, the team continues to provide emotional support, stress management techniques and coping strategies to help flood-affected community members recover from trauma and enhance their overall well-being.

In Buner and Shangla, our hygiene promotion team has conducted 20 health and hygiene awareness sessions, reaching 255 participants. These sessions focused on promoting key hygiene practices—such as handwashing with soap, safe water handling, food hygiene and proper sanitation—to prevent the spread of waterborne diseases. Community members have actively participated in discussions and practical demonstrations, showing great interest in adopting healthier behaviors to protect themselves and their families in the aftermath of the floods.

Our WASH technical team, in coordination with the public health engineering department, conducted a technical feasibility assessment for the rehabilitation of four major water-supply systems, to enhance access to safe drinking water. Additionally, we have helped to establish 12 village-level WASH committees across both districts to support implementation, assist in reaching people and ensure the sustainability of WASH infrastructure.

To raise awareness and promote healthy practices among communities, our teams observed World Mental Health Day (October 10) in collaboration with local stakeholders, focusing on the importance of mental well-being, stress management and community support for people affected by the floods. We also celebrated Global Handwashing Day (October 15) with school children through interactive sessions, demonstrations and activities that emphasized the importance of handwashing with soap as a simple yet effective way to prevent disease and maintain good health.

Throughout the response, International Medical Corps has worked closely with district authorities and government departments to deliver a coordinated, evidence-based intervention aligned with government priorities. However, the situation continues to evolve amid a diminishing response capacity from both the government and humanitarian partners. Though the initial robust response addressed immediate needs, partner presence and resources have declined as prepositioned stocks and emergency funds have been depleted. International Medical Corps and other actors are now seeking additional support to sustain lifesaving services and ensure a smooth transition from humanitarian response to early recovery.